Dimensions (UK) Limited

Dimensions Yorkshire & Humberside Domiciliary Care Office

Inspection report

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05 October 2016

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 26, 28, 30 September 2016 and the 5 October 2016. The registered manager was given short notice before our inspection that we would be visiting the service. We did this because the registered manager is sometimes out of the office and we needed to be sure that they would be available. We also wanted to ask people's permission to visit them in their supported living accommodation or in their own home. The service was last inspected on 3 December 2013 and was meeting the requirements of the regulations we checked at that time. This was the first rated inspection of the service.

Dimensions Yorkshire and Humberside Domiciliary Care is based in Sheffield city centre. It has offices on the first floor. The office is accessible to wheelchair users via a lift. The service provides home support and personal care for people with learning disabilities in their own home. At the time of the inspection the service was supporting 58 people. Some people lived in one of the ten supported living accommodation sites or in their own home.

There was a manager at the service who was registered with CQC. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

During the inspection we were not able to speak with some people using the service because we were unable to communicate verbally with them in a meaningful way.

Staff were respectful and treated people in a caring and supportive way.

People received care from the same group of support staff and were introduced to any new staff who would be supporting them. If agency staff were used to cover for staff absences the operations director had directed locality managers that agency staff were not be engaged in any lone working situation unless they were well known, tried and trusted.

We received mixed views regarding the on call system staff used to request assistance if there was an unexpected staff absence. Staff supporting people in their own home felt the system needed to be improved so the level of support they received reflected that they were often working on their own. We shared this feedback with the registered manager [the operations director].

The registered provider had appropriate arrangements in place to manage medicines so people were protected from the risks associated with them.

Robust recruitment procedures were in place and appropriate checks were undertaken before staff started work. This meant people were cared for by suitably qualified staff who had been assessed as safe to work with people.

People had personalised their rooms and they reflected their personalities and interests. We saw the signage in one of the supported living sites could be improved to help people navigate around the building. Some people at the site were living with dementia and they may need such signs to aid them to move around a building.

The service enabled people to carry out person centred activities within the service and in the community and encouraged them to maintain hobbies and interests.

People spoken with told us they were satisfied with the quality of care and support they had received and made positive comments about the staff.

The locality managers sought advice from other professionals and implemented this to improve their own knowledge and practice.

There was evidence of involvement from other professionals such as doctors, opticians, tissue viability nurses and speech and language practitioners.

People's nutritional needs were monitored and actions taken where required.

Staff told us they enjoyed caring and supporting people using the service. Staff were able to describe people's individual needs, likes and dislikes.

Staff received ongoing training and were encouraged to extend their knowledge and develop new skills. All staff received a detailed induction and fully understood their roles and responsibilities, as well as the values and ethos of the service.

Although staff told us they felt supported by their line manager, staff felt the locality managers were 'stretched' and were responsible for too many people. We shared this information with the registered manager [the operations director].

There were systems in place to make sure that changes to support plans were communicated to those that needed to know, but we saw examples where the use of these systems needed to be more robust.

The registered provider had a complaint's process in place to enable them to respond to people and/or their representative's concerns, investigate them and take action to address their concerns.

Accidents and untoward occurrences were monitored by the registered manager to ensure any trends were identified.

We found the systems in place to monitor and improve the quality of the service were effective.

People and their family were regularly involved with the service in a meaningful way, helping to drive continuous improvement.

The registered provider had a clear vision and set of values that were consistently put into practice.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People spoken with did not express any worries or concerns about their safety. From our observations we did not identify any concerns regarding the safeguarding of people who used the service.

Support plans gave guidance to staff in how they should respond to promote people's well-being and how they should react to de-escalate increasing agitation and anxiety.

Robust recruitment procedures were in place and appropriate checks were undertaken before staff started work.

Is the service effective?

Good

The service was effective.

Staff received regular supervisions and appraisals. They had training to enable them to perform their roles and to improve and develop new skills.

Where people had specific health needs, staff sought advice from specialists where required and acted upon information given. Good health and nutrition was promoted for people.

Is the service caring?

Good

The service was caring.

People made positive comments about the staff and told us they were treated with dignity and respect.

During the inspection we observed staff giving care and assistance to people. They were respectful and treated people in a caring and supportive way.

People's likes and dislikes were recorded in their support plans and staff were encouraged to form trusting relationships with people they supported

Is the service responsive?

Good

The service was responsive.

Support was planned around personalised needs and people were supported to continue daily routines and activities they enjoyed.

Information on how to make complaints was available for people in different formats with guidance about the steps involved and what to do if they were dissatisfied with the outcome.

Is the service well-led?

Good

The service was well led.

We found the systems in place to monitor and improve the quality of the service were effective.

The registered provider had a clear vision and set of values that were consistently put into practice.

People and their representatives had opportunities to provide feedback and influence the service.

Dimensions Yorkshire & Humberside Domiciliary Care Office

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 26, 28, 30 September 2016 and the 5 October 2016. The registered manager was given short notice of our inspection. We did this because the registered manager is sometimes out of the office and we needed to be sure that they would be available. The inspection was led by an adult social care inspector who was accompanied by two experts by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The service was last inspected on 3 December 2013 and was meeting the requirements of the regulations we checked at that time.

Before our inspection, we reviewed the information we held about the service. This included correspondence we had received and notifications submitted by the service. A notification must be sent to the Care Quality Commission every time a significant incident has taken place, for example, where a person who uses the service experiences a serious injury. We also contacted the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. This information was reviewed and used to assist with our inspection. We asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The PIR was returned as requested.

We used a number of different methods to help us understand the experiences of people who lived in the service. We spent time observing the daily life in the service including the care and support being delivered. We were not able to speak with some people using the service because we were unable to communicate verbally with them in a meaningful way. Nine people spoken with were able to share their experience of using the service.

During the inspection we spoke with the registered manager [operations director], two locality managers, one assistant locality manager and ten support staff. We also spent time looking at records, which included six people's care records, six staff records and other records relating to the management of the service, such as quality assurance.

Good

Is the service safe?

Our findings

People spoken with did not express any worries or concerns about their safety. From our observations we did not identify any concerns regarding the safeguarding of people who used the service.

People had the same core group of support staff and were introduced to any new staff who would be supporting them. If agency staff were used to cover for staff absences the operations director had directed locality managers that agency staff were not be engaged in any lone working situation unless they were well known, tried and trusted. People felt comfortable with their care staff and it was evident that trusting relationships had developed.

We received mixed views regarding the on call system staff used to request assistance if there was an unexpected staff absence. Staff supporting people in their own home felt the system needed to be improved so the level of support they received reflected that they were often working on their own. The current expectation was for them to ring their core group of staff to see if they could cover for the absence. We shared this feedback with the operations director.

Staff told us they had undertaken safeguarding training and would know what to do if they witnessed any type of abuse. Staff had a good understanding about the registered provider's whistle blowing procedures and felt confident that senior staff would listen.

Some people being supported by Dimensions needed support managing their monies. We saw evidence that staff were following the provider's policies and procedures on safeguarding people's finances. We saw there were robust procedures in place to identify any discrepancies and that these were fully investigated.

We saw some people's risk assessment and support plan showed how they may behave when they were well or when they may becoming unwell. Support plans gave guidance to staff in how they should respond to promote well-being and how they should react to de-escalate increasing agitation and anxiety.

We saw that a few people living at one of the supported living sites were at risk of developing pressure sores. In their support plans we saw there were measures in place to reduce their risk of developing pressures sores or problems with their skin integrity. For example, one person had a repose cushion and we saw them using it during the inspection. However, we saw that an individual risk assessment for skin integrity and pressure sores had not been completed. The purpose of a risk assessment is to look at the risk and put measures in place to reduce the risks to the person and that this is reviewed regularly. We shared this information with the locality manager and the operations director so appropriate action could be taken.

Whilst not observing the administration of medicines we looked at the medication administration records (MAR) charts for people using the service. We saw the medication administration records (MAR) sheet was complete and contained no gaps in signatures for the administration of oral medicines. However we saw topical creams chart were not in place for a few people living at one of the supported living sites. This helps staff to know what the cream or ointment is for, where to apply and how much to apply

We saw any known allergies were recorded. We saw evidence people were referred to their doctor when issues in relation to their medication arose.

We found people had a "protocol" in place, for medicines prescribed as "when required". A protocol is to guide staff how to administer those medicines safely and consistently. For example, how the person communicated they were in pain which could be for example by facial expression.

When people were supported to go out there were robust procedures in place to ensure the medication they needed was taken with them and that it was returned safely.

We reviewed staff recruitment records for eight staff members. The records contained a range of information including the following: application, references including one from the applicant's most recent employer, employment contract and Disclosure and Barring Service (DBS) check. The Disclosure and Barring Service (DBS) provides criminal records checking and barring functions to help employers make safer recruitment decisions. This told us that people were cared for by suitably qualified staff.

During the inspection we did not find any concerns regarding infection control. Staff told us they wore gloves and aprons where required and that these were readily available.

Good

Is the service effective?

Our findings

People spoken with told us they were very satisfied with the quality of support and care they had received. Their comments included: "It's lovely here. I think it's really good. I've got my tablet and the staff help me to use it to email my brother and sister who live abroad' and "I get worried when there are a lot of people around and I like to sit in my room and watch the TV and look out of the window. Staff come in and out to make sure I'm alright. I don't like to sit at the big table with the others for my meals so they have given me a table on my own which has all my own things on it. It's out of the way so people aren't walking past me all the time".

People had health action plans in place and a 'hospital passport' if they needed to be admitted to hospital. In one of the supported living services people had a hospital bag ready if they needed to be admitted into hospital. One person's relative was also supported to go with the person to hospital by staff. Support plans showed evidence that people had attended a range of health care appointments including the following: optician, dentist and doctor. Some people were being supported on an ongoing basis from external healthcare professionals.

During the inspection we saw some people were able to prepare their own meals with support, while others needed staff to prepare meals for them. We saw people's choices of food and mealtimes were respected and food and fluid intake was monitored discreetly. Staff were aware of the people who needed a specialised diet and/or soft diet. This told us that people's preferences and dietary needs were being met. People spoken with made positive comments about the food. Their comments included: "I like bacon and eggs and [support staff] is helping me today to cook that for my dinner" and "I live in [house 1] but I like to visit in here [house 2]. They [staff] put some cold water in my coffee for me because it's too hot and I drink it fast".

We found staff received regular supervision and an annual appraisal. Supervision is regular, planned and recorded sessions between a staff member and their manager to discuss their work objectives and wellbeing. An appraisal is an annual meeting a staff member has with their manager to review their performance and identify their work objectives for the next twelve months. However, we saw examples where the supervision records had not been signed by the locality manager and/or staff member. We also noticed that some staff supervision sessions focussed more on the people they were supporting rather than the staff member. We shared this information with the operations director.

Staff spoken with confirmed they received regular supervision sessions and made positive comments about their line manager. Staff comments included: "Any concerns at all regarding the clients, the staff, the rota, she's approachable, you can ring her up", "If I need any support I go to my manager or assistant manager. They've always got time when you have a problem" and "I feel supported by her [locality manager], when I see her. She is good". Although staff told us they felt supported by their line manager, some staff felt their line manager was 'stretched' and were responsible for too many people using the service. A few staff told us there had been a number of changes to their line manager and that had left them feeling unsupported. We shared this information with the operations director.

The registered provider used a training software package to monitor the training completed by staff. Staff were assigned dates for when they needed to complete their training. The training provided covered a range of areas including the following: safety awareness, Mental Capacity Act 2005, food safety, health and safety, nutrition and safeguarding adults. A staff training report was sent to locality managers each month which showed if a staff member had not completed their refresher training within the assigned date.

Staff told us new staff worked alongside another member of staff before supporting people on their own. Staff told us they had training to enable them to perform their roles and were able to improve and develop new skills. Staff comments included: "When I have my supervision they usually [manager] ask if there's any training I'd like to do my job better" and "They [locality manager] make sure everybody is up to date with their training". Some staff said they would like to have more training that was classroom based rather than e-learning as there was an opportunity to ask questions. We shared this feedback with the operations director.

We also saw examples where bespoke training had been completed to meet the needs of individuals using the service or training was due to take place. For example, using signs to communicate, training in dementia, identifying and reducing the risk of pressure sores and supporting people who have behaviour that challenges others.

People spoken with told us they were fully involved in their support planning and that staff sought their consent prior to supporting them with their personal care. Staff were able to describe how people were promoted to be as independent as possible and to make decisions for themselves. One staff member told us: "I support [names]; both are mobile and can do what they want. They have their choices; they choose what they want to do. We respect their choices".

We checked whether the service was working within the principles of the Mental Capacity Act 20015 (MCA). The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people's best interests.

We saw an example where the best interest decision making process under the MCA had been followed in regards to administering medication covertly. Before a medication is administered covertly there must be a best interests decision which includes the relevant health professionals and the person's family members.

Good

Is the service caring?

Our findings

People told us they were treated with dignity and respect. One person commented: "I like a bath. I don't like showers. I need help to get in and out of the bath and sometimes it will be one of the male support workers but they are all really good and keep me covered up".

People made positive comments about the staff. Their comments included: "I'm very comfortable here. They [staff] are my friends. We go to the café on Saturdays and sometimes buy a cold drink", "They [staff] are all wonderful. I'm really happy" and "I go out a lot with my sister and she comes to see me. She says everyone makes her welcome when she comes".

We saw people could choose where to spend their time. For example, people could choose to spend time in their room, the garden areas or in the lounge. During our visit to one of the supporting living sites we saw people were accustomed to coming into the office to speak with staff.

People's bedrooms were personalised and people were involved in selecting colours and decorations. One person told us, "I'm having new wallpaper and I picked it. It has butterflies on and sparkles. It will look lovely when it's been done".

We saw that people's support plan contained information about the type of decisions people were able to make and how best to support people to make these decisions. We saw staff being kind, patient and sensitive to people's needs. For example, we saw a member of support staff touch a person's hands to see if they were cold and fetched them a blanket.

During the inspection we saw staff interacting positively with people. They were respectful, cheerful and interacted positively with people they were providing care to. We saw people's faces 'light up' when a staff member they liked entered a room and came up to them.

Staff were able to describe the environmental factors that could affect people's wellbeing. For example, one person did not like to be a noisy environment. Another person did not like singing. We saw staff adapting their communication style to meet people's individual needs. For example, crouching down to the person's level, speaking softly to a person and staff using touch to provide reassurance.

Staff spoken with were able to describe people's individual needs and their likes and dislikes and how they made choices for themselves. For example, one person chose to stay in bed by pulling the sheet over their head. Another person used facial expressions, gestures and noises to communicate their choice.

Staff spoken with told us they enjoyed supporting people. Staff comments included: "I think we treat people we support like they are in their own home" and "The staff team is brilliant. You get a lot out of the work. It is satisfying, just knowing they [people] are well looked after and their needs met. We have had a lot of changes but for the better. We are doing more now with people we support since becoming supported living. Staff and people are better supported".

The operations director told us if a person required end of life care the service would work with the palliative care team, the person's GP and other external healthcare professionals to ensure people had a comfortable and dignified death.

The provider provided information in different formats to meet people's needs. Throughout the inspection we saw examples where a written document also had a corresponding pictorial document.

Good

Is the service responsive?

Our findings

People's support plans included their personal preferences. The support plan covered a range of areas including the following: my history, whats important to me, my dreams for the future and my health. People's individual needs had been assessed. We found there was a record of the relatives and representatives who had been involved in the planning of people's care. We saw evidence on people's support plans that they had been referred to other health professionals when needed. We found that people's support plans were regularly reviewed and in response to any change in needs.

People had support planning sessions where people who were important to them were invited to attend. For example, the person could invite staff who supported them and family members. The person could bring along their favourite things. The aim of the session was for it to be enjoyable and fun. Locality managers told us that the 'planning lives' sessions had been very successful.

The operations director told us the provider's personalisation coordinator and development officer has led the work with individuals and their support teams facilitating planning live sessions which have helped people to identify their 'perfect week' and plan their support. Regular meetings were held with people and families to discuss progress and to ensure that outcomes were achieved. They gave examples of the outcomes that had been achieved for people which included one person reconnecting with distant family members and one person going out for the first time.

We saw the service promoted people's wellbeing by taking account of their needs including activities within the service and in the community. During the inspection, we saw people were being supported to attend day services regularly. People spoken with were able to describe a range of activities they had participated in and showed us photos. For example, a trip to Blackpool and a visit to a fire service. At one of the supporting living sites people told us there had been barbecues, garden parties and a number of coffee mornings to which friends and family had been invited.

People's comments reflected how much they enjoyed the activities. Their comments included: "I like to go shopping. I read the Daily Express, the staff go with me so I can make sure I get the right paper", "I like baking. I've made a strawberry cake with pink custard and I like to make curries and pasta" and "Staff take me to the hairdressers which I like and sometimes I go to the salon to get my nails done. If I don't go to the salon the staff will do my nails for me".

In one of the supporting living sites staff wore a red pin which they could use to alert other staff if they needed assistance to support someone. One person we spoke with told us they had a pendant which they could use to call staff if they needed assistance. We saw arrangements were in place if people needed a wellbeing check during the night by staff.

A copy of the provider's complaints process was included in people's support plans. There was also a pictorial complaints process available. A copy of the complaints process was displayed in different areas of the service. We saw there was a robust process in place to respond to concerns or complaints by people

who used the service, their representative or by staff. The operations director kept a complaints log.

Good

Is the service well-led?

Our findings

We reviewed the Dimension's Yorkshire newsletter for Spring 2016. It included details of the changes in management and articles about people who used the service. Details of events that were coming up included the date of the next 'everybody counts meeting'. The 'everybody counts' group is an opportunity for people who used the service to raise issues that were important to them. The dates of the praise and grumble sessions being held at the main office were also in the the newsletter. These sessions were held on a monthly basis. People could visit the office and speak with the operations director to praise or grumble about the service. .

During the inspection the registered provider's executive team visited Sheffield on 26 and 27 September 2016 for their annual executive team listening event. The team met with families from Yorkshire in the evening on the 26th and then met with the people the service supported; managers and support staff on the 27th. The operations director provided details of the overall feedback. They told us the feedback was very positive although there were still a number of areas where improvements could be made. The registered provider collated all of the information from this event with the information that they had gathered through the 'driving up quality and working together for change' events to inform their quality improvement plan and business plan for 2017 which will be developed before Christmas. This showed the registered provider actively sought the views and experiences of the people they supported.

The registered provider had been working with Sheffield City Council over the past few years through the 'deciding together' process which has enabled the people they support at their registered services and their families choose the organisation that provides their support through a competitive tendering process. The operations director told us that Dimensions had worked closely with individuals, their families, staff, the local authority and the Independent Mental Capacity Advocacy service to assess people's needs in order to allocate funding to each individual that meets their needs.

The operations director provided us with details of the management structure of the service. At the time of the inspection there were eight locality managers and seven assistant locality managers in post. Each locality manager was responsible for the services within their locality which could for example be one supported living site consisting of two houses and two people being supported in their own home.

We received mixed views regarding the registered provider's senior managers and their visibility to staff and people using the service. Staff comments included: "when top managers change they never come to introduce themselves, we never get to meet them and neither do the service users" and "you're really disconnected from Dimensions apart from the locality manager and the people you work with". The operations director told us the mixed views reflected the outcome of the last staff survey. They told us action had already been taken which had included a reduction of the localities the operations director was responsible for. The operations director held regular sessions where staff could come to the main office to speak with them. The provider's senior managers would be visiting different localities more often in the future.

The registered provider had quality assurance processes at local and regional level. There were planned and regular checks completed by the locality and assistant managers within their locality to check the quality of the service provided. The checks completed included: medication audits, support plan checks and personal monies checks.

The operations director held regular meetings with the locality managers to monitor, assess and mitigate the risks relating to the health, safety and welfare of people using the service. We reviewed the operations director quality monitoring report for August 2016. The report included the services performance across the last 12 months for a number of areas which included: incidents and near misses, medication errors and staff training.

The registered provider completed quality and compliance visits to individual supported living sites within the service. We reviewed a report completed for one of the sites in June 2016. This report covered a range of areas and included the five key questions; safe, effective, caring, responsive and well led. The report included a detailed action plan for the locality manager and assistant locality manager to complete.

We reviewed the registered provider's Yorkshire key performance indicators report dated June 2016. The report covered a range of areas including: accidents and incidents, safeguarding, lessons learned, personalisation, quality and compliance and mandatory training. These checks were used to identify action to continuously improve the service.

We reviewed the Yorkshire quarter four 2015 –16 incident monitoring report. This included the description of the incident and the immediate action taken. It also included details of the operations directors' response and the action they had taken. We saw accidents and untoward occurrences were monitored to ensure any trends were identified.

The registered provider sent a core brief to staff on a monthly basis. We reviewed the core brief that had been sent in September 2016. The brief covered a range of topics including: organisation updates, people and plans, policy changes, regional and departmental updates and points for action. The registered provider held regular meetings of the Sheffield staff forum. We reviewed a copy of the minutes of a meeting held in September 2016. We saw a range of topics were discussed including what was working and not working within the service. It also included an action plan to be completed.

The registered provider had a clear vision and set of values that were consistently put into practice across the service. Staff comments about the registered provider included: "the management really listen to us. If we have an idea that will make things better for people they are always supportive" and "we get really good support and it makes us feel valued for what we do. I wouldn't want to work anywhere else to be honest. I love it here. I'm really fond of the people. They have a lot more to offer than most people think".

Staff whose service had been transferred to Dimensions to manage in 2015 commented on the change of culture they had experienced. One staff member commented: "In the old days, it was very 'risk averse' so people were told they couldn't do things but we've managed to move away from that attitude. I strongly believe that we should look after the person first and worry about their disability last".