

Dimensions (UK) Limited

Dimensions London & Shires Domiciliary Care Office

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Dimensions London & Shires Domiciliary Care Office is a domiciliary care service that provides personal care to adults with a learning disability, autism and complex needs living within a supported living setting. At the time of the inspection the service was supporting three people with personal care.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

People's experience of using this service and what we found

People and relatives spoke positively of the service and told us people felt safe with the staff that supported them. However, despite positive feedback we found issues and concerns around the management of medicines, documentation of people's health risks, mental capacity assessments and deprivation of liberty safeguards (DoLS) and management oversight of the service.

The provider had systems in place to monitor the quality and safety of the service, however they did not identify the issues we found during the inspection.

The provider had systems in place to assess risks to people before undertaking their care and support. However, we found people's health risks were not always fully documented within people's support plans.

Minor issues were found with the management of people's medicines. We recommended the provider reviews its procedures for managing medicines in line with national guidance.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. We recommended the provider reviews its procedures to ensure up to date records of mental capacity assessments and DoLS are maintained in line with Mental Capacity Act 2005 (MCA).

Staff were aware of signs of abuse and how to report them, they felt confident management would respond to any concerns.

People were supported by a consistent team of staff. Recruitment processes ensured only those staff assessed as safe to work with vulnerable adults were employed.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or

autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture. The model of care and setting maximised people's choice, control and independence. Care was person-centred and promoted people's dignity, privacy and human rights. The ethos, values, attitudes and behaviours of leaders and care staff ensured people using services led confident, inclusive and empowered lives.

People were supported by staff who were skilled and trained to meet their support needs. Staff told us they were well supported through supervision, team meetings and appraisals.

People were supported to maintain a balanced and healthy diet. The service supported people to access relevant health care services where required.

People's support plans documented people's needs, preferences and agreement with how they wanted to be supported by the service. People told us they were supported by kind and friendly staff who respected their privacy and dignity.

People were involved in planning and reviewing their care and support. People were supported by a staff team who knew them well and provided support in line with their preferences and choices. People and relatives told us they felt able to raise any concerns with staff or management.

The provider sought the views of people who used the service. People and relatives felt the service was well managed.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Why we inspected

This was a planned inspection. This service was registered with us on 16/09/2020 and this is the first inspection.

At this inspection we found a breach of regulation related to the governance of the service.

You can see what action we have asked the provider to take at the end of this full report.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

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Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by one inspector and one Expert by Experience who made telephone calls to people and relatives of people using the service. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service provides care and support to people living in three 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 11 November 2021 and ended on 23 November 2021. We visited the office location on 11 November 2021, and we spoke with people, relatives and staff on 15, 17 and 22 November 2021. Feedback of the inspection process was provided to the registered manager on 23 November 2021.

What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We reviewed information we had received about the service and formal notifications that the service had sent to the CQC. Notifications are information that registered persons are required to tell us about by law that may affect people's health and wellbeing. We used all of this information to plan our inspection.

During the inspection

We spoke with the registered manager. We reviewed a range of records including two people's support plans and three people's medicines records. We looked at two staff files in relation to recruitment and staff supervision.

After the inspection

We spoke to three people who used the service and three relatives about their experience of the care provided. We looked at one further support plan, two staff files in relation to recruitment and staff supervision, training data, quality assurance records and policies and procedures. We received feedback about the service from a health and social care professional. We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- People received their medicines safely and as prescribed. However, during the inspection we found some minor issues which meant medicines were not always managed in line with national guidance.
- Medicines administration records (MARs) were completed with no gaps in recording identified. The service had an up to date medication policy in place and medicines were stored securely.
- Medicines administered 'as needed' (PRN) were not recorded appropriately on the MAR, entries were handwritten, and had not been signed or checked by another member of staff. The provider did not have sufficiently detailed guidance in place for staff to know how and when to administer each PRN medicine.
- Staff had received medicines training, however, we found not all staff had their competency assessed within the past year in line with national guidance.
- The service was completing a regular medicines audit; however, it did not identify the issues we found on the inspection. We report further on this in 'Is the service well led' section of the report.
- People and relatives did not raise any concerns about the management of people's medicines.
- We raised the issues identified with the registered manager and following the inspection they told us they had assessed staff competency to administer medication and showed us evidence PRN protocols were now in place.

We recommend the provider reviews its procedures for managing medicines in line with national guidance.

Assessing risk, safety monitoring and management

- The provider had systems in place to assess risks to people before undertaking their care and support.
- Risk assessments relating to people's behaviour were person centred, regularly updated and detailed with clear guidance for staff to support people in the least restrictive way. However, during the inspection, we found two examples where people's health risks had not been fully documented within people's support plans. We brought these to the attention of the registered manager and during the inspection these records were updated.
- Support plans and risk assessments were available to staff electronically, so they had access to records when supporting people. Staff told us they had all the information they needed to support people safely. One staff member said, "Risk assessments are kept on the system, I read them all the time, they cover everything."
- Regarding one person's service, a senior social worker from a local authority told us, "The placement is going really well, and the service user feels part of their local community. There is a good risk management plan in place which provides the right balance and is the least restrictive option."

- Health and safety including fire safety at each supported living setting was regularly checked and monitored to ensure people's safety.

Systems and processes to safeguard people from the risk of abuse

- People and relatives responded positively when asked if they felt safe with the care and support, they or their relative received. One person said, "The service gives good care." One relative told us, "[person] feels safe."
- Staff had received safeguarding training and were aware of how to raise a concern and felt confident it would be dealt with appropriately.
- The provider had an up to date policy in place which gave staff guidance on how to safeguard people from abuse and report any concerns.

Staffing and recruitment

- Systems and processes in place supported the recruitment of staff who had been appropriately assessed as safe to work with vulnerable adults.
- Pre-employment checks included the completion of a DBS check, evidence of conduct in previous employment and proof of identity. DBS checks inform the service if a prospective staff member has a criminal record or has been judged to be unfit to work with vulnerable adults.
- People and relatives told us people were supported by a consistent team of staff. One person said, "Yes there are enough staff." One relative said "[person] has a consistent team of staff which is good as [person] does not like changes, no complaints from [person]."

Preventing and controlling infection

- Effective systems were in place for managing and controlling infection, including COVID-19.
- The provider's infection control policy was up to date, staff had completed relevant training and had access to regular testing and PPE.
- One staff member told us "We use PPE in the correct way, we know how to wear gloves, aprons, masks in the correct manner. Tests are done every week and updated on the system."

Learning lessons when things go wrong

- The service worked proactively to ensure prevention and service improvement were key outcomes following an accident or incident or when something had gone wrong.
- Accidents and incidents were documented and included details of the event, actions taken, and any follow up support required to prevent future re-occurrence.
- Systems in place enabled the registered manager to review, analyse and identify trends from daily records, accidents and incidents so learning and development could be shared with staff.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Where people had capacity to make decisions, support plans detailed how people must be involved in decision making and their consent to care and support.
- Where a person lacked capacity around a specific decision, the service had a mental capacity assessment in place, however we found the assessment had not been recently reviewed. We raised this with the registered manager and during the inspection we saw evidence of an updated mental capacity assessment and best interest's decision.
- One person was subject to deprivation of the liberty safeguards (DoLS) under a court of protection order. The local authority was responsible for renewing the order; however, the provider had not obtained written confirmation it had been reviewed from the local authority. We raised this with the registered manager and during the inspection the local authority confirmed they were meeting the conditions of the DoLS. We report further on this in 'Is the service well led' section of the report.
- Staff had completed training and demonstrated an understanding of the MCA in line with the key principles. Staff told us they respected people's rights to make their own decisions, even if they considered them to be unwise.

We recommend the provider reviews its procedures to ensure up to date records of mental capacity assessments and DoLS are maintained in line with MCA.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed, and support plans and risk assessments were developed using information

gathered during initial assessment.

- Information collated included people's specific health and care needs, any known risks and how they wished to be supported, including their protected characteristics under the Equality Act. For example, people were asked about their religious or cultural needs so this could be considered as part of the support planning process.
- Where people required detailed and specific risk assessments to support behaviours, psychologists employed by the service were involved in developing and reviewing the persons support plan and providing ongoing support to people and staff.
- People told us, and records confirmed people were involved in discussions about their care and support.
- Policies and procedures provided guidance for staff and referred to legislation and good practice guidelines.

Staff support: induction, training, skills and experience

- People told us they received care and support from staff who were appropriately skilled and trained to carry out their role.
- Records confirmed staff completed an induction programme which included the provider's mandatory training and training to understand people's individual needs and risks. One member of staff told us "Yes, absolutely, everything was really informative. I'm very well trained to be honest; all the managers do a good job with that."
- Staff told us they were well supported by management and received regular supervision and an annual appraisal. One staff member said "Yes, I can always ask my manager, we also have on call support."

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to access a balanced and healthy diet.
- People were involved in planning their meals and encouraged to participate in shopping and meal preparation.
- Staff received training in food safety and were aware of people's dietary needs and preferences.
- Where people required specific support with their diet or at mealtimes, guidance from a dietician and speech and language therapist was included in peoples support plans for staff to refer to.

Staff working with other agencies to provide consistent, effective, timely care: Supporting people to live healthier lives, access healthcare services and support

- People's support plans confirmed staff worked in partnership with other health and care professionals including social workers, psychologists and occupational therapists.
- Support plans included details of people's health conditions and provided information and guidance for staff on how people were to be supported.
- Daily handovers took place between staff and each supported living setting had a communication book in place. This supported the sharing of information about people and their health and care needs.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and relatives told us people were provided with support by kind and helpful staff. One relative said, "The service does good care, if [person] is happy, I am happy." One person told us they were supported by "Friendly staff."
- Staff knew people well and had a genuine concern for people's wellbeing. One staff member said, "Communication is very important, I have a good understanding of [person] after working with [person] for years."
- People's diverse needs, as defined under the Equalities Act 2000, were respected. For example, people's needs related to their sexuality and religion had been documented in their support plan and staff were aware of these.

Supporting people to express their views and be involved in making decisions about their care

- People's support plans documented people's needs, preferences and agreement with how they wanted to be supported by the service.
- Staff told us what person-centred care meant to them. One staff member said, "Everyday that's what we talk about. [Person] has a voice in the meeting telling us how he wants to be supported."
- Each person was supported by a small team of consistent staff, people contributed to decisions about which staff were recruited and supported them.
- People had access to a satisfaction survey; this gave them the opportunity to share their views about all aspects of the service.

Respecting and promoting people's privacy, dignity and independence

- People told us staff respected their privacy and dignity.
- One member of staff told us "We seek [person] permission, [person] is able to make his own decisions and choices." Another member of staff told us, "[person] lives in his own house and we respect his privacy."
- People told us about daily activities they did with support such as shopping, and one relative told us, "My [person] is as independent as he can be."
- One staff member "We encourage him to do what he can for himself, he's always asked what he wants to do every day. He's independent, does his own food and activity planner."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People received personalised care and support which was designed and planned to meet their needs and preferences in line with the key principles of right support, right care, right culture.
- Support plans were person-centred and contained details of people's life history, key relationships, interests, choices and goals. Information included 'what people like and admire about me', 'what's important to me' and 'how best to support me'.
- People told us they were supported by a staff team who knew them well and provided support in line with their preferences and choices.
- People were supported to maintain relationships and pursue their interests with support where required. One person told us "I go shopping and like taking walks."
- People told us, and records confirmed people were involved in decisions about their care and support, such as choosing their staff and planning their activities.
- Some people received support with behaviours that challenge and potentially placed the person and other people at risk of harm. Behavioural support plans in place were detailed and person centred and provided staff with information about known triggers and strategies to help prevent and respond appropriately to the behaviour. One member of staff told us "We have plans in place of what to do and how to manage. We know the triggers, we do the things he likes, we do activities."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Where people had specific needs relating to the way in which they communicated, or the support required around their communication, this was recorded in their support plan.
- Records and agreements had been made in an easy read format so they were accessible for people.

Improving care quality in response to complaints or concerns

- The service had a complaints policy and procedure in place.
- The service had not received any complaints since their registration with CQC. People and relatives told us they felt able to raise any concerns with staff or management. One person said, "I can speak to the manager."
- We reviewed records of compliments recently received. One compliment received from a professional

from a local authority stated, "[persons] team are fantastic, really impressed with their work as a team and individually."

End of life care and support

- At the time of inspection, the service was not caring for anyone who was at the end of their life.
- People's wishes regarding end of life were recorded and where people had made an advanced decision to be resuscitated or not to be resuscitated, this was recorded in their support plan.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements;

- The service had systems in place to monitor the quality and safety of the service, including regular reviews of support plans. However, these systems and processes did not identify the issues we found with medicines management, the documentation of people's health risks, mental capacity assessments and DoLS as detailed in the other sections of the report.
- The service was completing a weekly medicines audit; however, the audit did not identify the issues we found with medicines administered PRN and staff competency assessments.

Whilst we found there was no evidence people had been harmed by the issues identified above, systems were either not in place or robust enough to demonstrate that there was adequate oversight of the service. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We raised these issues with the registered manager, and they told us they would make improvements to their auditing procedures to ensure they were more effective in identifying any issues.
- Other systems in place to monitor the quality and safety of the service included health and safety checks, an offending behaviour review panel and an annual quality and compliance review completed by the provider.
- The registered manager demonstrated appropriate knowledge of their regulatory obligations.
- Staff told us communication between staff and the management team was good and regular staff meetings took place. One staff member said, "The service is very good with disseminating information and communication."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The management team promoted a positive culture which focused on people receiving personalised, tailored care and support. One staff member told us "Everyone's on the same page, we have a good bond with [person]."
- Staff told us the registered manager was approachable and supportive. One staff member said, "The manager is always there, very helpful. I can approach him, easy to talk to."
- People and relatives spoke positively of the service they received and felt the service was well managed. One relative told us "My [person] is happy at this placement, he has been in previous places where he was

not happy."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The management team sought the views of people who used the service. This included regular discussions between people and the management team and regular satisfaction surveys. We reviewed the results of a recent survey and feedback was positive.
- People told us, and records confirmed people were involved in planning and reviewing their care and support.
- People and relatives knew the staff and management team and felt they could raise any concerns. One relative said, "The manager will call to make sure all is ok and check in about what they are doing for [relative]."
- Relatives and staff were also asked to complete satisfaction surveys, we reviewed the latest analysis of results and feedback was positive.
- The registered manager told us they were involved in projects to promote equality and diversity throughout the organisation such as a diversity group and a reverse mentoring scheme.
- The service worked in partnership with external agencies such as GP's, social workers, psychologists and speech and language therapists to maintain the health and wellbeing of people.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care

- Policies in place identified the actions staff should take in situations where the duty of candour would apply.
- The provider had a service improvement plan in place and demonstrated a willingness to reflect and learn to improve the service people received.
- Where issues were identified during the inspection the registered manager acted promptly to make improvements.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Management systems were either not in place or robust enough to demonstrate that there was adequate oversight of the home. This placed people at risk of harm.</p>