

Dimensions (UK) Limited

Dimensions Berkshire & Hampshire Domiciliary Care Office

Inspection report

2nd Floor, Building 1430 Arlington Business Park
Theale
Reading
RG7 4SA

Tel: 03003039001

Website: www.waymarks.org.uk

Date of inspection visit:
22 September 2022

Date of publication:
08 December 2022

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Dimensions Berkshire & Hampshire Domiciliary Care Office is a domiciliary care agency providing personal care to people in their own homes. This service provides care and support to people living in a number of 'supported living' settings, so that they can live as independently as possible. The service provides support to older people, younger adults and people with a learning disability and associated needs. 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. At the time of inspection, one person was receiving support with personal care.

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

Right Support:

- The registered manager did not use safe recruitment procedures to employ staff. There was a risk the person could be supported by unsuitable staff putting them at higher risk of harm.
- Staff supported the person with their medicines in a way that promoted their independence. However, other aspects of medicine management such as record keeping and checks needed improvement.
- The person had a choice about their living environment and were able to personalise their rooms. The person invited us to view their room and showed us how they sorted their rooms.
- The service and staff supported the person to have the maximum possible choice, control and independence, over their own lives.
- Staff focused on person's strengths and promoted what they could do, so the person had a fulfilling and meaningful everyday life.
- The person were supported by staff to take part in activities and pursue their interests in their local area and achieve their aspirations and goals.
- The service worked with the person to plan for when they experienced periods of distress or anxiety and supported them to overcome it.
- The service made reasonable adjustments for the person so they could be fully involved in discussions about how they received support, including support to travel wherever they needed to go.
- Staff supported the person to make decisions following best practice in decision-making. Staff communicated with the person in ways that met their needs.
- Staff supported the person to play an active role in maintaining their own health and wellbeing and access specialist health and social care support in the community.

- We judged the person was 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. However, the policies and systems in the service had to be improved to continue supporting this practice.

Right Care:

- Person's care, treatment and support plans did not always reflect their range of needs and support so staff could promote their wellbeing and enjoyment of life.
- The service did not always have enough appropriately skilled staff to meet person's needs and keep them safe following best practice guidance.
- The registered manager assessed and reviewed risk assessments and actions of mitigation with staff's support. They worked with the person to help them review and assess risks they might face.
- Person could communicate with staff and understand information given to them because staff supported them consistently and understood their individual communication needs. Staff spoke to the person politely giving them time to respond and express their wishes.
- Person received care that supported their needs, aspirations and was focused on their quality of life.
- Staff promoted equality and diversity in their support for the person. They understood person's cultural needs and provided culturally appropriate care.
- Person received kind and compassionate care. Staff protected and respected person's privacy and dignity. They understood and responded to their individual needs.
- Staff understood how to protect person's from poor care and abuse. The service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.
- Person had opportunities to try new activities that enhanced and enriched their lives.

Right Culture:

- The registered manager did not always follow their quality assurance policy effectively so they could assess, monitor and mitigate any risks relating to the health, safety and welfare of the person using services, the service and others.
- The registered manager did not consistently maintain accurate and complete records relating to person's care and service management.
- Person was able to lead inclusive and empowered lives because of the ethos, values, attitudes and behaviours of the management and staff.
- Staff knew and understood the person well and were responsive, supporting their aspirations to live a quality life of their choosing.
- Staff turnover was low, which supported the person to receive consistent care from staff who knew them well.
- Staff placed person's wishes, needs and rights at the heart of everything they did.
- The person and those important to them were involved in planning and reviewing of their care.
- The person was supported by staff who understood their different range of needs or sensitivities. This meant the person received compassionate and empowering care that was tailored to their needs.
- The service enabled the person and those important to them to work with staff to develop the service. Staff valued and acted upon person's views.
- Staff and the service ensured risks of a closed culture were minimised so that the person received support based on transparency, respect and inclusivity.

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

Rating at last inspection

This service was registered with us on 1 December 2020 and this is the first inspection.

Why we inspected

This inspection was based on the information we held about this service. The service has not been inspected since their registration.

Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to quality assurance, risk management, record keeping, management of medicine, staff training and competence and recruitment. We have made a recommendation about meeting the Accessible Information Standard.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 not always effective.

Details are in our effective findings below.

Requires Improvement ●

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 ●

Dimensions Berkshire & Hampshire Domiciliary Care Office

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 Health and Social Care Act 2008.

Inspection team

The inspection was carried out by one inspector.

Service and service type

This service is a domiciliary care agency and is registered to provide personal care to people living in their own houses or flats. This service also provides care and support to people living in a 'supported living' setting, so that they can live as independently as possible. At the time of inspection, one person was receiving support with personal care. Person's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at person's personal care and support.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 48 hours' notice of the inspection to be sure that the registered manager would be in the office to support the inspection. Inspection activity started on 21 September 2022 and ended on 22 September 2022. We visited the location's office on 22 September 2022.

What we did before the inspection

Prior to the inspection we looked at all the information we had collected about the service including notifications the provider had sent us. A notification is information about important events which the service is required to tell us about by law. We looked at the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We checked information gathered as part of monitoring activity that took place on 9 August 2022 to help plan the inspection and inform our judgements. We used all this information to plan our inspection. We also visited the supported living service, spoke to the person and observed how staff interacted and supported the person using the service.

During the inspection

We spoke with the registered manager and the operations manager. We reviewed a range of records including person's care and support plans and other associated records. We also looked at a variety of records relating to the management of the service, including quality assurance, incidents and accidents, and some policies and procedures.

After the inspection

We contacted seven staff and spoke to three staff team members. We looked at further information such as training data, recruitment, incidents/accidents, further records of care and support, policies and other service management records sent to us after the inspection. We sought feedback from the local authority and professionals who work with the service and received one response.



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 of 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

- The person did not always have their medicines managed safely because staff did not follow systems and processes to record and manage medicines safely.
- We reviewed medication administration record (MAR) sheets. When staff used codes on the MAR sheets to record medicine administered, they did not record the reason for the code. We reviewed daily notes, and these did not note why staff used a code rather their signature or any other reasons for actions that had affected the administration of medicine.
- The person was prescribed 'when required' (PRN) medicines to help them manage various conditions. However, the protocols did not always contain personalised information about the person and how each PRN medicine should be used and managed safely.
- The information about medication on MAR sheets was not accurate in regard to what PRN medicine was prescribed. For example, on one MAR sheet it stated the person had to have specific ointments applied daily however it transpired that these were PRN creams. We spoke with the registered manager about PRN medicine being used daily and asked if this needed to be reviewed by the GP. The registered manager said they would action this.
- The person had some PRN medicine to help with managing pain or other conditions. The front page of the MAR sheet was signed. However, on the back of the MAR sheet there were no entries made to record the reasons for giving it; the time and date of administration; the outcome and whether the medicine was effective, and how much given if a variable dose had been prescribed.
- The medicine list on MAR sheets did not match the list of prescribed medicine on the hospital passport and health passport. This meant if the person had to go to hospital, the person was at risk of not receiving their medicine as prescribed because the record did not have accurate information regarding prescribed medicines.
- This practice and oversight did not support safe management of medicine and put the person at risk of not receiving their medicine correctly.

The medicine management was not robust enough to demonstrate that medicines were managed safely at all times. This placed people at risk of harm. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The person received support from staff to make their own decisions about medicines wherever possible. The person could take their medicines in private when appropriate and safe.
- A person told us staff supported them with medicine. They said they were planning to work on managing their medicine themselves.

- The service ensured person's behaviour was not controlled by excessive and inappropriate use of medicines. Staff understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) and ensured that person's medicines were reviewed by prescribers in line with these principles.

Staffing and recruitment

- The provider and the registered manager did not follow safe recruitment procedures to ensure the person was supported by staff who were of good character, suitable for their role and had appropriate experience.
- Where required, the registered manager had not always obtained satisfactory evidence of an applicant's conduct in prior employment working in health or social care. They did not seek verification of the reason why the employment ended unless the previous employer provided it on their own accord.
- Failing to obtain all required recruitment information before staff started work, the registered manager put the person at risk of being supported by unsuitable staff.

The registered manager had not obtained all the information required by the regulations to ensure the suitability of all staff employed. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff had a Disclosure and Barring Service (DBS) check completed before they started supporting the person. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Additionally, interviews were designed to establish if candidates had the appropriate attitude and values.
- The person using the service was regularly attending staff interviews to support the panel to make decisions about potential support staff.
- The registered manager told us how they had managed staffing numbers and support to the person.
- Staff said they did not have issues with staffing numbers at this time and were able to do their job effectively and safely.
- The service had enough staff, including for one-to-one support for the person to take part in activities and visits how and when they wanted.
- One professional said, "Yes, I think so there is enough staff and [person] has a team of consistent staff."

Assessing risk, safety monitoring and management

- There was a risk analysis completed for the person who use the service. It covered various types of risk factors, risks it presented and action to take to reduce those risks. It also referred to different records to follow for further guidance and risk mitigation.
- Where we could not find the record in place on how to support the person and mitigate the risks, the provider sent the information after the inspection.
- Where risk assessments and support plans were fully completed, they provided staff with guidance to mitigate the risks identified, provide care in a safe and person-centred way, based on person's needs, likes and the support they required.
- The person lived safely and free from unwarranted restrictions because the service assessed, monitored and managed safety well.
- The person was involved in managing risks to themselves and in taking decisions about how to keep safe.
- Staff supported the person to find solutions to problems or issues. They supported person to be able to recognise hazardous situations and avoid putting themselves at risk of harm.
- For example, due to the person having history with the legal system, they had detailed guidance about how to manage specific risks and how staff should respond and support the person without making them feel worse. The records clearly showed staff had to respect person's wishes, opinions and right to refuse

support. Staff were guided to support the person without judgement but rather showing the person how their achievements would have a positive impact on their life.

- The service helped keep the person safe through formal and informal sharing of information about risks.
- Staff supported the person to manage the safety of the living environment through checks and taking action to minimise risk.

Learning lessons when things go wrong

- The registered manager explained how incidents and accidents would be investigated and how learning would be shared with staff to think of ways to prevent recurrence.
- We reviewed some incidents/accidents on the system however they were noted as 'overdue' for a review by the registered manager. It was difficult to track any improvements required and therefore we could not be assured that actions were taken in a timely way to keep the person safe and reduce the risk of reoccurrence.
- Without the registered manager's review to highlight areas for improvement, or actions needed to mitigate the risks to individuals, there could be a detrimental effect to person's health and wellbeing.
- We reviewed this with the registered manager who assured us outstanding actions would be actioned and records completed.
- Staff were able to explain how to raise concerns and record incidents and near misses. Staff confirmed to us they discussed outcomes and actions of investigations in clinical meetings, operational meetings and one-to-one meetings to determine person's support needs.
- The service supported the person who may become distressed, anxious or frustrated. The staff responded to incidents of this kind and worked with professionals where additional support was needed. The service did not use any restrictions on person's freedom. They were supported to make the right choices and manage risks based on their needs and preferences.
- When things went wrong, staff provided appropriate support to the person and gave honest information about the incident.

Systems and processes to safeguard people from the risk of abuse

- The person was kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. The service worked well with other agencies to do so.
- One person told us, "Yes, [I feel safe here]. There is no nastiness". The person added if they had any concerns or issues, they would speak to staff. They also said they would contact commissioners and CQC if needed.
- The registered manager explained their responsibilities in regard to safeguarding the person who uses the service and reporting concerns to external professionals accordingly such as the local authority, police and CQC.
- At the time of our inspection there were no safeguarding investigations ongoing. The provider was working together with the local authority safeguarding team to investigate when needed.
- Staff were aware of how to recognise abuse and protect the person from the risk of abuse. Staff knew how to report concerns and were confident the registered manager would act on any concerns reported to ensure person's safety.
- One professional said, "[Person] is safe and there are no threats from the team...if any issues, staff will talk to management team. [Person] is defo in safe space there. Staff are on top of the risks and [person] is open about it and ability to communicate with the team, [person] is comfortable. It is a massive protective factor to have that open conversation for [person] and staff."

Preventing and controlling infection

- Staff were provided with and used personal protective equipment (PPE) to prevent the spread of infection.

- The service used effective infection, prevention and control measures to keep person safe, and staff supported the person to follow them. The service had arrangements for keeping premises clean and hygienic. The person told us they were supported to look after and clean their home.
- Staff had training in infection control and followed procedures on this to use PPE.

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 requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- The registered manager and staff did not always ensure the person had up-to-date care and support assessments. For example, records referred staff to follow parts of support plan for managing person's low mood, food and fluid intake, and mobility, and trips and falls to support the person. However, not all support plan parts, and related documents noted clear steps about how to achieve desired outcomes for the person.
- Support plans had some good guidance noted. However, some of the outcomes and information how to achieve it were not always clearly recorded.
- Support plans did not always contain clear guidance for staff on how to manage person's oral health. It was noted the person had a negative reaction while looking after their oral care but there was no further information about how this should be managed.
- This meant the registered manager was not able to assure us that the person was able to consistently live life to their full potential, as they chose and achieve good outcomes.

The registered manager did not always ensure people's care and treatment was appropriate and met their needs. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Where support plans and other records were completed fully, these reflected a good understanding of person's needs and aspirations, including relevant assessments of person's communication support and sensory needs, as well as, personal likes and preferences, and their social interests.
- The person had functional assessments to help with behaviours, so the staff had clear guidance to understand this aspect of care and support them accordingly.
- There was guidance on strategies to enhance independence and how to plan for longer-term aspirations. The person, and/or those important to them and staff reviewed plans together.

Staff support: induction, training, skills and experience

- The person was supported by staff who had not received relevant training in evidence-based practice.
- We reviewed the training matrix provided to us which recorded training the provider had determined was mandatory as well as role dependent training.
- Not all staff were up to date with their training. For example, out of nine staff, two staff had not had their training refreshed in safeguarding adults. Only three staff had their basic life support training refreshed. Only three staff had training refreshed in equality and diversity. Only two staff had training refreshed in the Mental Capacity Act and Deprivation of Liberty Safeguards. Three staff had their moving and handling theory

training refreshed. We asked for further information about how the competencies and knowledge of the staff were checked for all these topics but we did not receive it.

- The current best practice guidelines for ongoing social care staff training provides information on core and mandatory training topics. The guidance says the provider should assess staff member's knowledge and competence at least annually and provide learning and development opportunities at least every three years for different topics. The training information showed the mandatory training updates provided to staff at the service was not always in line with the guidance.
- This meant the registered person could not assure us staff were competent and guided by the best practice and up to date knowledge and skills. This meant the person were put at risk of not always getting appropriate and safe care and support.

The registered person did not ensure all the staff were competent, skilled and had up to date training in order to carry out their role when supporting people and perform their work. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff felt supported by the registered manager and could approach them for help and advice.
- Staff received support in the form of continual supervision and appraisal to discuss their professional development and recognition of good practice.
- Staff completed an induction and shadowing period when they started at the service.
- Staff also completed the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme

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

- Staff recorded fluid intake for one person due to their increased risk of infection. It was not clearly noted what the target intake should be. Some days it was recorded the person had very little fluid intake. The daily notes did not support the reasons why the person had little to drink. We spoke about this with the registered manager and the operations manager to ensure the recording and monitoring was meaningful and changes in intake picked up and actioned quickly.
- Otherwise, the person received support to eat and drink enough to maintain a balanced diet.
- The person was involved in choosing their food, shopping, and planning their meals.
- Staff supported the person to be involved in preparing and cooking their own meals in their preferred way. The person said, "Yes I do my own shopping and staff sometimes help me with mealtimes".
- The person could have a drink or snack at any time, and they were given guidance from staff about healthy eating.

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

- The person played an active role in maintaining their own health and wellbeing.
 - The person was supported to attend annual health checks, screening and primary care services.
 - Multi-disciplinary team professionals were involved in and made aware of support plans to improve person's care when needed.
 - Staff worked well with other services and professionals. The person was referred in a timely way to health care professionals to support their wellbeing and help them to live healthy lives.
- One professional said, "[Person] is definitely supported to all the appointments such as health checks and medication reviews when it is needed."

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 MCA 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.

At the time of inspection, there was no one with any legal authorisations in place to deprive a person of their liberty.

- Staff empowered the person to make their own decisions about their care and support.
- The person was consulted and included in the decisions about their care and support.
- The person told us they made choices and decided what they wanted to do without staff restricting them.
- Staff knew about person's capacity to make decisions through verbal or non-verbal means and this was well documented. Staff demonstrated good understanding of consent, capacity, decision making and human rights. They spoke about the importance of involving the person in decision making and the registered manager, any other professionals, if they needed further help.
- Staff said, "We ask them and make sure they understand things. We check people's reactions and ask for feedback from them. They [person] are capable [of making decisions] if they have the right information" and "We ask [the person] what we need to do and get their agreement. If they are not ready, then we try again later."
- Within person's records, it was documented about their capacity, and how much support they required with making decisions.

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

- The person received kind and compassionate care from staff who used positive, respectful language which the person understood and responded well to.
- The person agreed they were treated by staff in a respectful and caring manner.
- We observed staff were patient and used appropriate styles of interaction with the person. Staff members showed warmth and respect when interacting with the person.
- The person felt valued by staff who showed genuine interest in their well-being and quality of life. The person added, "Yes, I am happy here...[staff] are caring".
- When we spoke to staff, they demonstrated good understanding of diversity issues and not treating everyone in the same way. Staff said, "It's important to speak kindly to people and listen to their wishes, I show an interest in their hobbies. We are all different and we need to respect people's choices" and "We see people as individuals. We treat people in the way we would want to be treated".
- Staff supported the person to review and consider the exposure to any environmental factors they would find stressful.

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

- The person was given time to listen, process information and respond to staff and other professionals.
- The person was enabled to make choices for themselves and staff ensured they had the information they needed.
- Staff supported the person to express their views using their preferred method of communication. Staff took the time to understand person's individual communication styles and develop a rapport with them.
- Staff respected person's choices and wherever possible, accommodated their wishes, including those relevant to protected characteristics.
- The person, and those important to them, took part in making decisions and planning of their care and risk assessments
- Staff supported the person to maintain links with those who were important to them.
- Staff we spoke with demonstrated good understanding of the importance of involving the person and respecting their wishes and preferences to live the lives they want and ensure their wellbeing and sense of self-esteem is promoted. They [staff] said, "I treat people in the way I want to be treated" and "We see people as individuals...We must have empathy for people's individual needs and preferences".

Respecting and promoting people's privacy, dignity and independence

- The person had the opportunity to try new experiences, develop new skills and gain independence.
- Staff helped the person to identify goals and aspirations and supported them to achieve greater confidence and independence such as paid or voluntary work, leisure activities and widening of social circles.
- Staff said, "I let people do things for themselves. I let them know I am here to help. I show people by example, and involve them and share tasks with them, like tidying their room" and "We try to encourage people to do things for themselves".
- Staff knew when the person needed their space and privacy and respected this.
- For the person living in supported living services, the provider followed best practice standards which ensured they received privacy, dignity, choice and independence in their tenancy.
- When we spoke to staff, they demonstrated good understanding of the need to respect person's privacy and dignity. They said, "I always make sure the door is closed when supporting personal care and when they are getting dressed", "We support people in their own homes, we don't want to impose ourselves in a way that's overbearing" and "I do not discuss their personal information in front of others. I give people space when they need personal care...and I always tell them, before I enter the room".
- Any private and confidential information relating to the care and treatment of the person was kept in their home in a chosen place. This information was also kept securely in the office and on password protected computers.
- Staff provided clear understanding of the importance of maintaining person's confidentiality.

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.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- One person's records did not always highlight that part of their support was to ensure all information presented by different parties was in a format they would be able to receive and understand.

We recommend the service seeks advice and guidance from a reputable source about meeting all five steps of the AIS to ensure all information is presented in a format people would be able to receive and understand.

- The person had individual communication plans that detailed effective and preferred methods of communication and how they preferred to receive information.
- Staff had good awareness, skills and understanding of individual communication needs, and they knew how to facilitate communication and when the person were trying to express themselves. They said, "We would write things down or use sign language, avoid complicated language, jargon and metaphors. We would speak clearly and slowly" and "If people don't understand, we ask them and repeat it".

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The person, staff and/or those important to them, were involved in developing and reviewing their care, support and treatment plans.
- Person's care records contained descriptions of person's life histories and preferences. Understanding person's history, helped staff develop meaningful relationships with them.
- Person's needs were identified, including needs on the grounds of protected equality characteristics, and their choices and preferences and how these were met were reviewed.
- The service was mindful and supportive in decisions about a person's care and support to make sure that their views were known, respected and acted on. The person was empowered to make choices and have as much control and independence as possible.
- Care planning was focused on the person's whole life, including their goals, skills, abilities and how they preferred to manage their health. The person was supported to have a health action plan, a health passport and a hospital passport.

- Staff used person-centred approaches to discuss and plan with the person how to reach their goals and aspirations.
- The service enabled the person to carry out person-centred activities and encouraged them to maintain hobbies and interests. For example, one person worked with staff to enable them to drive their car. This was a huge achievement for the person that enabled them to live as full a life as possible.
- Staff made sure that the person could maintain relationships that matter to them, such as family, community and other social links. This helped to protect them from the risk of social isolation and loneliness as social contact and companionship was encouraged.
- Staff recorded care and support provided at each shift that would help them monitor person's needs and respond to any changes in a timely manner.

Improving care quality in response to complaints or concerns

- The person and those important to them could raise concerns and complaints and staff would support them to do so. There had been no formal complaints since the provider's registration with CQC.
- One person confirmed they knew how they could raise concerns and would seek help from staff.
- The registered manager added the person had an easy read procedure. The staff encouraged and supported them to put any issues in writing, which was helpful when reviewing person's care.
- The registered manager explained the process of handling a complaint if it was raised. They also said they would learn from any complaints, reviewing the effects on the person and the service. They would review the practice, retrain the staff if needed and discuss how they could do better next time.
- Staff were able to explain their actions if a complaint was raised with them. Staff also told us about providing assurance to the person to help explore and understand the issues. They said, "I would check the nature of concern and assess the support the person was comfortable with and how they wanted to proceed" and "If people are unable to make a complaint, we help them do it and speak with the manager".

End of life care and support

- During our inspection, there was no one receiving end of life care. The registered manager said if the person's needs changed, they would reassess the care plan to suit the needs of that person and work with staff, families and professionals to support them with the end of life care.
- The person had a plan in place for future arrangements who was supported to complete it with staff.

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

- Senior staff and provider did not demonstrate full compliance with regulatory and legislative requirements. The provider's quality assurance system and process was not always effective to assess, monitor and mitigate any risks relating to the health, safety and welfare of the person using the service, staff and the operation of the service.
- The registered manager did not ensure some of the issues we found on the inspection, were identified through their own quality monitoring systems. For example, missing recruitment information for staff suitability; discrepancies with medicine management and auditing.
- The registered manager did not always ensure the person and staff were protected against the risks of unsafe or inappropriate support and practice because accurate and complete records were not maintained.
- For example, in a health action plan, it referred to the person preferring showers to baths but later in the document it stated the opposite. Other guidance of support was referred to health action plan, but it did not have clear information. Records referred to the person taking specific medicine, but it was not recorded on the MAR sheet to indicate the person had actually had it.
- Where tasks or record keeping were delegated to other staff members, the registered manager did not always check things were done correctly and accurately at all times.
- The registered manager demonstrated they had the skills, knowledge and experience to perform their role and a clear understanding of person's needs and the management of the staff team. However, the issues we found, indicated they did not always have full oversight of these areas identified. This could prevent them from identifying and acting on issues that could potentially place person at risk of harm or abuse.

The registered person did not operate an effective system to enable them to assess, monitor and improve the quality and safety of the service provided. This placed people at risk of harm. This was a breach of Regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Services registered with the CQC are required to notify us of significant events and other incidents that happen in the service, without delay.
- The registered manager ensured CQC was notified of reportable events without delay.
- Staff knew and understood the provider's vision and values and how to apply them in the work of their team. Therefore, staff delivered good quality support.
- Staff were reviewing person's care and support on an ongoing basis as their needs and wishes changed

over time.

- Other governance processes were used and helped to hold staff to account, keep the person safe, protect their rights and provide good quality care and support.

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

- The registered manager and staff worked together to instil a culture of care in which staff truly valued and promoted person's individuality, protected their rights and enabled them to develop and flourish.
- To ensure staff were valued and appreciated, the provider had an internal reward scheme for staff. Person and staff nominated staff for their achievements so they could be recognised and celebrated.
- The registered manager was visible in the service, approachable and took a genuine interest in what the person and other professionals had to say. We saw the registered manager and the person knew each other well.
- The registered manager and the deputy manager worked directly with the person and led by example. They promoted equality and diversity in all aspects of the running of the service.
- Staff felt respected, supported and valued by senior staff which created a positive and improvement-driven culture.
- Staff felt able to raise concerns with the registered manager or other senior staff without fear of what might happen as a result.
- The registered manager praised the staff team saying, "We have quite a good and consistent team. The right calibre of staff are working here and they want to do the job. They go an extra mile if needed. We [management team] do extra for them [staff], and they do it for us. It's a team effort!"
- The registered manager added, "Yes, I think on the whole, yes, I am supported...If I ask, [my manager] will always help. I do the same for my staff, I encourage them to tell me if they need something."

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

- We discussed duty of candour, requirements of the regulation and what incidents were required to be notified to the Care Quality Commission. The provider had a policy that set out the actions staff should take in situations where the duty of candour would apply.
- There had not been any notifiable safety incidents where duty of candour would apply.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- The registered manager and staff demonstrated a shared responsibility for promoting person's wellbeing, safety, and security. It was clear they wanted to help person achieve positive outcomes and live life to the full. They promoted a positive, caring and inclusive culture within the service.
- The person was encouraged to be involved in the development of the service and supported aspects of management.
- The registered manager and provider sought feedback from the person and staff to support the development of the service.
- The registered manager worked alongside staff to continue learning about the service and helped them observe daily practice and pick up any issues. The registered manager had an open-door policy and would welcome any feedback of how to maintain a good service.
- Staff were very positive about the support they received from the registered manager. They said, "I know the manager listens and does things. I know I can go to the manager with any concerns all the time", "The manager is always there for us. He listens and acts on our suggestions. He provides us with what we need and when it is required" and "The services run very well. The manager is always visible, and management do

a weekly visit. The service is structured in a good way and use communication books...everything is clear".

- Staff had staff team meetings to ensure any items arising from the day to day running of the service and others' feedback were shared with the staff team.
- The registered manager proactively worked with the staff team, the person and other professionals to ensure they were able to achieve their goals that had positive effects on the person.

Working in partnership with others

- The service had well-established partnership working with outside organisations and in the service. Where necessary, external health and social care professionals had been consulted or kept up to date with developments such as GPs, the mental health team, other health professionals and the local authority.
- The service and provider's internal teams worked together to ensure better outcomes for the person and improve their health and well-being where necessary.
- One professional added, "The staff are fantastic. [Person] is happy with quality of care they receive, even if they moved house, they want to have Dimensions as support provider. Based on what I've seen, I'm confident [person] gets high quality care."
- The service had good links with the local community and the service worked in partnership to improve person's wellbeing and ensure they were involved as fully as possible.

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 9 HSCA RA Regulations 2014 Person-centred care</p> <p>The registered person did not ensure care and treatment was appropriate, met people's needs and reflected their preferences in a consistent way.</p> <p>Regulation 9 (1)(a)(b)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The registered person did not ensure safe care and treatment. The management of medicine was not always safe.</p> <p>Regulation 12 (1)(2)(g)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered person had not operated an effective system to enable them to assess, monitor and improve the quality and safety of the service provided. They did not ensure there were established processes to ensure compliance with all the fundamental standards (Regulations 8 to 20A).</p> <p>Regulation 17 (1)(2)(a)(b)(c)(d)(f)</p>
Regulated activity	Regulation

Personal care

Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed

The registered person had not followed their established recruitment procedures to ensure the suitability of all staff employed. The registered provider had not ensured the information specified in Schedule 3 was available for each person employed.

Regulation 19 (1)(2)(3)(a)

Regulated activity

Regulation

Personal care

Regulation 18 HSCA RA Regulations 2014 Staffing

The registered person had not ensured staff supporting people were appropriately trained in order to perform their work.

Regulation 18 (1)(2)(a)