Dimensions (UK) Limited

Dimensions Milton Keynes Domiciliary Care Office

Inspection report

Dimensions, Acorn House
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Milton Keynes
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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 4 October 2018 and was announced. This was our first inspection of the service since it was registered with the CQC.

Dimensions Milton Keynes Domiciliary Care office provides care and support to people living in 'supported living' settings, so that they can live in their own home 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. At the time of our inspection only one person was receiving personal care from the service.

The service had a registered manager. 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 2008 and associated Regulations about how the service is run.'

The person being supported was safe, and staff had an understanding of abuse and the safeguarding procedures that should be followed to report abuse. Risk assessments were in place to cover any risks that were present. The staff we spoke with were confident that any concerns they raised would be followed up appropriately by their manager.

Staffing levels were adequate to meet the person being supported current needs and staff recruitment procedures ensured that appropriate pre-employment checks were carried out to ensure only suitable staff worked at the service. References and security checks were carried out as required.

Staff attended induction training where they completed mandatory training courses and were able to shadow more experienced staff giving care. All new staff were taking part in the Care Certificate which teaches the fundamental standards within care. Ongoing training was offered to staff and mandatory areas of training were kept up to date.

Staff supported a person with the administration of medicines, and were trained to do so. Medication administration records were kept accurately.

Staff were trained in infection control, and told us they had the appropriate personal protective equipment to perform their roles safely.

Staff were well supported by the manager and senior team, and had one to one meet ups to discuss any concerns.

Consent was gained before any care was provided and the requirements of the Mental Capacity Act 2005 were met.

The person being supported was able to choose the food and drink they wanted and staff supported them with this. Support to access health appointments when necessary, was available.

Staff treated the person with kindness, dignity and respect and spent time getting to know them and their specific needs and wishes.

The person being supported was involved in their own care planning and was able to contribute to the way in which they were supported. Care planning was personalised and mentioned the person's likes and dislikes, so that staff understood their needs fully.

The service had a complaints procedure in place to ensure that feedback could be gathered about care, and could help the service make improvements where required.

Quality monitoring systems and processes were used effectively to drive future improvement and identify where action was needed.

The service worked in partnership with other agencies to ensure quality of care across all levels. Communication was open and honest, and improvements were highlighted and worked upon as required.

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.

Care was delivered by care staff that knew how to safeguard people from abuse.

Risks assessments were reviewed regularly and as needs changed.

There were enough staff deployed to meet the person's needs and the provider followed safe recruitment procedures.

Staff followed safe medicines management and infection control procedures.

Is the service effective?

Good

The service was effective.

Care was delivered in line with current legislation, standards and evidence based guidance.

Staff received the training and support they required to carry out their roles.

Consent was sought before staff provided care.

Is the service caring?

Good

The service was caring.

The person being supported was treated with kindness and respect by staff.

The person supported was involved in planning their care.

Privacy and dignity was maintained and respected.

Is the service responsive?

Good

The service was responsive.

Information on how to make complaints was available and the provider had procedures they followed to manage complaints.

The management team worked with health professionals to ensure their needs were met.

Is the service well-led?

Good

The service was well led.

There was a registered manager who understood their roles and responsibilities.

Staff felt well supported.

The management team had a clear vision to deliver high-quality care and support.

The service worked in partnership with outside agencies and professionals.

Dimensions Milton Keynes 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 was planned to check 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 4 October 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because we needed to be sure that senior staff would be at the office and information would be made available for us to inspect.

The inspection was carried out by one inspector.

Before the inspection, the provider completed 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. We looked at the PIR prior to our visit and took this into account when we made judgements in this report. We also reviewed other information that we held about the service such as notifications. These detail events which happened at the service that the provider is required to tell us about. We also contacted the Local Authority for any information they held on the service.

We visited the person who was using the service in their own home, however they did not wish to speak with us directly during the inspection. We were able to observe interactions between the staff member and the person using the service. We spoke with one staff member, the registered manager who was also the operations director, and another senior manager. We reviewed one person's care records to ensure they were reflective of their needs, four staff files, and other documents relating to the management of the service such as training records and quality audits.

Good

Is the service safe?

Our findings

The person receiving care was safely supported by staff. The staff we spoke with understood the safeguarding procedures and policy promoted to them by the provider. The staff told us they were confident in reporting concerns when they found them, and had faith in the registered manager to follow up concerns promptly. One staff member said, "I would report immediately to the manager, who would then follow up appropriately. I would go direct to the safeguarding team if required."

Personalised risk assessments were in place to ensure care was delivered in the safest manner possible. Some parts of the risk assessments we saw required more detail. We looked at the risk assessment for a person which detailed that they may engage in some behaviours that were challenging in a particular environment. A full description of what those behaviours were, was not present. We spoke with the registered manager about this who explained that additional information would be added immediately, and that a new format of risk assessment was being developed alongside a new format of care plan. The staff we spoke with had a good and detailed knowledge about the specific risks and behaviours that were present. Other aspects of risk assessment were detailed, and personalised to the individual. Positive behaviour support plans were in place to identify the best way to support a person who may present behaviours which challenge.

There were enough staff employed by the service. The one person using the service was supported at all times by staff. We saw that a dedicated staff team had been set up to provide this support, and there were no shortages in staffing. One staff member told us, "There are no agency staff used. We have a team of staff that work with [name]. The team is consistent which suits [name] because they aren't keen on new faces."

Only staff that were suitable to be working in care, were employed by the service. We looked at staff files which showed that all staff employed had a disclosure and barring service (DBS) security check, and had provided references and identification before starting any work with people.

Medicines were managed safely. Staff told us, and records showed they received training in the safe handling and administration of medicines. Records showed the medication administration records (MAR) were completed accurately by staff after giving a person their medicines. Thorough audits took place to enable the discovery of errors in recording, and to set actions for improvement when required.

Staff followed infection control practices, for example, when providing personal care. The staff we spoke with told us they always had access to personal protective equipment such as gloves and aprons, to ensure that infection control was managed appropriately.

All staff understood their responsibilities to record any accidents and incidents that may occur. We saw that the system in place allowed for the registered manager to review any incidents and identify any trends or patterns. We saw that there was a clear path for information to be shared and used to make improvements when necessary. The registered manager and staff told us that team meetings were used to ensure that lessons would be learnt from any mistakes made, for example, making sure staff were keeping records up to

date when omissions had been found.

Good

Is the service effective?

Our findings

The person being supported received a full assessment of their needs before receiving any care. The registered manager told us assessments were completed with people and their family when required, to make sure that the staff were able to provide the correct care and fully understand their needs. This process ensured that the service only supported people with needs they were able to meet.

The person received care from staff that had the knowledge and skills to carry out their roles and responsibilities. All staff received an induction training package before starting work which included shadowing more experienced staff for two weeks, and completion of the care certificate. The care certificate covers the basic standards required for care. Further training was available for staff which was personalised to the needs of the person they were working with. A mentor programme was also available for staff to focus on developing roles within the company, and increasing their knowledge in certain areas. Records confirmed that training was kept up to date.

All staff received regular supervision in the form of one to one discussions with management, and the locality manager told us they regularly went out to visit the person they support, and the staff that were with them to check on the care provided. The staff member we spoke with told us they had regular contact with the locality manager which they felt supported them to do their job effectively.

Staff were able to support a person with preparing food and drink. We saw that preferences were recorded within their files, and that any monitoring of food and drink intake could be recorded if required as part of someone's care needs. Staff told us, "I ask [name] what they want, and we make it for them. They have complete choice over everything. We encourage healthy options."

Staff were able to support a person to access health care professionals. We saw that detailed support plans were in place to enable the person to receive the right healthcare support. Staff had identified that access to certain healthcare providers had been difficult for a person, so were working on alternative arrangements to ensure they got the care they required. Information about the person's healthcare needs and conditions were documented within their files, and systems were in place to monitor health and input from other professionals should they require it.

The Mental Capacity Act (MCA) 2005 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 make 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. Applications to deprive a person of their liberty in their own home must be made to the Court of Protection.

The service only provided support to one person who had full capacity to make decisions for themselves, but the registered manager was aware of the principles of the MCA and how to support people with decision making should they require this support. The staff team had received training in MCA, and understood the act and how to support people appropriately.

Good

Is the service caring?

Our findings

We visited the one person using the service to meet them and speak with staff that were supporting them. We observed that the staff interacted with the person in a kind, friendly and respectful manner. Staff we spoke with felt they were able to develop positive relationships with the person. The staff told us, "Consistency is important to [name]. When I first met them, they did not talk or communicate with me very much, but now they talk a lot. [Name] trusts me now and we get on."

The person being supported was able to express their views and be involved in their own care. We saw that care was regularly reviewed and the person was given the opportunity to feedback to staff. Staff told us they could easily relay information from the person they were supporting, to the management staff who would then review the care planning documents. This ensured that the person's voice was heard and they were involved in their own care.

Privacy and dignity was respected by staff. One staff member told us, "I respect [name's] personal space. They can clearly tell me when they want to be left alone, either verbally or with hand signals. I think all the staff that work with [name] are respectful of their privacy. We work in their home." The staff we spoke with were aware of the need to make sure privacy was respected when personal care was being carried out. Information was stored securely at the office location, and all staff were aware of keeping personal information secure.

Good

Is the service responsive?

Our findings

The person being supported received care that was personalised to their needs. We saw that care plans outlined what the person's communication preferences were, as well as likes, dislikes, and preferences. Care plans showed that time had been spent getting to know the person and recording the things that were important to them. We saw that care plans listed things like, 'What's important to me' and 'What's important for me' to enable staff to get to know the person and the best way to support them. Consideration was given to the type of staff that worked with the person. We saw that as much as was possible, staff characteristics were matched with the preferences of the person being supported, who was able to express who they wanted to support them.

The person being supported was encouraged to be a part of their community by staff. Part of the person's care plan that we looked at documented what community connections they had, where they liked to go, and where they were a customer. It also documented the way to strengthen the person's connections with community facilities and build upon new ones to widen their social options as they wished.

The service understood the requirement to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016. It makes it a legal requirement for all providers of NHS and publicly funded care to ensure people with a disability or sensory loss can access and understand information they are given. We saw the person using the service had been supported to use a notice board with pictures to display daily routines on, but had chosen to no longer use this system. The registered manager told us they were able to adapt any information to make it accessible for the person when required.

A complaints policy and recording procedure was in place. The registered manager told us that no complaints had been made, but if any were, then they would be recorded and investigated promptly. We saw there was a system in place to ensure that complaints were formally recorded and followed up appropriately.

No end of life care was currently being delivered. The registered manager told us that systems were in place to record people's wishes, and make decisions about their future care if they wished to do so.

Good

Is the service well-led?

Our findings

A registered manager was in post. 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 2008 and associated Regulations about how the service is run.

The service was open and honest, and promoted a positive culture throughout. The staff we spoke with told us that the management of the service was good, and they got the support they needed to confidently perform their roles. One staff member said, "My support mainly comes from the locality manager. I am happy with the support I get. There is an on-call phone for emergencies, and someone is always available to help if I need it."

Staff felt they had confidence in the management of the service. The registered manager and the locality manager were aware of their responsibilities; they had a good insight into the needs of the person using the service. Staff told us the registered manager, and senior staff were very approachable. The registered manager told us that although the service was very small in this location, the provider operated larger services across the country, and they intended to slowly take on more care within the Milton Keynes area. The registered manager was confident that the systems put in place by the provider, and the general ethos within the company, meant that they could successfully grow the service and provide positive care for people moving forward.

Staff told us they had the opportunity to feedback and discuss any concerns as a team, and said they were listened to by management. Staff said that team meetings were held which covered a range of subjects, and offered a forum for discussion and learning.

Established quality assurance systems were in place to continually assess, monitor and evaluate the quality of the person's care. We saw that a large yearly audit took place which looked at the ways the service was meeting the Care Quality Commission's (CQC) regulations and key lines of enquiry. There were also weekly management checks that took place and three monthly health and safety checks, all to ensure that any errors were picked up on and that standards and quality remained high.

The person being supported had the opportunity to feedback on the quality of the service. We saw that quality questionnaires had been sent out to comment on the quality of care they received. Results had been collated to show what feedback and quality was like on a national basis. The registered manager told us they had plans to develop this system of obtaining feedback, to ensure that a more local analysis of feedback could take place as the service grew.

The provider had submitted notifications to the Care Quality Commission (CQC). A notification is information about important events that the service is required to send us by law in a timely way. They also shared information as appropriate with health and social care professionals.

The service worked positively with outside agencies. This included other health and social care professionals that were involved in the person's care and support.