

Dimensions Somerset Sev Limited

# Dimensions Somerset Yeovil Domiciliary Care Office

## Inspection report

Houndstone Close  
Yeovil  
BA21 3RL

Date of inspection visit:  
18 May 2023  
19 May 2023  
24 May 2023

Date of publication:  
19 June 2023

## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

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 Somerset Yeovil Domiciliary Care Office is a domiciliary care agency providing personal care to 57 people with learning disabilities and/or autism in their own homes or flats in the community. Most people had limited verbal communication so were unable to feedback their views. Other ways of collecting their views were used, such as observations during visits and speaking with those important to them.

People receiving support from Dimensions Somerset Yeovil Domiciliary Care Office lived in 1 of the 14 supported living services, shared accommodation or individual homes and flats. Many of the households had multiple occupancy of over 3 people with shared living spaces and 24-hour care and support on site.

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

#### Right Culture:

Quality assurance processes were not always effective. Whilst medicines were generally managed safely, audit checks of medicine administration records were not always completed in line with the provider's policy or best practice. There were inconsistencies in recruitment files and staff did not always have access to the most current information relating to people's care needs, the provider took action to address these shortfalls during inspection. Record keeping varied across the service's locations.

The registered managers demonstrated joint working with people and professionals, who provided specialist support to meet people's health needs. The service involved people's families and advocates as appropriate.

#### Right Support:

The provider had made improvements to the service following our previous inspection, to ensure it was safe for people. Where possible, the same staff supported people and so understood their individual communication needs. One registered manager explained to us, "I monitor the rotas to make sure that all staff have an opportunity to work with each person we support. It increases their confidence when working with people who may show behaviours of distress and helps them get to know people which then makes them more confident about how to safely support that person and take positive risks."

A number of regular agency staff had applied to work for the service on a permanent basis.

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.

#### Right Care:

Support plans and risk assessments were person centred. People and relatives told us staff knew them well. Staff supported people in a kind and compassionate way, considering their dignity and privacy, one person told us, "I can lock my door, why not? It's my space." Another person put their thumbs up and answered "Yes" when asked if staff were kind.

People were supported to live full, active lives and encouraged to increase their independence.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Rating at last inspection and update

The last rating for this service was requires improvement (published 17 June 2021).

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found the provider remained in breach of regulations.

#### Why we inspected

We carried out an announced focussed inspection of this service on 17 June 2021. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At our last inspection we found breaches in relation to safe care and treatment, keeping people safe from abuse and systems to manage the service.

We undertook this focused inspection to check the service had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained requires improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Dimensions Somerset Yeovil Domiciliary Care on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Enforcement

We have identified a continued breach in relation to good governance at this inspection. We have made a recommendation about the recruitment of staff.

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?

**Good** ●

The service was safe.

Details are in our safe findings below.

### Is the service well-led?

**Requires Improvement** ●

The service was not always well-led.

Details are in our well-led findings below.

# Dimensions Somerset Yeovil 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 1 inspector.

#### Service and service type

This service provides care and support to people living in 14 '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.

#### 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 were 6 registered managers in post. In addition to the 6 registered managers, there were 2 new managers in post who had submitted applications to register. We are currently assessing these applications. Throughout the report, they will be referred to as "managers."

#### Notice of inspection

We gave a short period notice of the inspection because some of the people using it could not consent to a home visit from an inspector. This meant that we had to arrange for a 'best interests' decision about this.

Inspection activity started on 16 May 2023 and ended on 26 May 2023. We visited the location's services on 18 May 2023, 19 May 2023 and 24 May 2023.

What we did before the inspection

We sought feedback from the local authority and used 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 used all this information to plan our inspection.

During the inspection

We spoke with 5 people and 3 relatives about their experience of the care provided. We received feedback from 41 members of staff including the registered managers and nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We received written responses from 7 health and social care professionals.

We reviewed a range of records. This included 5 people's care and support records and 9 people's medicine administration records. We looked at 2 staff files in relation to recruitment and training. We also reviewed a variety of records relating to the management of the service, including policies and procedures, staffing rotas, accident and incident records, safeguarding records and quality assurance reports.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

### Staffing and recruitment

- The service had a recruitment process. However, this had not always been followed, some staff recruitment files did not contain the correct information required. This meant that checks to ensure safe recruitment of staff were not robust. The provider took action to address this shortfall during the inspection.

We recommend the provider follows their procedure for the employment of all staff to ensure robust checks are made on the suitability of staff to work with people who require care and support.

- All staff files viewed contained a valid DBS check. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

At our last inspection, we recommended that the provider improved their staff retention to prevent high turnover of staff so people had consistent, high quality care. The provider had made improvements .

- A relative told us a key support worker system was introduced, "The registered manager isn't always there, but now I have a named staff member to contact about the little things, that is what makes a difference to knowing someone or not. I can ring anytime and know I can speak to someone who knows my relative."

- There were enough staff on duty to meet people's needs. We observed people were not left alone in the communal areas.

- One of the registered managers explained to us, "It can be difficult for staff to work on their own in some of the locations, so we offer staff increased communication with the on-call manager rota and an open conversation with regular visits from the registered manager. A number of staff are able to work across locations. It helps them know other services and develop their skills and be part of a wider team."

### Using medicines safely

At our last inspection, we found systems were either not in place, consistently used or robust enough to safely manage medicine. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Medicines were administered safely by trained staff. Staff, including regular agency staff, had shadowed

medicines administration and were assessed as being competent to administer medicines to people using the service.

- People had medicines guidance in place for as and when required medication.
- Medicines information leaflets were available in easy read format.
- Medicines were stored safely in each person's bedroom. Weekly audits of stock and 'use by' dates had been completed.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

At our last inspection, we found systems were either not in place or robust enough to identify that risks of abuse to people had been identified and effectively managed. This was a breach of regulation 13 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- Systems and processes were in place to protect people from the risk of abuse. Staff had received training and understood how to report safeguarding concerns. Staff knew how to recognise the signs and symptoms of abuse and who they would report concerns to both internally and externally.
- Staff had access to up-to-date policy and procedures. One staff member stated, "We have contact details for the registered manager, the operations director and nominated individual, I know my concerns would be addressed. There is also an anonymous service we can use to whistle blow on display in every location, I have called it and I was well supported."
- Learning was shared through team meetings and reflective supervisions. We reviewed a recent incident which demonstrated how staff discussed and learnt from the incident.

Assessing risk, safety monitoring and management

At our last inspection, we found systems were either not in place or robust enough to identify and reduce risks to people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Staff understood where people required support to reduce the risk of avoidable harm. Support plans contained basic explanations of the control measures for staff to follow to keep people safe.
- Systems and processes were in place to respond to any emergencies or event which may impact where people received support. People had personal emergency evacuation plans, and the service had shared information with the local fire brigade to ensure risks associated with the use and storage of oxygen were met.
- Staff had received training in how to use specialist equipment and techniques to support people safely, for example using Percutaneous Endoscopic Gastrostomy (known as PEG feeding, a procedure where a flexible feeding tube is placed through the abdominal wall into the stomach to allow nutrition, fluids and/or medications to be put directly into the stomach) and continuous positive airway pressure machines, known as CPAP machines, these were used to help people with sleep apnoea. Sleep apnoea is a sleep disorder in which pauses in breathing or periods of shallow breathing during sleep occur more often than normal.
- People told us how staff kept them safe. Comments included: "The staff keep me safe, when I go out, with



staff. Staff help me put it on my face and turn that thingy (CPAP machine) on." And, "Staff carry my clothes down the stairs, so I don't trip."

- The registered managers explained their risk matching process when admitting new people into the service. One registered manager explained, "We have interest in our vacant bedroom, it has been decorated and is ready, but due to the changing need of a person who already lives here, we will not be inviting anyone new to move in at this time. It would have an impact on the house and would take staff resources away from those already living here."

## Preventing and controlling infection

At our last inspection we found systems were either not in place or robust enough to reduce the risks of infections spreading during a COVID-19 pandemic. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Staff were trained in infection control and were supplied with personal protective equipment (PPE) to prevent the spread of infections.
- The provider's infection prevention and control policy was up to date. Staff confirmed they were able to access the most recent version of this policy.

# 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.

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to 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

At our last inspection the provider had failed to ensure governance systems were established and operating effectively to ensure oversight was robust, procedures were followed, and the service improved. This placed people at risk of harm. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- Quality assurance systems did not operate effectively. Monitoring had not identified the shortfalls found within the inspection. For example, as required by the regulations, the provider's audit of staff files had not identified gaps in employment history and where information required further assessment such as where a staff member had a specific health condition this had not been carried out. This meant that checks to ensure safe recruitment of staff were not robust.

The provider had failed to ensure governance systems were established and operating effectively to ensure oversight was robust, procedures were followed, and the service improved. This placed people at risk of harm. This was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 .

- The provider responded to these concerns during and after the inspection. Registered managers reviewed shortfalls identified and investigated these retrospectively. The provider informed us, "Colleagues health matters is clearly a very sensitive area. All new starters have supervisions each month for 6 months to support them during their probationary period."
- Each registered manager, shared with us actions from a provider level audit and lessons learnt from incidents. These were included on each location's overall service improvement plan which uses a traffic light system to help registered managers prioritise urgent action.
- Staff understood their roles and responsibilities, a number of staff fed back about their professional development with support of the provider's performance coach.

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

outcomes for people

- Staff interacted with people in a kind and considerate manner, treating them with dignity and respect. One relative told us, "Staff take [relative's name] out, and they like that, a coffee or shopping. I am happy with everything as far as I can see."
- The registered managers told us they attended various provider forums, where they had the opportunity to learn from the experiences of other locations to help improve their practice. One registered manager stated, "We have made a pledge to support each other and work as a team, it is important to learn from things and have the integrity to do better and involve people we support to make those improvements."
- People, staff and health and social care professionals gave us positive feedback about the management team. Comments included: "I feel very appreciated. I was nominated for Incredible People's awards by manager, last year, and again, this year, so that gives me all the reasons to feel like a valued member of my team.", "The manager has done an excellent job stepping up into the role. We've had some new starters that have become excellent team members quite quickly, and generally everything is running smoothly.", "Dimensions Somerset Yeovil Domiciliary Care worked on an action plan and were assured through the process that significant improvements have been made." And, "I like the registered manager, I give them 11/10 for being a cheeky monkey."

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

- The registered managers and managers understood the requirements of the duty of candour. This is their duty to be honest and open about any accident or incident that had caused or placed a person at risk of harm.
- The registered managers and managers understood CQC requirements, and understood to inform the local safeguarding team, of incidents including potential safeguarding issues, disruption to the service and serious injury.

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

- People were consulted in the running of the service. Each location held meetings to discuss changes and improvements, providing people an opportunity to feed back. In one location, the name of the meeting had been changed from 'tenants meeting' to 'coffee and a chat' as chosen by the people attending the meeting.
- The provider held a number of engagement events throughout the year, this included an opportunity for people, relatives and members of the local community such as neighbours, from all locations to meet and celebrate various events, most recently the King's coronation.
- A health and social care professional commented, "[Following an incident under investigation] the response from registered managers so far has been positive."

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>The provider had failed to ensure governance systems were established and operating effectively to ensure oversight was robust, procedures were followed, and the service improved. This placed people at risk of harm. This was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>