

Dimensions (UK) Limited

Dimensions Kent

Domiciliary Care Office

Inspection report

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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?

Outstanding ☆

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service:

Dimensions is a domiciliary care and supported living service providing personal care to 14 people in their own homes. People receiving care included people with a learning disability, autism, physical disability and people who may present in a different way due to their anxieties. The person using the domiciliary care service received care and support at agreed times when they needed it. Everyone in the supported living service required 24-hour support due to their complex needs.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

People's experience of using this service:

There was a strong, visible person-centred culture. Developing positive and trusting relationships with people were at the heart of the service. A relative told us, "It is a homely environment. The place has a positive feeling and staff a positive attitude which my relative enjoys and it keeps their spirits up". Staff went the 'extra mile' in providing kind and compassionate care. Good news stories were valued and shared and helped to ensure that people lived fulfilling lives.

Packages of care were tailored to meet people's complex needs which meant people had choice, flexibility and continuity of care. People were supported to aspire to long- and short-term goals which improved their quality of life. Relatives described the service as 'proactive' and offering 'stimulation' to people.

People felt safe as they knew which staff were coming to support them and risks to their well-being had been reduced. Staff had a good understanding of people and used strategies to help promote their strengths and reduce anti-social behaviours.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People benefitted from being supported by staff who had the right skills and training to meet their needs. Staff understood how to follow guidance about people's complex health and medical needs.

The service continued to be well-led and meet its values of ambition, courage, integrity, partnership and respect. People, relatives and staff had a voice in the running of the service. Strong working partnerships had been formed with a variety of health care professionals and local and national organisations. Everyone said they would recommend the service to others.

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

Rating at last inspection: The last rating for this service was Outstanding (published 28 December 2016).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Outstanding ☆

The service was exceptionally caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Dimensions Kent 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 Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Dimensions Kent Limited is a domiciliary care agency. It provides personal care to people living in their own flat. The service was also a supported living service. It provides care and support to people living in seven supported living settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

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

Notice of inspection

This inspection was announced.

We gave the service 72 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback

from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with two people who used the service and five relatives about their experience of the care provided. We also saw how staff interacted with people in three people's homes, as these people were not able to speak to us about their experiences. We spoke with eight members of staff including two locality managers, two assistant locality managers, three support staff and the regional assistant.

We reviewed a range of records. This included three people's care records and two people's medication records. We looked at one staff recruitment record and the staff training matrix. We also viewed a variety of records relating to the management of the service, which included audits, records of meetings, incidents and surveys.

After the inspection

We spoke with the registered manager as they were not available on the inspection visit. We discussed their role and improvements to the service since the last inspection.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives said it was a safe service and they trusted the staff team. One person told us, "I always know which staff is coming in and when. I feel more safe that way". A relative told us, "She is in safe hands. I walk away with confidence that she is being well looked after".
- Staff knew how to protect people from harm and understood their responsibilities in keeping people safe. Staff had completed training, and information was available to staff about how to recognise and report abuse and how to whistleblow.
- Potential abuse had been reported to the local safeguarding team. Actions had been taken to keep people safe and reduce the risk of them happening again.
- Staff's responses to safeguarding concerns were discussed at local and national level, chaired by an independent safeguarding chair. These practices helped to check all actions were completed, best practice shared, and any lessons were learnt across the organisation.

Assessing risk, safety monitoring and management

- There continued to be a proactive approach to anticipating and managing risks to people. This included risks with regards to people's daily lives and any medical conditions they may have.
- Information about risks continued to be monitored, recorded and shared within the staff team. Staff knew how to follow guidelines and take actions to help keep people safe. For example, some people had limited movement and were at risk of developing pressure areas. Posture management plans and specialist equipment helped to minimise this happening.
- A behavioural consultant was employed to help develop proactive strategies for people who presented behaviours that could cause them or others harm. One person's behaviours increased if they could not go out in the car immediately, when they asked to. A red or green circle was placed on the person's front door, so they always knew if the car was available. This had helped to pre-empt their anxieties and associated behaviours.
- A relative told us, "We particularly like that the service focuses on ABA (Applied behavioural analysis). They will take something, like him grabbing what someone else is holding, and work with him so he always asks to have that thing. It means making him take a step outside of himself". ABA uses a system of rewards and consequences to teach a desired behaviour.

Staffing and recruitment

- People's support hours had been agreed with care managers and commissioners. Staffing levels were rostered and reviewed on a computer system to monitor each person's weekly staff support.
- There were arrangements to deal with situations when care staff were not able to work. Each person had

their own support team and relief and agency staff were accessed when required.

- Recruitment practices continued to make sure that the right staff were recruited to support people to stay safe. Checks on new staff included obtaining a person's work references, full employment history and a Disclosure and Barring Service (DBS) check. The DBS helps employers make safe recruitment decisions and helps prevent unsuitable staff from working with people who use care and support services.

Using medicines safely

- Guidance was in place for staff, so they knew what medicines people took, what they were for and any side effects.
- Staff completed training in medicines administration and checks and audits helped to make sure people received the right medicines at the right times.
- When medicines errors had occurred, staff reported these to the registered manager and medical advice was sought and followed to ensure people's well-being.
- The organisation was involved in the national campaign for stopping the over medication of people with a learning disability with psychotropic medicines (STOMP). Psychotropic medicines affect how the brain works and include medicines for psychosis, depression, anxiety, sleep problems and epilepsy. Sometimes they are also given to people because their behaviour is seen as challenging. People prescribed these medicines had action plans which were regularly reviewed.

Learning lessons when things go wrong

- Staff knew how to respond to and report incidents and accidents. These events were monitored by locality managers and then sent to the registered manager for review. This was to make sure the necessary action had been taken, and so reduce the chance of the same things from happening again.
- Discussions about any lessons that could be learned were held at team meetings where the event took place and cascaded throughout the service. This had included empowering staff to challenge one another in a constructive way, irrelevant of their experience.

Preventing and controlling infection

- People were supported to keep their homes clean.
- Staff were trained in how to maintain standards of cleanliness and hygiene in people's homes.
- One person told us, "Staff make sure they have gloves to pick up any germs". Relatives said that people's homes were always clean and tidy.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs had been assessed in line with best practice and guidance. This included assessing people's physical, social and emotional needs as well as any cultural or religious needs.

Staff support: induction, training, skills and experience

- Staff induction continued to give staff the information and experience they needed to work alone. This included being assessed against the standards of the Care Certificate which sets out the learning outcomes, competences and standards for care workers. Staff were then encouraged to take a level two Diploma in health and social care. Observations confirmed that staff had the skills and competency to undertake their roles.
- People received ongoing essential and specialist training which was relevant to their roles, including moving and handling, proactive behavioural support, autism, British sign language and feeding people by a tube which goes directly into their stomach. Staff could also access to a number of additional learning aids and videos to enhance their knowledge and skill the provider's on line learning platform.
- Staff were given opportunities to review their work and development needs through individual supervision sessions, team meetings and appraisals. This included 360-degree reviews, whereby people, relatives and other members of the staff team contributed to staff reviews. Supervision and appraisals are processes which offer support, assurances and learning, to help staff development.

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

- People were protected from the risk of poor nutrition as advice had been sought from health care professionals and it had been acted on.
- There were clear guidelines and information about how to support people to eat and drink who had swallowing difficulties. This included how to thicken drinks and to puree and soften food. Staff followed this guidance when supporting people to eat and drink.
- Staff explained what people had to eat and supported people at their own pace, so it was an enjoyable experience.
- People's likes, and dislikes and cultural preferences were used to plan the menu. People and staff did the food shopping together.

Supporting people to live healthier lives, access healthcare services and support; Staff providing consistent, effective, timely care within and across organisations

- People's health was monitored in partnership with a range of health care professionals. These included speech and language therapists, physiotherapists and occupational therapists.

- A health care professional had complimented staff after a visit to the service., "Your staff team must be doing a really good job of looking after him. Well done".
- Relatives said staff supported people's health effectively. One relative commented, "Health wise she has consistent staff who are familiar with her and pick up quickly if she is not having a good day. When she was repeatedly ill, staff step in and take those decisions". Another relative said, "Staff are on top of all medical appointments and always turn up on time. All health emergency plans are up to date and understood by staff".
- Staff observed and monitored people's health and well-being and communicated effectively within the staff team. One person was supported by a number of different professionals. A communication record had been introduced to record verbal guidance from visiting professionals and observations of practice. This helped to ensure information was passed on to the staff team and to improve any areas of staff practice that had been identified.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff continued to understand the requirements of the MCA. People's capacity to consent in their daily lives had been assessed. People's consent was sought before providing any care.
- Applications had been submitted to the appropriate legal authority. Decisions had been made with regards to people's finances but had yet to be made about restrictions in people's daily lives.

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.

At the last inspection this key question was rated as Outstanding. At this inspection this key question has remained the same. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

Ensuring people are well treated and supported; equality and diversity

- There continued to be a strong, visible person-centred culture where staff were highly motivated and passionate about the care they provided to people, which was echoed in the management team. Staff and management demonstrated they enjoyed spending time with people and thought of them as extended members of their own family. Staff used touch appropriately to communicate and reassure people and supported them in a consistently calm, relaxed and patient manner.
- People were made to feel that they mattered, and their contributions were shared, celebrated and valued. One person told us about their staff member who came from their culture and spoke their first language. They told us how much it meant to them that they could chat in their own language and be cooked their favourite traditional food. Their story had been published, with their consent, in a newsletter which was distributed to people and their relatives. The person was very proud to have been able to share their good news story with others.
- Relatives and professionals said that staff were consistently kind and attentive care which had a significant impact on people's well-being. Comments from relatives included, "Staff have a positive attitude which my relative enjoys, and it keeps her spirits up"; "Staff are very caring and do the best to accommodate him. He has a voice"; and "When our son is with us, he asks when he is going back. That is a big thing for him". A Social care professional told us how, "Staff all have a really good relationship and are relaxed around him. The support he has, has made him really happy and content".
- Staff went the extra mile in providing compassionate care. One person spent a long period of time in hospital. Staff spoke to the person's landlord to enable their next of kin to stay at their home, which was close to the hospital. Staff provided transport to the family, so they could visit their loved one in hospital daily. This meant the person could be visited by their family at any time of day and for as long as they wished, which was a comfort to everyone. Another person was too anxious to visit their GP. Staff arranged with the GP practice an accessible waiting room and for them to have a minimal amount of waiting time when they had an appointment.
- The staff team had received a compliment from a health professional about the care they had provided to a person at the end of their life. "They were fortunate to be supported by carers who were totally devoted to him and committed to his forever changing health needs".
- Building open and honest relationship with people and their family members was seen as central to people's well-being. The provider had a family charter which was used to clarify how families wanted to be communicated to and how to best engage them. Relatives responded they were kept up to date with the organisation through newsletters and some had chosen to attend family forums. At these events relatives were supported to access relevant information about services for their family members. A relative told us,

"Family forums are always well run, and staff are happy to talk"

Respecting and promoting people's privacy, dignity and independence

- The providers commitment to promoting equality and diversity throughout the service was set out in a diversity strategy. Staff continued to receive training in equality and diversity, regular newsletters and had access to a diversity calendar, which raised their awareness of cultural dates and events. A fact sheet had also been developed entitled 'Welcoming diversity'. This could be shared with people and their relatives to help them understand that everyone should be treated the same.
- Staff understood the importance of promoting people's independence in maintaining their well-being. One person told us, "I tell staff what I want them to do and they do it. They also help me with ideas for doing things better and supporting me in a better way". Another person kept going into their kitchen to get food which presented as an obsessive behaviour. Staff had used ABA strategies, from giving the person limited times in the kitchen, to them having full access. This resulted in the person gaining their independence and also in a reduction in their obsessive relationship with food.
- Staff supported people to access equipment to help them retain their independence. This included personalised wheelchairs, overhead hoists and grab rails to maintain people's mobility and comfort. A virtual assistant had been installed in one person's lounge and bedroom. They could request music and other services independently as and when they liked, without reliance on staff.
- Staff knew people well and could recognise and anticipate when people were distressed or uncomfortable through changes in their body language. Detailed guidelines advised staff how people communicated their needs and what a good and bad day looked like for them. A staff member explained that a person they were supporting was tired through the actions of them stroking their head.
- Respect was one of the core values of the service. Evidence that staff respected people was sought when recruiting new staff, in observations throughout their induction and as part of staff's 360-degree reviews.

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

- People were involved in choosing their support staff. People met and greeted potential staff and where able, took part in the formal interview process. Matching tools were used to aid this process and resulted in people being supported by staff with similar interests. Comments from relatives included, "I like how and why they choose staff"; "Each staff has a different skill that matches him. Some do crafts, some swimming and some take him for a walk. He is much more engaged, and this has made a difference to how he is"; and "She has become more expressive and vocal through the consistency of staff; and that is massive".
- Engagement events were held so people could express their views and be involved in how their care was provided. People who used the service were key in planning of the event. The format had been changed through the introduction of sensory games and activities, to involve people who did not communicate verbally. Some people developed posters of activities they liked and wanted to try, and these were added to their long- and short-term goals. Discussion had already started about how what had worked well and what needed to change to make the next event even more successful.
- Staff used different tools to communicate with people, including a variety of technologies to help them express their views and make choices. Some people used 'read and write' software and other people voice recognition, so they could speak, and the words appeared in written form on a computer screen. One person's first language was British Sign Language (BSL). Staff made a video of the person's most used signs so new staff can learn these first, before accessing a BSL course.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Outstanding. At this inspection this key question has been rated Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- The provider had rolled out a new model of support called 'Activate' with a leading learning disability research centre. Each person was supported to achieve key social care outcomes through a progression of monitored steps. Outcomes were developed to directly enhance people's lives such as creating more social opportunity or meeting a sensory need. They also promoted active engagement with staff, so staff understood people's needs in more depth.
- As part of the Mencap Legal coalition, the provider had challenged one person's funding arrangement. This was to make sure the person received all the care and support the needed.
- One person required a regular injection due to a health condition, but this could lead to an increase in their anxieties and behaviours. ABA strategies were used to make sure the person received their injection. This person's relative said they were being supported well and progressing.
- Arrangements for social activities were creative so people could lead as full a life as possible. Comments from relatives included, "Staff are proactive in suggesting things for my family member to do"; and, "The staff suggest really nice ideas. When he was out at a park he liked a swing, so we got him one. Now he is learning to take turns on the swing".
- People were supported with their equality and diversity needs, such as support to maintain their religion, culture or sexuality. People were supported to regularly attend religious service when they wanted to do so. Some people attended a local music festival specifically for people with disabilities. Other people were supported to attend Pride in Canterbury enjoying the music, parade and socialising.
- The service took a key role in the local community. People had held coffee mornings and invited local businesses and neighbours to attend so they could raise money for charity. A charity carwash was also held at some people's homes, so people could meet members of the public who came to have their car washed.
- Detailed information about people's life history, care needs, and choices were contained in their care plans. These were regularly reviewed, together with progress towards activate goals. A relative told us, "Review meetings are all person-centred".

Meeting people's communication needs

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

- People had information in a format they could understand. Key policies such as safeguarding and making a complaint were presented in easy read format.
- The providers website contained information about what the organisation does, and people's rights, in easy read. There was also a "Browse Aloud" function installed which reads the website content out loud and

gives options to translate and change the contrast for people with a visual impairment.

- Photographs, pictures and objects of reference were used to help communicate with people. Pictures or photographs were displayed in a person's home to show what was happening each day and which staff were supporting them. An object of reference is any object that a person understands as representing an activity and is used when people find it difficult to understand spoken words, signs or photographs.

Improving care quality in response to complaints or concerns

- The complaints procedure was in easy read and 'browse aloud' format. Staff were skilled at noticing changes in people's body language that may indicate they were upset or uncomfortable with an aspect of their care.
- Effective systems were in place which gave people and their relatives regular opportunities to give feedback on their experience of care and support. Everyone felt confident to give raise a concern but said they had not needed to as any day to day issues raised were resolved straight away. One person told us, "I have no complaints. If I did I would talk to my support worker, then to the locality manager and speak to them if there were any issues. Staff give me options and are quick to respond as they want to make sure that I am happy".

End of life care and support

- People were asked about their wishes for the end of their lives. The service advocated on people's behalf and worked closely with healthcare professionals to make sure people experienced a comfortable, dignified and pain-free death.
- When people had spent periods of time in and out of hospital, staff had advocated on their behalf to improve their quality of life. Referrals had been made to the community learning disability nurse to try to reduce the time people spent in hospital and to achieve a long-term plan for their care. This had resulted in people being able to die with dignity in their own home, with staff who knew them well and their loved ones.

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 the last inspection this key question was rated as Good. At this inspection this key question remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The service continued to be well led. The registered manager was responsible for another of the provider's service's in Sussex and was based at head office in West Sussex. Two locality managers were responsible for the day to day running of the service and there were clear lines of delegation. The registered manager kept an overview of the service through visits, telephone calls and receiving and acting on key information. A relative told us, "He is really on the case and seems to know everything which is going on".
- The locality managers had a visible presence at the supported living locations. There was a clear understanding of the vision and values of the service and of being open and honest in line with the duty of candour. The values of ambition, courage, integrity, partnership and respect were cascaded down from senior managers to support staff. Everyone was pro-actively involved in working together to drive up the quality of care.
- Everyone said they would recommend the service to others. A relative told us, "It is well led because they care and are very communicative and as the years have gone on the care has got better. I would recommend it."

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

- People benefitted from being supported by a staff team who were motivated and understood their responsibilities. Staff described how they enjoyed spending time with the people they supported.
- There was a structured programme of checks and audits. Information gathered from audits and reviews of incidents and accidents was used to develop the service and make improvements.
- There was a strong focus on continuous learning at all levels of the organisation. CQC action learning sets enabled staff to share outstanding practice across the organisation to drive up quality.
- Registered managers are required to notify CQC about events and incidents such as abuse, serious injuries and deaths. CQC had been notified about all important events that had occurred and had met all their regulatory requirements, such as displaying their rating at the office.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People, staff and family members were involved in the running of the service.
- One person told us of their role in working for Dimensions. They sat on interview panels for the organisation and worked with the involvement and engagement teams. This person told us, "Dimensions

have employed people with a disability, so we have a voice. Tomorrow I am going to a meeting about the I-planit in which we will be discussing the good and the bad and what can be improved". I-planit is a computer-based records system for staff to record and review information about people's care and support.

- Relatives were invited to family forums. At these events feedback was gathered from relatives about the quality of care. A relative told us they had been asked to list the most important characteristics of a behavioural specialist, and this information was used to recruit to this role.
- Staff engagement included staff meetings where information from regional and national management meetings was disseminated and staff forums. Staff had access to information throughout the organisation on the provider's portal. Staff were surveyed nationally each year and an action plan developed in a "You said, we did" format to address any issues raised. As a result of the survey in 2018, the recruitment process had been reviewed to see if it could be improved.
- Dimensions was recognised as a 'Great Place to Work' in the 2019 best workplaces programme.
- The contributions of staff were acknowledged through a rewards and benefits system. A staff member told us their driving lessons were paid for by the organisation. Inspiring people awards were held each year based on the five core values to recognise staff's contribution to people's well-being. Staff nominated were put forward to the regional awards and an annual award ceremony was held nationally.

Working in partnership with others

- People had complex needs and the provider continued to develop strong links with a range of social and health care professionals involved in people's care. This had benefitted people through obtaining new equipment such as personalised wheelchairs, overhead hoists and grab rails to maintain people's mobility and comfort.
- The provider worked in partnership with local and national organisations to share learning and further develop the service. Locally this included learning disability provider forums and Kent Integrated Care Alliance. The Chief executive officer was chair of Voluntary Organisation Disability Group a voluntary organisation that brings together the skills, experience and knowledge of member organisations to share learning, challenge barriers, influence policy and promote good practice. Information from this forum was shared across the service.
- Dimensions had been awarded a 'Disability Confident Leader' by the Department for Work and Pensions. This demonstrated its commitment to lead the way in the recruitment, retention and support of people with a disability, so they could fulfil their potential and realise their aspirations.