Dimensions (UK) Limited

Dimensions Southampton & New Forest Domiciliary Care Office

Inspection report

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Ratings

Overall rating for this service	Good
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?	Good

Overall summary

The inspection took place over two days on 9 and 10 February 2015. The inspection was announced which means that we gave the provider 48 hours' notice of the inspection to ensure key staff were available to speak with us.

Dimensions are a specialist provider of a wide range of services for people with learning disabilities and people who experience autism. They are a not-for-profit organisation, supporting around 3,500 people and their families throughout England and Wales. This service provides care and support to 57 people across a wide geographical area from a registered office in Southampton. In Hampshire, the services spread between Portsmouth and Southampton and in Dorset,

Summary of findings

the service provides support at locations in Poole, Bournemouth and Dorchester. All of the people being supported by the service lived in their own home. Some people lived alone, whilst others lived in shared houses or supported living settings. The levels of support provided varied. Some received just a few hours support a week whilst others received 24 hour care and had complex health and social care needs.

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 and associated Regulations about how the service is run. The registered manager was supported by a number of locality managers who had delegated day to day responsibility for managing the delivery of care within people's homes.

Some areas required improvement. Mental capacity assessments had not always been undertaken to establish if a person was able to make decisions about and agree to their support plan.

Staff had not always maintained an accurate record of the medicines they administered and some medicine administration records (MARs) did not contain adequate information to ensure people's medicines were administered safely.

People told us they felt safe and there were systems and processes in place to protect them from harm. Staff were trained in how to recognise and respond to abuse and understood their responsibility to report any concerns to their management team.

Safe recruitment practices were followed and appropriate checks had been undertaken which made sure only suitable staff were employed to care for people in the home. There were sufficient numbers of experienced staff to meet people's needs.

People told us the service provided them with effective care. One person said, "They care for me properly and if I'm ever not well, they care about me…they know about my problems and they have let me make suggestions, they take things on board....I have become more independent than ever since I have been here."

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS); however, these only apply to care homes. In other settings such as people's own homes or in supported living settings, depriving a person of their liberty can only be authorised by the Court of Protection. The registered manager had identified the service was depriving a number of people of their liberty in order to protect them from harm. They had taken action to notify the Local Authority so they could act to seek the relevant authorisations from the Court of Protection.

Staff received a comprehensive induction which involved learning about the values of the service, the needs of people using the service and key policies and procedures. Staff were supported to provide appropriate care to people because they were trained, supervised and appraised.

People were supported to have enough to eat and drink and their care plans included information about their dietary needs and risks in relation to nutrition and hydration.

People told us they were happy with the care provided and said they had good relationships with staff. One person told us the staff were, "Nice and lovely…I can rely on them". A relative told us, "[the person] is given a lot of specialist care and attention…I know they are very happy and have a very full life".

Staff had a good knowledge and understanding of the people they were supporting. Staff were able to give us detailed examples of people's likes and dislikes which demonstrated they knew them well.

People told us they received personalised care and were supported to follow their interests, passions and make choices about how they spent their time. One person said, "I'm happy, I can have a lay in some mornings and go to bed early or late, I can go out on my own, I'm all over the place". Another person told us, "I like to go shopping and we go out for a meal and sometimes, we go swimming". People felt the service listened to their concerns or comments. One person said, "I've had no complaints, but would speak up and tell about things if I wasn't happy, things that are not what we want get sorted, and most things we do want get done".

Summary of findings

People spoke positively about how well organised and managed the service was. They were keen to tell us about how they felt well supported by a service which had high standards and demonstrated a commitment to make their lives better.

There was an open and transparent culture within the service and the engagement and involvement of people and staff was encouraged and their feedback was used to drive improvements. There were a range of systems in place to assess and monitor the quality and safety of the service and to ensure people were receiving the best possible support.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe

Improvements were needed to the management of people's medicines. Staff had not always maintained an accurate record of the medicines administered and some medicine administration records (MARs) did not contain adequate information to ensure people's medicines were administered safely.

Staff had received training in safeguarding adults, and had a good understanding of the signs of abuse and neglect. Staff were clear about what they must do if they suspected abuse was taking place.

Staffing levels were adequate and enabled the delivery of care and support in line with peoples assessed needs.

Recruitment practices were safe and relevant checks had been completed before staff worked unsupervised. These measures helped to ensure only suitable staff were employed to support people in their homes.

Is the service effective?

Requires Improvement

The service was not always effective

Where a person's ability to consent to their care plan was in doubt, an assessment of their capacity was not routinely undertaken as part of the care planning process.

Staff received a comprehensive induction which involved learning about the values of the service, the needs of people using the service and key policies and procedures.

Staff were supported to provide appropriate care to people because they were trained, supervised and appraised.

People were supported to have enough to eat and drink and their care plans included information about their dietary needs and risks in relation to nutrition and hydration.

People received the support they needed to help them manage their healthcare needs.

Is the service caring?

Good

The service was caring.

People were happy with the care provided and said they had good relationships with staff.

People received support from staff who demonstrated their concern for, and interest in, them. Staff spoke about people in a caring and respectful manner and interacted in a meaningful way with people.

Summary of findings

Staff had a good knowledge and understanding of the people they were supporting. Staff were able to give us detailed examples of people's likes and dislikes which demonstrated they knew them well.

People were treated with dignity and respect and were encouraged to live as independently as possible.

Is the service responsive?

Good

The service was responsive.

People told us they received personalised care and were supported to follow their interests, passions and make choices about how they spent their time.

People's care and support plans were personalised and their preferences and choices were detailed throughout their care records. This supported staff to deliver responsive care.

People were supported to take part in a varied range of activities in line with their personal preferences and passions.

Complaints policies and procedures were in place and were available in easy read formats. People told us they had never had a need to complain, but were confident they could raise concerns or complaints and that these would be dealt with.

Is the service well-led?

Good

The service was well led.

People spoke positively about how well organised and managed the service was. They were keen to tell us about how they felt well supported by a service which had high standards and demonstrated a commitment to make their lives better.

There was an open and transparent culture within the service and the engagement and involvement of people and staff was encouraged and their feedback was used to drive improvements.

There were a range of systems in place to assess and monitor the quality and safety of the service and to ensure people were receiving the best possible support.

Dimensions Southampton & New Forest 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.'

The inspection took place over two days on 9 and 10 February 2015. The inspection was announced which means that we gave the provider 48 hours' notice of the inspection to ensure key staff were available to speak with us.

The inspection team consisted of two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service. Our expert had experience of caring for a relative receiving a service from a domiciliary care agency. We visited the registered office and talked with the registered manager. We also visited people who received support from the service in their own homes and spoke with four of them. Some of the people we visited were not able to tell us about their experiences of the service and so we observed how staff interacted with them and delivered their support. Our expert by experience telephoned people and their relatives to gain their views about the care and support provided by the service.

Before the inspection, we reviewed all the information we held about the service including previous inspection reports and notifications received by the Care Quality Commission (CQC). A notification is used by registered managers to tell us about important issues and events which have happened within the service. 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, such as what the service does well and improvements they plan to make. We used this information to help us decide what areas to focus on during our inspection.

Overall, we spoke with fifteen people who used the service and nine relatives. We also spoke with the registered manager and twenty other staff including locality managers, lead support workers and support workers. We reviewed the care records of ten people in detail, the training records of five staff and the recruitment records for four staff. We also reviewed the Medicines Administration Record (MAR) for eight people. Other records relating the management of the service such as audits and policies and procedures were also viewed. We obtained feedback from seven health and social professionals about the quality of care people received.

The last inspection of this service was in November 2013 when no concerns were found.

Requires Improvement

Is the service safe?

Our findings

People told us that being supported by the service made them feel safe. One person said, "I feel very safe and relaxed, they [staff] are not at all nasty". Another said, "When they help me have a bath, they are very careful". A third person said, "None of the staff get nasty even though we can shout a bit at them. They don't get upset, but they sort things out quickly". One person told us, how the staff helped them to manage their own behaviour so that they did not harm other people. They said, "I walk away and ignore them and talk with staff". They were proud of this achievement. A relative told us, "[My relative] seems safe, relaxed and very settled". These comments were echoed by each of the relatives we spoke with.

We visited people in their homes and reviewed how they were supported to take their medicines. We found a number of areas of good practice but also identified areas which required improvement. Two people's medicine administration records (MARs) had not been signed on three occasions in the last month to show whether their medicines had been given. A second person's MAR did not contain information about the frequency with which their ear drops were to be applied. This person was also prescribed a cream which was only to be applied every other month. This had not however, been made clear on their MAR and so the cream had been administered on seven occasions in error. Symbols had been used on the MAR' but there was no explanation as to what these meant in practice. Other MARs were fully completed and accurate. We spoke with the registered manager about these concerns and they took immediate action to address them.

Staff who administered medication had completed training and the manager carried out competency assessments each year to ensure they remained safe to administer people's medicines. Medicines errors were acted upon and addressed with staff who were provided with re-training. Some staff had also completed training in the administration of rescue medicines and the use of oxygen therapy where this was required to meet people's needs.

Most people had detailed protocols in place for the use of PRN or 'as required' medicines. Staff were able to describe in detail the signs that alerted them to people's need for PRN medicines and the protocols for administering emergency medicines. For example, they knew how administer medicine if someone experienced a seizure.

One person did not have protocols in place for an 'as required' medicine used to manage episodes of behaviour which challenged. The registered manager took action to ensure these were put in place.

Medicines were kept safely, either in locked cabinets in people's rooms or in a centrally controlled medicines cabinet. In two locations, where the medicines were kept centrally, there were no arrangements in place to ensure these were being maintained within the recommended temperature ranges. This was not in line with the provider's policy and is important as it ensures the medicines are safe to use and remain effective. The registered manager took action to address this.

People were happy with the support they received to take their medicines. One person said, "They help me with my tablets and then they make a note of it". Another person said, "They make sure [the medicines] are taken". Where people were able to take their own medicines, this was encouraged but staff supported if necessary. A number of people told us they were happy with this arrangement.

People were supported to stay safe. The service had easy-read information available for people on issues such as abuse, bullying and hate crimes and how they could seek help or advice about this. A locality manager told us they also used DVDs, with actors with a learning disability, to help ensure people understood about the risks of abuse or neglect and knew how to speak up and seek support to manage this.

Staff had received training in safeguarding adults, and had a good understanding of the signs of abuse and neglect. The organisation had appropriate policies and procedures and information was available on the local multi-agency procedures for reporting abuse. This ensured staff had clear guidance about what they must do if they suspected abuse was taking place. Staff had a positive attitude to reporting concerns and to taking action to ensure people's safety. One member of staff told us, "We are told that safeguarding reporting is not a bad thing. Dimensions want to be open". A locality manager told us keeping people safe was discussed at every team meeting and in every supervision session. Another staff member told us, "I have reported concerns and they were handled very well and in the manner they should be. I protected the person".

We received mixed feedback from health and social care professionals. Two health care professionals told us staff

Is the service safe?

reported safeguarding concerns appropriately and if unsure would always ring to discuss the matter or take advice. A social care professional said, "A number of safeguarding alerts have been raised and have been investigated; Dimensions have taken on board the advice given and work to improve the safety of the service".

The service had a dedicated whistle-blowing line and information about this was sensitively displayed within people's homes and in the staff smart phone held within each location. Staff told us they were aware of the whistle-blowing line and would use this to report concerns about poor practice. They were also aware of other organisations with which they could share concerns about abuse.

The service had a risk management policy which was underpinned by the principle that people should be supported to take informed risks and live life to the full. Each person had a risk analysis which identified the areas where specific risk assessments were required. Individual risk assessments were prepared by a team working with the person, including relevant professionals and relatives. Staff were well informed about each person's risks and the strategies in place to support them. For example, staff were able to tell us about a person who was at risk of eating too quickly. They explained they had to ensure their food was cut up into small pieces and their hot drinks were given at a suitable temperature. Other staff talked to us in detail about how they managed the risks to a person who often tried to eat objects which were not suitable to be eaten. A staff member said, "The care plans give a lot of information on risks, [they are] very good". The risk assessments in place corresponded to the risks described by staff.

Some people could at times express themselves through displaying behaviours which challenged. Where this was the case, people had a positive behaviour support plan which focused on the proactive methods staff could use to avoid the triggers that could lead to the person presenting with behavioural challenges. Staff told us some people had support plans which described how they should take protective stances or actions rather than physical interventions. For example, one staff member told us, "Sometimes we put a hand between the person's head and their hand to stop them from hurting themselves". Other measures were also used to manage behaviour which challenged. A staff member told us how one person was calmed by listening to music, they said, "They can be shouting one minute and then giggling the next, they love music". Staff told us they were competent and confident in the use of suitable interventions to manage behaviour which challenged and which helped to protect people from harm.

Staff were able to share with us examples of positive risk taking and there was evidence that staff did not restrict peoples interests, instead they were encouraged to try new things in stages, building up to more challenging activities or tasks. For example, one person had taken up rock climbing and another was being supported to build up their confidence to go on a roller coaster. Another person had risk management plans in place as they liked to ride as a pillion passenger on a motorbike.

Some risk assessments had not been updated when people's needs changed. For example, one person was losing weight and their risk assessment had not been updated to reflect this new risk. Another person's risk assessment said they could be left alone for short periods of time. However, due to the onset of dementia, they were no longer safe to be left alone at all. Whilst all of the staff we spoke to were aware not to leave the person alone, there was a risk that less experienced or agency staff might not be aware of this. The provider has taken action to ensure these risk assessments are updated. We did see other examples where peoples risk assessments had been updated promptly. For example, one person had been identified to have an increased risk of falls and their assessment had been updated to reflect this. The feedback from professionals was generally positive with most feeling with risk was well managed with the service.

People had personal emergency evacuation plans which detailed the assistance they would require for safe evacuation of their home. Where people's homes were staffed around the clock by Dimensions staff, action plans were also in place which described how the needs of people would be met in the event of an emergency such as a fire or flood.

Staffing levels were adequate. The registered manager told us the staffing levels were determined by the commissioners of each person's care and support, such as the local authority or clinical commissioning group (CCG). They explained the staffing levels were carefully monitored to ensure they were delivering care and support in line with the number of hours commissioned. If they identified the assessed support hours for a person were too much or too

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little they sought a review by the commissioners. We reviewed a staffing summary or rota for four locations and found the total support hours delivered was either in line with or above the number of hours commissioned. At times, we noted this was achieved through the use of agency or bank staff. Where agency staff were used to fill gaps, these were the same ones which meant they were able to get to know people well. A staff member told us, "The agency staff we work with have been used for over six months and we haven't introduced anyone new". A locality manager told us, "We were understaffed and using a large amount of agency not so long ago, we've worked hard to rectify this". Staff were generally positive about the staffing levels. One said, "the staffing is much better, they are more consistent" and another said, "Shifts are never down a person, we try to cover gaps within the team or through the use of regular bank staff".

Feedback from health and social care professionals indicated that the high turnover of staff and managers had been an area of concern and had, in the recent past, impacted upon the care delivered and effective communication as people were being supported by staff who were not always familiar with their needs. A social care professional told us the staff supporting one person had been 90% agency staff until December 2014, although they felt this was now an improving situation as the service had worked hard to recruit new staff.

Recruitment practices were safe and relevant checks had been completed before staff worked unsupervised. These included identity checks, obtaining appropriate references and Disclosure and Barring Service checks. These measures helped to ensure that only suitable staff were employed to support people in their homes.

Requires Improvement

Is the service effective?

Our findings

People told us the service provided them with effective care. One person said, "They care for me properly and if I'm ever not well, they care about me…they know about my problems and they have let me make suggestions, they take things on board....I have become more independent than ever since I have been here". Another person said, "When they help me have a bath and things, they are very careful". A third person said, "I used them [Dimensions] for years, its very good, everything is good…the staff seem well trained to me…they give me a choice of meals, they're good at meals". All of the people we spoke with said they would recommend the service. Comments included, "I would certainly recommend it, it's the best service I have ever been with", "I would give them an A4, its excellent" and "I told you its great!" Relatives were also mostly positive about the service. One said, "The staff seem well trained and competent, it's been excellent, given us peace of mind". Another said, "They all seem competent…they clearly do a good job". Our observations indicated staff had a good knowledge of the people they supported. We observed staff working in a professional manner and communicating with people effectively according to their needs. Staff told us they felt the service delivered effective care. One staff member said, "Our clients make really good progress, you wouldn't have thought people could come so far if you had seen them a couple of years ago".

The Mental Capacity Act 2005 (MCA) is a law that protects and supports people who do not have the ability to make decisions for themselves. Staff had received training in the MCA and they were able to demonstrate an understanding of the key principles of the Act. Staff were clear that when people had the mental capacity to make their own decisions, this would be respected. One staff member said, "I never assume people have not got capacity, I treat people as if they understand, talk through things and explain everything …I never assume if they can't make one decision that they can't make another".

People's care plans contained a decision making agreement which documented how the person and those important to them should be involved in important decisions about their life and which decisions they were able to make for themselves. Where people were unable to give consent to everyday tasks, such as getting washed and dressed, staff were able to talk about how they made decisions in their best interests taking into account their known wishes or values. These were not formal mental capacity assessments and were not recorded as such. Some aspects of people's care and support did have formal mental capacity assessments, for example, one person had an assessment in relation to the use of bed guards and another person had a capacity assessment in relation to the use of equipment used to monitor their epilepsy. Staff had also been involved in best interests meetings co-ordinated by other professionals around other aspects of peoples care and treatment. We did note that care plans did not include a record of whether the person had consented to their care plan. Where a person's ability to consent to their care plan was in doubt, an assessment of their capacity was not routinely undertaken as part of the care planning process. Assessing a person's ability to consent to the actions covered in their care plan and confirming what actions are agreed to be in the person's best interest's helps staff to ensure that they are acting in accordance with the principles of the MCA 2005.

New staff received a comprehensive induction which involved learning about the values of the service, the needs of people using the service and key policies and procedures. Records showed the induction of new staff was in line with the Skills for Care Common Inductions Standards (CIS). These are the standards people working in adult social care should aim to achieve within their first 12 weeks. We spoke with three new members of staff who all confirmed they had completed an induction. One staff member told us their induction enabled them to feel 'totally ready' to start supporting people.

Staff completed a range of essential training. Most of the training programme was delivered by e- learning and included a range of essential training such as first aid, food safety, infection control, nutrition and safeguarding people. Moving and handling and resuscitation training was completed via a face to face course. The service had an online recording system which alerted the registered or locality manager when staff training was becoming due or was out of date. A locality manager told us, "I put a note in the communication book, with a target date, if staff are behind, if they fail to complete [training] by that date an improvement note is issued and this would be followed up by a capability assessment if it continued to remain outstanding". We saw that this had happened in practice. The registered manager told us they were aware e-learning did not suit everyone and so they were developing e

Is the service effective?

learning cafes so that staff could come together as a group to do their training and thoughts or discuss particular issues. Staff were mostly positive about the training available and told us it helped them to perform their role effectively.

Staff completed additional or specialist training if this was needed in order to meet people's needs. The service had worked closely with healthcare professionals and staff had undertaken additional training in a range of specific conditions and procedures related to people's care. A staff member told us, "I'm very skilled in relation to [one person's] rescue medicines and I know their recurring chest infections mean there is always a risk, but they can be protected by vigilant care such as positioning in bed

Staff told us they felt supported and that they received regular supervision. The training and supervision records we viewed confirmed this. A staff member said, "Supervision is useful, you can talk about problems, you get praise, or get told if there are things you need to improve". Staff also had an annual appraisal which included feedback on their performance from people, their peers, family members and other professionals. This helped to ensure that the process was meaningful and that their effectiveness was assessed fully and any training needs identified.

Staff were encouraged and supported to obtain further relevant qualifications. A staff member told us they had completed a National Vocational Qualification (NVQ) at level 2 and were now being put forward for a Qualifications and Credit Framework (QCF) qualification in health and social care at level 3. The provider was committed to equipping staff with the right skills in order that they might move forward in their careers with the organisation and had implemented an 'Aspire Programme' in place to facilitate this.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS), however, these only apply to care homes. In other settings such as people's own homes or in supported living settings, depriving a person of their liberty can only be authorised by the Court of Protection. The registered manager had identified that the service was depriving a number of people of their liberty in order to protect them from harm. They had taken action to notify the Local Authority so that they could act to seek the relevant authorisations from the Court of Protection.

People were supported to have enough to eat and drink and their care plans included information about their dietary needs and risks in relation to nutrition and hydration. For example, one person had a detailed nutrition plan which included clear guidelines about how staff should manage any incidents of choking. Another person had an eating and drinking plan which clearly identified the food they were sensitive to. Where people were at risk of dehydration or poor nutrition, staff used food and fluid charts to record and monitor their intake. For other people, daily logs were completed which detailed what they ate and drank and noted whether they had enjoyed these or had required an alternative. Staff told us this helped them to assess what people with little or no verbal communication enjoyed eating.

Where necessary a range of healthcare professionals including dieticians, nutritionists and speech and language therapists had been involved in planning peoples support to ensure this was delivered safely. For example, one person had very specific dietary needs and their menus had been developed in conjunction with a dietician. The staff member was knowledgeable about the person's condition and needs. A staff member told us, "I have learnt all about how to get fluids into people when they don't drink enough, for example, jelly and salad have high water content". Staff told us how they were working with one person to encourage new and healthy foods. They explained how they provided a balanced diet and controlled portion size with plenty of fruit and vegetables.

People were involved in decisions about what they ate and they were assisted to remain as independent as possible both with eating their meals and with the preparation of their food. We observed staff used a picture book with one person who was not able to verbally communicate their food choices. One person told us, "I chose what I like, I don't like spicy stuff". Another person said, "They help me to cook and give me lots of support, I eat well and what I like". We observed a person was preparing their breakfast with support from staff. Other staff told us how they supported a person to eat as independently as possible by using hand over hand techniques and lots of encouragement.

All of the people we spoke with felt the support they received from staff helped them to manage their healthcare needs. One person said, "They help me with seeing the doctor when its needed and they go with me and stay with

Requires Improvement

Is the service effective?

me". Another said, "The staff check if I'm alright and get a doctor if it's needed". A relative said, "They make sure [the person] gets to appointments like the doctor or dentist and to have their eyes checked". They said the staff sought medical advice and treatment quickly when it was required.

People had health action plans (HAP). A HAP holds information about an individual's health needs, the professionals who are involved to support those needs and hospital and other relevant appointments. People's health care needs were understood by the staff who were able to explain how they helped people maintain good health. Staff also assisted people with catheter care, maintenance of their artificial feeding devices and monitored their vital observations. This helped to ensure that people's day to day healthcare needs were met. A healthcare professional said, "I have experienced good communication regarding any changes, seeking advice if needed".

Good

Is the service caring?

Our findings

People told us they were happy with the care provided and said they had good relationships with staff. One person told us the staff were, "Nice and lovely…I can rely on them". Another person said, "They take my feelings into account". A third person told us, "The staff are very kind". A relative told us, "[The person] is given a lot of specialist care and attention…I know they are very happy and have a very full life". They told us how staff had gone out of their way to make the person feel at home. They said, "I am really impressed with how they look after him, he has really come out of himself, they live like a family and they do all things together, it's a lovely atmosphere". Another relative told us, "They certainly help [their relative] to have a better life. He has some fun. There's some banter but it's with boundaries". A third relative said, "The care they provide seems to be done with dignity and safety. He would let us know by his expression if he was unhappy or upset and he always looks nicely at them".

We observed people received attention from staff who demonstrated their concern and interest. Staff spoke about people in a caring and respectful manner. One said, "I have been lucky to do many things with them". Another staff member told us "Yesterday, I was privileged to work with [the person], I was able to work right through the day with them, we had lunch out, and then listened to music, then they stayed with me in the kitchen whilst I cooked dinner".

We observed that staff interacted in a meaningful way with people. For example, we saw a staff member used touch, some boisterous play and eye contact with one person who had no verbal communication. The person appeared completely at ease with the staff member and comforted by their presence. We observed other examples of kind, compassionate and patient care. People were comfortable with staff and were happy to join in conversations with them and share their views.

Staff showed they had a good knowledge and understanding of the people they were supporting. Staff were able to give us detailed examples of people's likes and dislikes which demonstrated that they knew them well. We were given examples of the types of food people liked to eat and what activities they enjoyed as well as their daily habits. This information was also reflected in people's care plans. A locality manager told us the service worked really hard to achieve a good match between people and their support workers, for example by trying to ensure they shared interests. They said, "We try and match the right staff to the right person and this works well, then staff really get to know a person, what they like, their routines". Staff told us this happened in practice and they were able to talk to us about what people's behaviours meant and how they supported them in a personalised way. Staff described how people communicated and people's care plans confirmed these communication techniques.

All of the staff we spoke with talked about the importance of building relationships with people and how understanding their communication needs was of paramount importance. One staff member said, "I get to know the person and their communication either non-verbal or signs…I don't dominate the person, but ensure they are comfy and through being kind and friendly create an atmosphere for them to be themselves".

People who used the service, and those who were important to them, were involved in planning their care. One person said, "They ask my opinion about things" Another person said, "They will get my support plan and sit and talk about it with me. They don't put anything in it I don't want. They let me change it… they let me set the agenda for my life". All of the relatives we spoke with told us they felt involved in their relatives care. Comments included, "He seems to have choices, they involve him in everything, like what they do and his choice of meals", "We are kept well involved" and "They involve us in meetings and they take on board what we say". The service had a policy of not recruiting staff without the involvement of people. The registered manager told us how parts of the recruitment process often took place at the person's home, so they could try and assess the candidate's interactions with the person. This helped to ensure that people had a say in who provided their care and support.

The service had a range of accessible communications available to ensure people were enabled to be involved in decisions about their care and the policies and procedures of the organisation. For example there were easy read versions of 'What Dimensions does about Medication' and the service user guide.

Everyone we spoke with told us their dignity and privacy was respected. Comments from people included, "I like my own room and privacy, staff always knock", "They are always polite and respectful" and "They check I'm safe but give me space, includes my room, they only come in when I

Good

Is the service caring?

invite them to come in". All of the health and social care professionals we spoke with told us staff treated people with dignity and respect. Staff spoke to us about how important it was to protect people's privacy and dignity and referenced the service's 'Dignity in Care' Charter. This charter described the service's commitment to build positive relationships with people, respect their culture and their choices. Staff asked people for their permission for us to review their records and enter their homes. We observed staff attending to people's needs in a discreet manner and we observed that doors were kept closed when people were receiving personal care. A staff member told us how the service had arranged for one person's windows to be fitted with a foil which allowed them to see out, but meant that people could not see in to protect their privacy.

People were encouraged to live as independently as possible. The registered manager and staff told us how the provision of care was underpinned by the objective of providing, 'just enough support'. They explained that they tried to ensure people were not de-skilled through the provision of too much support. People told us staff helped them to remain independent. One person said, "They let me do things for myself". Another said, "I have a lot of independence as well as supported time, I have become more independent than ever since I have been here". Staff told us how they supported people in a way that maintained their independence. One staff member said, "I put their shampoo on, but leave them to wash their hair…I get people to do what they can for themselves". Another staff member said, "I get people involved in their support, even if this is by making their own tea or washing up".

Good

Is the service responsive?

Our findings

People told us they received personalised care and were supported to follow their interests, passions and make choices about how they spent their time. One person said, "I'm happy, I can have a lay-in some mornings and go to bed early or late". Another person told us, "I like to go shopping and we go out for a meal and sometimes we go swimming". A third person said, "They help me to get out, I like to go the shops and I always choose where we go". People felt the service listened to their concerns or comments. One person said, "I've had no complaints, but would speak up and tell about things if I wasn't happy, things that are not what we want get sorted, and most things we do want get done".

People's care and support plans were personalised and their preferences and choices were detailed throughout their care records. This supported staff to deliver responsive care. People's care plans included a 'one page profile', that described, 'what people like about me', what's important to me' and 'how to support me'. For example, one person's one page profile said, 'include me in conversations, I can hear' and 'tell me what you're going to do next', 'take me to interesting places'. Other tools such 'my perfect week' helped people to describe their ideal week and begin to identify with support how this might be delivered. Staff described how they helped people reach decisions about their care and support. People took part in a 'planning live' event; this was an event that brought all the people who were important to a person together, to listen to what was important to them and discuss a range of support options. It culminated in a set of outcomes that the person wanted to fulfil in the coming year and the creation of a template for a 'perfect week' on which to base the planning of the person's on-going support.

Care plans also contained relevant information about people's physical health needs which allowed staff to provide care which was responsive to their needs. For example some care plans included guidance from healthcare professionals about people's conditions and when staff should use 'as required' medicines or call a doctor or seek admission to hospital. Another person had a detailed nutrition plan which included information about how their drinks should be thickened and instructions about how to puree their food correctly. This included a reminder to puree the food separately and photographs showing the correct consistency of the food. Staff told us they could refer to people's care plans in order to understand their needs and it was evident that the care plans had been read by staff. This helped to ensure staff understood the needs of the people they supported. Relatives said they were kept informed about any changes to their family member's health or wellbeing. One said, "They let us know straight away if there have been any medical issues or needs as they arise".

People were involved in personalised recruitment. This involved the person being supported to recruit staff with similar interests and who were going to be able to support them to access and enjoy their chosen activities. For example, one person had a requirement that staff supporting them must be a driver as they liked to go out and about at least twice a day. The registered manager was working with staff to organise rotas so that people could spend as much time as possible with their preferred staff. They anticipated that by April 2015, every person's rotas would be individually designed and matched to the staff they wished to be supported by.

'Person centred reviews' took place and people, their friends and family were asked to give their views and feedback about the care and support they received. People's views and aspirations were used to agree new goals and objectives and their support plans were updated to reflect these. We saw a number of examples where the person's goals from the previous year had been achieved. For example, one person had said they wanted to have a holiday, this had happened. A second person had identified they wanted a new car. This had also been achieved. People had reviews with their support team to consider what had worked well that month and what had not to inform and develop their support plans. These meetings were held about every month, and helped to ensure people's daily support remained relevant and purposeful.

People regularly took part in a range of activities based on their own interests, which included trampolining, hydrotherapy, swimming, visits to the gym and sensory rooms. One person was planning a holiday to Alton Towers. Others had joined slimming or badminton clubs or went dancing or to local clubs. The service also held an annual summer ball. One person said, "they take me to the ladies shop, my nails are done and my hair". This person showed

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Is the service responsive?

us photos of activities they had been involved in, naming staff and laughing. The provider had worked with a number of cinemas to agree the screening of autism-friendly films and that people were supported to attend these.

Complaints policies and procedures were in place and were available in easy read formats. People and relatives told us they had were confident that they could raise concerns or complaints and that these would be dealt with. One person said, "I've had to complain a couple of times, they took it seriously and the boss make a point to call me and check it had been dealt with and how I was…I'm not scared to speak up". One relative said, "We were taken seriously when we did complain" and another said, "We've only ever had one complaint about a member of staff and this was dealt with quickly". A locality manager told us how important it was to listen to people and take account of their views and comments about the service. They explained they were meeting that afternoon with a person and their family to discuss an area of concern so that they could move forward and achieve improvements.

The service used learning from incidents or accidents to make improvements to the service. For example, a locality manager told us they had identified a trend with people's behaviour and to reduce people's frustration, had increased activities at the weekends.

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Is the service well-led?

Our findings

People spoke positively about how well organised and managed the service was. They were keen to tell us they felt well supported by a service which had high standards and demonstrated a commitment to make their lives better. One person said, "I would certainly recommend it, it's the best service I've been with". A relative said, "They are given a lot of specialist care and attention… they are very happy…they have a very full life". Another relative said, "It runs smoothly…the manager is very keen and switched on". A third relative said, "The managers are very approachable and they are easy to contact, I can get them anytime and I can also email them". Health and social care professionals were positive about the leadership of the service. One social care professional told us, "Managers are keen to discuss changes or issues that would benefit their clients; it is good to see them get involved at that level". A healthcare professional said, "I have experienced good communication regarding any changes, seeking advice if needed and advocating for people with learning disabilities".

Staff were positive about the leadership of the service, their comments included, "The leadership is good, if you have a problem or anything, they will help you, I have been helped to learn so much, everyone would rather you asked a question than not at all". Another staff member said, "It's a different way of working, I have been over policed and under policed and now we are in the middle, you have some autonomy, but I am confident the management support is there and I will consult on decisions". A third staff member said, "It's a good company and they do listen…we are asked about our opinions". Some staff did express concerns about the turnover of their locality managers and about the workloads of the locality managers. They did not feel this impacted upon the support people received but did at times affect the morale of staff. Most however felt this was an improving picture and other staff told us that morale was good. One staff member said, "I love coming to work and looking after these guys, I learn from them, being here is a buzz".

We found that whilst people and staff were positive about their day to day experiences of the management and of their care and support, some were uncertain or unclear about the role and responsibilities of the registered manager. We spoke with the registered manager about this. They told us one of their challenges was getting out and about as much as they would like. Following the inspection, they wrote to us and told us about a range of proactive measures they planned to address this. These included, producing a fact sheet for the service about the role of the registered manager and raising this at the next staff forum. They also planned to schedule a series of visits to people to ensure they were familiar with registered manager role and with their vision and values. However we found that despite these challenges, the registered manager demonstrated a good understanding of the needs of people the service were supporting and of the issues or challenges faced within the service. This was confirmed by the locality managers. One said, "There is very good leadership and management, I get a response from the registered manager and they are knowledgeable and very good, they coach you through questions and get it out of you". Another said, "I feel supported by the registered manager, I have regular supervision…I am much clearer about my role and responsibilities now, a year ago I was just pottering on, now I love my job and wouldn't change it for the world".

There was an open and transparent culture within the service and the engagement and involvement of people and staff was encouraged and their feedback was used to drive improvements. People were encouraged to take part in 'Everybody Counts' groups. These groups met each quarter and discussed and explored any concerns or issues affecting people. This group fed into a regional group and then in turn to the Dimensions Council.

The service undertook customer satisfaction surveys across their locations and used the feedback from these to inform the overall Dimensions delivery plan. The objectives of this plan included; to improve choice and control, the involvement of people in recruitment, that more people re supported to lives with other people they have chosen and that support plans are current and regularly reviewed. People told us their views were listened to and that they felt their feelings counted.

There was also a local staff forum and these were an opportunity for staff to discuss issues and new policies and practices. We saw that changes were made as a result of these meetings; for example, a policy was implemented about who pay for meals. The registered manager told us they were also trying to build local family forums so that

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they could hear and respond to the views of relatives. A regular briefing and newsletters helped to ensure that information about the service was shared with people and staff.

The service had systems in place to report, investigate and learn from incidents and accidents. Each location had Wi-Fi installed which enabled staff to complete incident forms on line. They were prompted to consider whether the incident could have been avoided. All incident forms were then reviewed by the management team and the services compliance team. Incidents could be reviewed by type to enable trends to be picked up and addressed. Incidents triggered a review of risk assessments and if any physical intervention had been used, we were told this triggered a review of the person's support by the behavioural support team.

There were a range of systems in place to assess and monitor the quality and safety of the service and to ensure that people were receiving the best possible support. The organisation had a quality and compliance team which undertook regular audits of each location for example of medication and daily records. Each location had a service specific service improvement plan. We looked at the plan for one location and saw that this detailed the areas where improvements were required, the steps needed to deliver these and a clear time scale for completion.

The registered manager had a good understanding of the challenges facing the service and the areas where improvement of developments were needed. They explained that some of the main challenges at present were; achieving full recruitment so that people had consistent support and ensuring they had enough time to get out to visit people in the service. They also said that further work was needed to ensure they maintained productive relationships with the landlords and housing association providing the accommodation to ensure repairs and improvements were made to people's homes in a timely manner. During our visits to people in their home, we had noted a number of repairs were needed, for example, to garden paving and in one case a broken window. We saw this had been reported several times by staff, but was still not repaired. In another person's home we saw they were experiencing difficulties accessing their kitchen and adaptations were needed to facilitate this. We saw however that the service was actively working with the commissioners and landlords to try and address these matters and in the interim were trying to use innovative ways of enabling the person to still be involved in food preparation which was important to them.

Through discussions during the inspection and the information contained with the PIR, we found the registered manager had a clear vision for the service and told us about improvements and innovations they and the provider intended to make in the future. They explained they planned to trial the use of smart phone applications to assist in the timely completion of incident and accident forms and reduce the numbers of incidents through focused analysis of recurring themes and performance coaching. As part of the personalisation journey, they explained they wanted to ensure each person had an opportunity to be involved in the recruitment of their staff team. They planned to support people to develop their natural support networks and community links and continue to implement 'just enough' support and ensure people were able to identify and live their 'perfect week'. They told us about their commitment to ensure people were supported to vote and that they had developed links with the 'Love your Vote' campaign. The service were planning the use of tablets to enable more people to take part in Dimensions Council meetings and use instant messaging to share their ideas or suggestions with the council meeting.