

Dimensions Somerset Sev Limited

Dimensions Somerset Frome Domiciliary Care Office

Inspection report

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29 September 2022

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Dimensions Somerset Frome Domiciliary Care Office is a domiciliary care agency. It provides personal care for older and younger people with a learning disability and/or autistic people in their homes or flats in the community. Some people lived in one of the 10 supported living services whilst others lived in shared accommodation or individual homes and flats. Many of the households had multiple occupancy of over three people with shared living spaces and required 24-hour support.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of the inspection 66 people were receiving personal care.

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

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

Right Support

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

People were supported by staff to pursue their interests, so people had a fulfilling and meaningful everyday life. Staff supported people to achieve their aspirations and goals. Staff supported people with their medicines in a way that promoted best possible health outcomes.

Right Care

People received kind and supportive care. Staff understood and responded to people's individual needs. Staff understood how to protect people from poor care and abuse. Staff had training on how to recognise and report abuse and they knew how to apply it.

The service had enough appropriately skilled staff to meet people's needs and keep them safe. People received care that supported their needs and aspirations, was focused on their quality of life, and followed best practice. Staff and people cooperated to assess risks people might face. Where appropriate, staff encouraged and enabled people to take positive risks.

Right culture

People led inclusive and empowered lives because of the ethos, values, attitudes and behaviours of the management and staff. Staff knew and understood people well and were responsive, supporting their

aspirations to live a quality life of their choosing. Staff placed people's wishes, needs and rights at the heart of everything they did. People and those important to them, were involved in planning and reviewing their care. Staff evaluated the quality of support provided to people, involving the person, their families and other professionals as appropriate.

The service enabled people and those important to them to work with staff to develop the service. Staff valued and acted upon people's views. People's quality of life was enhanced by the service's culture of improvement and inclusivity. Staff ensured risks of a closed culture were minimised so that people received support based on transparency, respect and inclusivity.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 21 December 2020).

The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We carried out an announced inspection of this service in September 2020. Breaches of legal requirements were found in relation to Regulation 12 (Safe Care and Treatment) and Regulation 17 (Good Governance).

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

For those key questions not inspected, we used the ratings awarded at previous comprehensive inspection to calculate the overall rating.

The overall rating for the service has changed from requires improvement to good based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Dimensions Somerset Frome Domiciliary Care Office on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Dimensions Somerset Frome Domiciliary Care Office

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection was conducted by two inspectors and an Expert by Experience who made telephone calls to relatives and people. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses, flats and specialist housing.

This service provides care and support to people living in 10 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage

the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there were eight registered managers in post.

Notice of inspection

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

Inspection activity started on 27 September 2022 and ended on 29 September 2022. We visited the location's office/service on 27 September 2022.

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 (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with fourteen members of staff which included four registered managers and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We spoke with eight people who used the service and six relatives. We received feedback from a further relative and a volunteer. We reviewed a range of records. This included ten people's care records and eight people's medicine records. We looked at three staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures and audits were reviewed.

Is the service safe?

Our findings

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

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

Assessing risk, safety monitoring and management

At the last inspection conducted in September 2020 the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection improvements had been made and the provider was no longer in breach of Regulation 12.

- Since our last inspection improvements had been made to ensure documentation was up to date and accurate in relation to identified risks to people. Risk assessments were individualised and regularly reviewed.
- Staff we spoke with were clear on the systems in place to be informed when risk management strategies changed for people. A staff member said, "These are in the read and sign file."
- Protocols were in place to guide staff how to safely support people with known health conditions such as epilepsy and diabetes.
- A business continuity document planned for events such as severe weather and loss of utilities. There was an on-call system for out of hours assistance. One staff member said, "There is always out of hours support."

Preventing and controlling infection

- There were suitable systems to help prevent and control infection. Staff received training in infection prevention and control. We were assured that the provider was using personal protective equipment (PPE) effectively and safely. A relative said, "Staff wear appropriate PPE."
- The provider's infection prevention and control policy was up to date. Staff we spoke with and observed were clear on procedures to follow.

Staffing and recruitment

- The provider had taken steps to make improvements in staff recruitment and retention. The provider acknowledged this was ongoing work.
- Feedback from relatives and staff was that staffing had improved but further increases would enable stability across all the homes. One staff member said, "More staff are needed." A relative said, "There are enough staff, occasionally it's short staffed sometimes and they use agency." Another relative said, "For a while there was not enough staff during COVID, but it's been OK since." A further relative said, "Some difficulties around staffing."
- Staff we spoke with were passionate about ensuring there was consistent staffing for people and reducing the use of agency staff. One person said, "Always staff around." A relative said, "[Name of person] has a core

team of familiar staff."

- The service operated safe recruitment processes to ensure staff employed were suitable for the role. This included confirmations on previous employment and Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- People were being involved in the recruitment process. A relative said, "[Name of person] is sitting in interviews for the first time and they really like this."

Using medicines safely

- Medicines were managed and administered safely. Arrangements for people's medicines were individualised to ensure people were involved where appropriate. For example, one person told us how they complete their medicine stock check with a staff member. Another person said in relation to their medicine management, "I am happy with those arrangements."
- Protocols for as required (PRN) medicines contained information about dose and frequency. Some were being updated into a newer format containing improved personalised details around how a person communicates the medicine may be required.
- Staff had received training in STOMP (stopping over-medication of people with a learning disability, autism or both). A relative said, "Staff administer [Name of person] medication, I have never had any concerns."
- Medicine administration records (MAR) were fully completed and regularly audited. Topical creams and liquids had recorded opening or expiry dates.

Systems and processes to safeguard people from the risk of abuse

- People were safe. One person said, "I am very happy." Another person said, "My care is good, I feel safe." A relative said, "The staff are always focused on a person centred approach." Another relative said, "I've had no safeguarding concerns." We observed people being relaxed and comfortable with staff.
- Staff received training in safeguarding adults and were knowledgeable about their responsibilities to identify and report concerns. Staff were clear on external bodies they could also report concerns to. One staff member said, "We know to follow the protocol."
- The provider reported safeguarding concerns to the local authority and Care Quality Commission as required. Actions were taken in response to concerns and learning was shared amongst the staff team and wider organisation.

Learning lessons when things go wrong

- The provider had made improvements to ensure lessons were learnt when things went wrong. One relative said, "Communication is good, staff tell me of any changes or concerns. For example, where there had been a medication issue, I was told straight away what happened."
- Systems were in place to disseminate learning across the service in relation to accidents, incidents, near misses, safeguarding and health and safety issues. This helped prevent future occurrences.
- Staff told us that time was given to reflect on staff practice to ensure quality of care was maintained. One staff member said, "We have a section in team meetings for reflective practices and time in supervision."

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At the last inspection conducted in September 2020 the provider had failed to ensure governance systems were effectively managed or robust enough in relation to people's safety. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection improvements had been made and the provider was no longer in breach of Regulation 17.

- Since the last inspection changes had been made to the staffing structure and oversight of the service. Registered managers were now in post for the different areas of the service to ensure effective monitoring of care quality.
- Governance systems had been reviewed and improved. Quality reviews conducted by the provider and registered managers identified areas that could put people at risk and were added to an action plan. These had accountability of who was responsible for the progress and completion of actions, which were regularly monitored.
- Regular senior management meetings occurred to share information, learn from each other and ensure a consistent service was delivered. A registered manager said, "I am overwhelmed with the support. Other managers are very supportive."
- New electronic systems had been introduced to enable effective reporting and oversight. For example, the reporting and management of accidents and incidents. This meant events were reviewed and actions taken by different areas of the organisation as needed.
- Staff spoke positively about the changes in the senior leadership team. A staff member said, "Great improvement." There was improved engagement and communication. A staff member said, "The provider is very approachable and inspiring."
- Notifications were submitted as required. A notification is information about an event or person which the service is required to submit to CQC. Notifications help CQC to monitor services we regulate.

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

- People were supported to engage in activities of their choice to achieve individual outcomes. One person said, "I am really happy living here. I like to keep busy. I like going to the theatre, cinema and watching pantomimes."

- We received positive feedback from people, relatives and staff about the registered managers. A relative said, "The registered manager shows such passion in what they deliver and is always approachable and quick in their response." A relative said, "The manager and staff are approachable, they always keep me informed." A staff member said, "The registered manager is really approachable, can speak to them about anything and they are considerate of staff."
- Staff told us they worked well in teams to facilitate positive outcomes for people. A staff member said, "We work well as a team." A relative said, "[Staff] are really good, they know [Name of person] really well." Another relative said, "Staff all work very well together to support [Name of person]."
- People told us they were well supported and had good relationships with staff. One person said, "Staff help me to feel better I like to have somebody to talk to. Staff are good they give me a nice cup of tea."
- There was a positive staff culture which embodied the organisations values. This ensured there was a friendly and happy atmosphere at the service. Staff showed a proactive attitude. A relative said, "Staff seem very committed to the people."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Registered managers understood the duty of candour legislation. The service was open and honest when something had gone wrong.
- Relatives said communication was good. A relative said, "I'm told by staff and the manager everything I need to know." A relative said, "Staff always ring if they need to discuss anything."

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

- Systems were in place to enable people and relatives to give feedback about the service. One person said, "We have a meeting to say what we want to do." A relative said, "We do get to feedback we get a survey and I always speak out."
- Staff participated in regular meetings to share information, communicate changes about people's support and to share learning. One staff member said, "Staff feel able to speak up in meetings." Another staff member said, "Team meetings are really good, we raise concerns, and discuss changes for people."
- Communication systems were in place to ensure staff were kept up to date with changes to people's care and support. For example, through emails, message books and handovers.

Continuous learning and improving care

- The provider facilitated meetings and discussions which supported engaging staff in the values of the organisation and improving quality of care outcomes for people. For example, better practice meetings looked at the importance of annual health checks for people and reviewing the services aims and purposes.
- Training was given on areas such as closed cultures and positive behaviour support. One staff member said, "We had training around working practices and bad habits. We also had training about when something had gone wrong in another house."

Working in partnership with others

- The service worked in partnership with people's families. Relatives told us how important it was to be involved and part of their family members journey. Staff said how valuable the information they received from families was in supporting people effectively.
- A relative said, "There is complete involvement all the way through." Another relative said, "I am always involved in [Name of persons] care plans and also give input."