

Dimensions (UK) Limited

# Dimensions Midlands Domiciliary Care Office

## Inspection report

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10 May 2021

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Dimensions Midlands Domiciliary Care Office is registered to provide personal care services to people in their own homes or in supported living settings. At the time of inspection 37 people were receiving the regulated activity. Most people lived in their own property with a small number sharing with other people or living with their families.

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.

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.

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

Improvements were needed to the providers governance of infection prevention and control and monitoring of care records. Although managers confirmed checks were in place there were no records of what had been checked and any issues identified. This increased the risk of people receiving inconsistent care. People told us they felt safe and were able to approach managers with any concerns.

Checks on medication were in place, however we did find some gaps in recording of prescribed creams. Staff had received training in relation to infection control, but some staff were not aware of the correct order to don and doff PPE.

Staff received training in safeguarding and knew how to recognise and report signs of abuse. The service ensured accidents and incidents were recorded and reviewed to improve care and lessons learned were shared across the service.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

This service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture. People told us how they were supported to make choices about their care and where they lived. Care was person centred and individualised to each person.

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

### Rating at last inspection

The last rating for this service was Good (published 03 September 2019).

### Why we inspected

The inspection was prompted in part by notification of a specific incident following which a person using the service died. This incident is subject to a criminal investigation. As a result, this inspection did not examine the circumstances of the incident.

The information CQC received about the incident indicated concerns about the management of fire risks. This inspection examined those risks. We undertook a focused inspection to review the key questions of safe and well-led only.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe and well led sections of this report.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from Good to Requires Improvement. This is based on the findings at this inspection.

We have found evidence that the provider needs to make improvement. Please see the safe and well led sections of this full report.

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

### 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?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# Dimensions Midlands 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 an inspector, an assistant inspector 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 care service.

#### Service and service type

This service provides care and support to people living in '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

We gave a short period 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 and we wanted to speak with people and the provider needed to gain people's consent.

Inspection activity started on 10 May 2021 and ended on 21 May 2021. We visited the office location on 10

May 2021.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

#### During the inspection

We spoke with six people who used the service and four relatives about their experience of the care provided. We spoke with eleven members of staff including the registered manager, locality managers and care workers.

We reviewed a range of records. This included four people's care records and medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.



# 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 now deteriorated to Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Using medicines safely

- We found some gaps on one person's medication administration record in relation to a prescribed cream and missing guidance for a medicine that was prescribed when required (PRN). This had not been picked up in a recent medication check. We raised this with the registered manager who took immediate action to address the concern.
- Staff told us they received training before they could administer medicines and we found competency checks were completed to ensure staff were administering medication safely. A staff member told us, "we have a competency check every year, alongside training."
- One person had been prescribed a PRN medicine to support them when they displayed distressed behaviours. Staff had supported the person using other strategies to minimise the use of this medicine.

### Preventing and controlling infection

- Staff had received infection prevention and control training including how to don and doff PPE correctly in adherence to current government guidance. However, some staff were not clear on the correct order to put on and take off their PPE and observations of this practice had not been recorded.
- The provider was accessing COVID-19 testing for staff in line with government guidance. The provider also tested visitors for COVID-19 and provided PPE, to reduce the risk of transmission of infection.
- The provider had an up to date infection prevention and control policy. They sent regular bulletins to staff to ensure they were aware of any changes in policies or updates to government guidance.

### Assessing risk, safety monitoring and management

- Risk assessments were in place and staff we spoke with knew people's needs well and told us how they supported people to keep them safe. One person's risk assessment in relation to choking needed further person-centred guidance for staff on how to respond if the person did choke.
- Risks to people who may require the use of restraint were assessed and staff had received training in how to safely use restraint techniques. Records were made when any restraint intervention was required and each incident reviewed to see if any changes were needed to the person's care.
- An electronic system had been introduced to monitor safety. Regular checks of safety equipment were made to ensure they were in good working order and recorded on the system. This included checks of hoists and slings.

### Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt safe when receiving care. One person told us, "I'm happy, I'm

sleeping well. Staff listen to me." A relative said, "The staff know [person's] needs, moods and seizure signs. [Person] is having the best life they can have now."

- Staff had received safeguarding training and understood the signs of abuse and appropriate action to take should they have concerns. One staff member told us, "I would report it to my manager, or if it is involving a manager go above."

#### Staffing and recruitment

- People and relatives told us there were enough staff to support them and most of the care was provided by a consistent group of staff. One relative told us, "The staff are regular with just the odd agency staff." Another told us, "The team has been static on the whole and they understand [person] well."

- The provider used agency staff at times to support people. There were systems in place to promote a consistent group of agency staff working at the service by having an agreement with one agency.

- The provider carried out pre-employment checks including reference checks from previous employers and a Disclosure and Barring Service (DBS) check. This ensured the care staff employed were suitable to work with people who may be vulnerable.

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#### Learning lessons when things go wrong

- The provider had taken action in response to incidents by sharing relevant information with staff and reviewing and updating people's risk assessments in order to reduce the chance of a similar incident occurring again.

- Incidents and accidents were recorded and analysed for trends, so lessons could be learned to reduce the chance of reoccurrence.



# 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 has now deteriorated to Requires Improvement. This meant the service management and leadership was inconsistent. Governance management systems were not always reliable and effective.

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

- Managers were responsible for checking people's support plan, daily notes and monitoring records to ensure the care given was meeting people's needs. This included reviewing the electronic system and paper-based notes, as agency staff could not access the electronic records. However, there were no audits recorded to evidence what had been checked and any action taken when issues identified. Although we did not find any impact on people and staff knew people's needs well, this lack of recording increased the risk of inconsistent care.
- The system to ensure good infection control practices were being followed required improvement. Although staff confirmed observations had taken place to check correct wearing of PPE, they had not been recorded and some staff were not clear on the correct order. Managers told us they carried out visual checks of the environment and checked cleaning records, but no audits were in place.
- There was a clear staffing structure in place and staff were clear of their responsibilities. Regular meetings were held with managers to keep them up to date with changes and discuss improvements to the service.
- The provider had a team that carried out quality reviews, to check people were receiving good care. An action plan was produced if concerns were identified to improve the quality of care people received.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people: Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and relatives spoke positively about the service and gave examples of how person-centred care was provided. One person told us the best thing about receiving the support was going on holiday to a place they had chosen. A relative said, "[Person} has lost weight and is now able to wear age appropriate clothing and they enjoy choosing them."
- Relatives told us they were involved in peoples care. One relative told us, "There have been 2 virtual review meetings in the last 12 months." Another said, "The management team are exceptionally good and always keep me informed of any outcomes. The provider also carried out regular surveys with families to gather their views.
- The provider carried out staff surveys and the information was analysed and action taken to address the concerns raised. For example, in response to a recent staff survey the service were re-launching the staff forum for staff to share their views.
- People and relatives knew who the managers were and felt able to raise concerns. One person told us if they had a concern they would go to staff or have a meeting with the manager, and they would listen to

them.

- People's diverse needs were explored using a person-centred approach. People's cultural needs were recorded and what celebrations were important to them. People told us they were supported to make choices and staff we spoke with knew people's needs well.

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

- The registered manager was aware of their requirements around the duty of candour. When incidents had been reported they were investigated thoroughly, and outcomes recorded for learning.

Continuous learning and improving care: Working in partnership with others

- The service was proactive in making referrals to professionals to ensure people were getting the care they needed. One relative told us, "They are always looking for ways to improve things. They have had an OT assessment and [person] has a new wheelchair and sensory bed." We saw an appropriate and timely referral had been made after concern that a person's choking risk may have increased.
- The provider had a Quality Team which carried out reviews of the service and gathered staff, relatives and people's views. Any areas for improvement were identified and actioned.