

Dimensions (UK) Limited

Dimensions Oxfordshire & Warwickshire Domiciliary Care Office

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Dimensions Oxfordshire and Warwickshire is a Domiciliary care agency providing personal care to people living in 'supported living' settings. The service provides support to people with a learning disability and autism. At the time of our inspection there were 96 people using the service. 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 our inspection, 76 people were supported with personal care by this service.

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

People were supported by staff who were recruited safely and received training relevant to their role. The national health and social care recruitment challenges had impacted this staffing levels at this service, however there were systems in place to mitigate the impact as much as possible. Medicines were managed, stored and administered in line with guidance. Staff followed infection control guidance and the service had appropriate policies and procedures for the management of infectious diseases. Accidents and Incidents were reviewed by the registered manager and area managers. However we saw some incidents were not always notified to CQC appropriately.

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. We observed this service was meeting the principles of this guidance.

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 supported this practice.

Right Care: People told us they were happy with the way they were supported, and we observed staff treated people respectfully and with kindness. People were supported to express views and make decisions about their care.

People's care was bespoke to them as individuals and their preferences as well as cultural and spiritual needs were supported by staff. People were supported to maintain relationships that were important to them and be an active part of their community.

Right Culture: The service had a culture which was person-centred and promoted good outcomes for people. The management team regularly sought feedback from people, professionals and their relatives and used this to plan service improvement. The management team maintained good relationships with external

professionals and worked effectively with them.

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

Rating at last inspection

This service was registered with us on 13 May 2021 and this is the first inspection.

Why we inspected

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

Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection.

We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to statutory notifications. Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement 

Is the service effective?

The service was effective.

Details are in our effective findings below

Good 

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good 

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good 

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement 

Dimensions Oxfordshire & Warwickshire 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

This inspection was carried out by 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 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.

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 was a six registered managers were in post.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 20 October 2022 and ended on 15 November 2022. We visited the location's office on 20 October 2022.

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 judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke to four people and eight relatives about their experience of care. We spoke to 13 staff members including care staff, registered managers and the regional manager. We received feedback from eight professionals who work with the service. We reviewed care plans, multiple medicine administration records and other records related to the management of the service. We visited five supported living services and observed the staff working with people and the environment.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated 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.

Systems and processes to safeguard people from the risk of abuse

- We found some incidents of physical aggression between people who use the service, and one allegation of neglect, had not been notified to CQC.
- Evidence reviewed suggested that the service had taken appropriate action internally. We raised this with the registered managers who immediately completed these notifications following our inspection.
- The service had clear whistleblowing procedures and staff were aware of who to raise any concerns with.
- Staff understood the different kinds of abuse that the people they supported might be at risk of. They told us they felt confident the management would act on any concerns raised.

Staffing and recruitment.

- We saw that at times the service had struggled with recruitment and one service had gone below minimum staffing levels three times in the past year. We discussed this with the regional manager who told us that there had been no noted negative impact on the people they support during these incidents and staffing levels had been brought back to acceptable levels in approximately 1 hour. The regional manager told us they are currently working hard to recruit and have implemented a number of initiatives to improve this. The service was working closely with agency to book staff to maintain as much consistency as possible for people using the service until permanent staff could be recruited.
- Relatives gave us mixed feedback about staffing at the service. Some relatives told us they were happy with staffing and one relative said, "I'm very happy with [person] there and she is very happy as well. The care staff are brilliant really fine. They look after her well."
- Other relatives told us they felt that staffing shortages were having an impact on their relative's care. Comments included "It's a very nice flat, the environment is lovely, he has all he needs but he's supposed to get [number of funded hours] and it doesn't happen", "I know the staff are under pressure they use a lot of agency some good some bad", "there is a shortage of staff and quality isn't up to it".
- Professionals told us that although there had been staff shortages, they felt dimensions had worked to mitigate the effect of this as much as possible. One professional told us, 'Dimensions have gone through difficult time like any other provider. Recruitment was difficult at the start of the year 2022 and in some services Dimensions were not able to meet contracted hours with permanent staff, therefore, Dimensions have been using agency staff to ensure their service users are safe and are supported as per their support plans.'
- Staff were recruited safely. The service completed recruitment checks in line with guidance, which included checks with applicant's previous employer and the Disclosure and Barring Service (DBS). DBS checks are important as they help to prevent unsuitable applicants from gaining employment in health and social care

Using medicines safely

- Some of the supported living services had seen high levels of medicine errors. We saw there had been 62 medicine errors across 15 houses in the period between October 2021 and October 2022. These errors included missed administration, inaccurate stock checks and incorrect doses being administered. We saw analysis of these incidents had taken place and the management of the service had been working to identify the root cause of these incidents.
- The service had policies and procedures in place for administration, storage and disposal of medicines that were in line with best practice guidance. There were clear policies in place for staff regarding medicine administration.
- Where people were prescribed PRN (as required) medicines, there was guidance in place for staff to identify when these may be required and how to monitor effectiveness.

Assessing risk, safety monitoring and management

- Risk assessments provided guidance for staff about how to keep people safe. Risk assessments included both personal risks, such as individuals' risk of choking, seizures, and environmental risks such as fire.
- Where people required additional monitoring to manage these risks, these were completed appropriately.
- Staff knew people well and told us they had enough time to read and review the risks people faced in order to support them safely.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- The provider reviewed accidents and incidents for trends and patterns. This information was used to inform service improvement and individual care planning.
- Weekly meetings were held with the registered manager to discuss accidents and incidents and lessons learnt. This meant that learning was shared across the service.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff told us they received enough training to carry out their role effectively and records of training supported this.
- Staff received regular supervision and the registered manager told us they took a 'coaching approach' to promote professional development. Staff were supported to complete qualifications relevant to their role and to progress up through the organisation if they chose.
- People told us they were happy with the way staff supported them and relatives told us that staff were competent and treated people kindly. One relative told us, "They are definitely caring. Yes there are a couple of staff in particular who have been there for years who he loves."

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

- People were supported with their nutrition and hydration needs. People's preferences about their meals were respected and people were supported to maintain healthy diets.
- Where people had risks associated with nutrition and hydration, such as risk of choking or diabetes, there was clear guidance in place for staff to reduce the risk to people as much as possible.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People had access to a range of services to meet their health needs. We saw evidence that the service worked closely with health and social care professionals to ensure people were able to access services when required.
- Professionals told us staff were responsive to their advice and referred people appropriately. Comments included, 'I have always found the service to be responsive and reflective to service user's needs in a safe and timely manner.' And 'Dimensions engage with us [name of professionals] to ensure people are receiving the right support or if the needs have changed.'

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

- People's needs were assessed prior to moving into supported living services. Meetings were held with staff prior to people moving in and any additional training was arranged. This ensured staff were able to meet people's needs prior to the day they moved into the service.
- People had clear staged moving in plans which ensured people were happy and comfortable moving into the service and staff knew people well.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Staff were knowledgeable about the Mental Capacity act and understood the importance of assessing whether a person had capacity to make a specific decision and the process they would follow if not.
- The service supported people to access independent mental capacity advocates (IMCA) where needed and worked closely with people's advocates when they were appointed.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- People were supported in a way that promoted their dignity and privacy. We observed staff supporting people in a way that respected their choices. Where people required support with personal care, this was completed discreetly and respectfully.
- People who observed a religion were supported to attend religious services and celebrate religious holy days.
- Relatives told us they felt people were well treated and staff were caring, comments included; "yes he likes some [staff] better than others and some he actually loves. Some of the staff really really love him and know him and have worked with him a long time" and "I'm very happy with her there and she is very happy as well. The care staff are brilliant really fine, they look after her well"
- Professionals told us they observed staff supporting people in a respectful manner and in a person-centred way. One professional said 'The staff I met and had conversations with were very knowledgeable, caring and person centred in supporting [people]. As I visited the property on several occasions, I was able to observe some of the staff and their interaction with [people] they are supporting. It was evident that the staff on shift were person centred, kind and knew [people] very well.'

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

- People were supported to take part in the care planning process. This meant they were able to express how they would like to receive support from care staff.
- Relatives told us they felt people's choices were respected. One relative told us "[Person's] life is good, his staff are really good, he does get choices about his life, he gets to do what he wants."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People had been supported to develop care plans specific to them. Care plans had been regularly reviewed with people and had been updated where necessary.
- Staff knew people's likes, dislikes and preferences. They used this detail to provide support for people in the way they wanted.
- Professionals told us that staff knew people well and this meant they were able to understand people's specific needs and preferences, one professional said, 'I have been impressed at how well staff know the people they support, [person] allocated to me was non-verbal and I was always impressed by how staff could identify his needs by a glance, body language – I think this is indicative of a staff team who are consistent, observant and dedicated to meeting the diverse and complex needs of people they support.'
- Professionals told us that the registered manager and staff were responsive to changes in people's support needs. One professional told us, 'One chap in the service has developed dementia and again [registered manager] has impressed me with the knowledge he has of dementia and how to support people with dementia. His staff team have all been trained plus adaptations he has made and is making to the property to help [person] manage in his home.'

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The registered managers understood their responsibilities under the Accessible information standards. People had access to information in formats that catered to their communication needs.
- People had their communication needs recorded in their care plans; this information was shared with other health care professionals where needed.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to be part of various activities such as education, voluntary employment and social events in the community.
- Relatives told us that people were supported to follow their interests and take part in activities that they enjoyed. One relative told us, "he used to enjoy the cinema and [staff] tried to go as soon as possible after

Covid, [staff] really like to do things that he likes".

- Staff told us how they supported people to visit local pubs for supper and how some people were supported to access 'the social shed'. The social shed is a friendship group for people with a learning disability.

Improving care quality in response to complaints or concerns

- Systems were in place to manage any complaints. Complaints were reviewed by the registered manager and responded to in line with the company policy.
- Relatives told us they understood the complaints policy and who to contact if they had concerns regarding care.
- Complaints were shared amongst the management team in order to share relevant learning and improve the service.

End of life care and support

- During our inspection, one person was receiving palliative care but was not yet requiring end of life support.
- Staff were trained in end of life care and the service gathered information about what was important to individuals at the end of their life.
- The service worked closely with healthcare professionals such as hospices, district nurses and other community medical professionals to ensure people were supported to die in the setting they chose in a comfortable and dignified manner.

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The service did not always meet their regulatory requirements. We saw that three incidents of physical aggression between people who use the service had not been notified to CQC.
- We saw another incident of alleged neglect by a member of agency staff; this had also not been notified to CQC.
- Registered services are required to notify CQC of any abuse or allegation of abuse in relation to a service user; this includes allegations of physical abuse and neglect.
- We discussed these incidents with the regional manager, who told us that as the person did not have capacity to understand the potential impact or harm caused by the incident for 2 of these incidents, they did not think it was appropriate to notify CQC. They also told us as no harm had been caused by the alleged neglect by the agency staff member, they did not submit a notification. A notification for all incidents were submitted following our inspection.
- The service had a number of auditing and quality assurance processes in place. However these had failed to identify the concerns we found regarding CQC notifications.

The failure to notify of incidents of alleged abuse is a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009

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

- Registered managers promoted a person-centred ethos which was reflected throughout the services they managed.
- Staff told us they felt supported by the registered manager, comments included "We are a good team with a good manager, 100% and on point", "[registered manager is] open and honest and does listen" and "It's like home. I love working in this house. We are given the training needed by Dimensions."

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 provider understood their legal responsibilities under the duty of candour. We saw that the service had discussed incidents and accidents with relatives openly and apologised where necessary.

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

- Relatives told us they were regularly asked for feedback on the service, including formal surveys and phone calls.
- The service reviewed annual feedback from surveys sent to staff, relatives and professionals. Learning from this feedback was used to drive service improvement.
- The provider was a member of relevant industry association and ensured they were up to date with any changes in legislation or good practice guidance.
- Professionals told us that the service worked well. Comments included, 'Dimensions have a very open approach and they are always looking to improve and people are put at first', '[registered manager] did a very good job in working alongside myself and the OT in the team, and the housing providers in ensuring the moves for the [people] went smoothly. There were a lot of issues with one [person's] move due to the housing provider, but [manager?] worked tirelessly to ensure the move finally went well for the lady in question.'

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents The service failed to notify CQC of four allegations of abuse.