

Dimensions (UK) Limited

Dimensions Worcester Domiciliary Care Office

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

This inspection took place on 4 December 2015 and was announced. We gave the registered manager 48 hours' notice of our intention to undertake an inspection. This was because the organisation provides a domiciliary care service to people in their homes and we needed to be sure that someone would be available at the office.

The provider registered this service with us to provide personal care and support for people with learning disabilities who live in their own homes. At the time of our inspection 21 people were being supported by the provider.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People who used this service were kept safe as the provider, registered manager and support staff had a clear understanding of risks and how to manage them effectively. There were sufficient staff employed to meet the needs of the people they support, enabling them to enjoy activities of their choice. The provider had procedures in place to ensure people received their medicines as prescribed and to effectively and safely meet their health needs.

Staff had been recruited following appropriate checks on their suitability to support people in their own homes and the community. People felt the support staff knew them well and respected their preferences. Before supporting people staff asked people's consent, but were aware of what procedures to follow if a person didn't have the mental capacity to make their own decisions.

People were happy that staff supporting them assisted them to keep their independence and gave them choices. People were assisted by staff to stay healthy and access health and social care services as required.

Staff were trained and understood the best ways to communicate with people using a variety of communication aids.

People's needs were assessed and staff understood these needs and responded appropriately when people's needs changed. People's interests and preferences were documented and they were encouraged to pursue social events and areas of interests. Social activities were an important priority for people and the staff who supported them.

The provider actively sought people's opinions about the quality of the service they received through satisfaction questionnaires and workshops.

Leadership of the service at all levels was open and transparent and supported a positive culture committed to supporting and enabling people with learning disabilities.

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?

This service was safe.

People felt safe with the support staff, who knew how to keep them safe in their own home and out in the community.

People were confident that support staff knew and managed risks for their safety and wellbeing.

People received support from staff, who were reliable and had enough time to meet their needs and social interests.

People were happy with how staff supported them with their medicines.

Good



Is the service effective?

This service was effective.

People were supported by staff that were well trained and supported.

Staff had a good understanding of their responsibilities when people did not have the capacity to make decisions; the correct process was followed to ensure decisions were in people's best interests.

People were supported to access different health professionals as required.

Good



Is the service caring?

This service was caring.

People liked the staff that supported them and had developed good working relationships with them. Support staff respected people's human rights when supporting them.

People were involved in their care planning and made aware of the options available to them.

Good



Is the service responsive?

This service is responsive.

People felt support staff responded to their needs. Staff identified people's changing needs and involved other professionals when required.

People knew who to talk to if they had any concerns or complaints; they felt they would receive a prompt response.

People were supported to access fun and interesting things to do of their choice.

Good



Is the service well-led?

This service is well-led.

People and support staff felt they could approach the registered manager to resolve any issues.

People and support staff spoke positively about the team and the leadership.

Good



Summary of findings

The leadership throughout the service created a culture of openness and responsiveness and wanted to put the people they support at the centre of all they do.

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Detailed findings

Background to this inspection

We undertook an announced inspection on 4 December 2015.

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 provider was given 48 hours' notice because the location provides a domiciliary care service and supported living services for adults who are often out during the day and we needed to be sure that someone would be available.

We looked at the information we held about the provider and this service, such as incidents, unexpected deaths or

injuries to people receiving care and support, this also included any safeguarding matters. We refer to these as notifications and providers are required to notify the Care Quality Commission about these events.

We contacted the local authority to see if they had any information to share with us about the services provided at the agency.

We spoke with seven people who used the service, four relatives, five support staff, the Locality Manager and Operations Director (who is also the registered manager). The registered manager was present at the start of our inspection and at the end of the inspection, but part of the day had to attend another meeting away from the premises. At the time of the inspection there were 21 people being supported by the service.

We looked at three people's care records, three recruitment files, training records and quality monitoring records for the service.

Is the service safe?

Our findings

On the day of the inspection seven people came into the provider's office to speak with us, accompanied by their support staff. We could see from the way people spoke to their support staff they liked and felt safe in their presence. People were laughing and joking with their support staff, asking questions about their plans for the day, and receiving meaningful responses in the way people could understand. One member of support staff used sign language to communicate with the person they were supporting to ensure they understood the questions we asked them.

One person told us "I feel safe when I go out with [staff's names], they take me to town". All the people and relatives we spoke told us they could go to the manger if they had a problem. Another relative told us "[person's name] is kept safe."

Support staff we spoke with had a good understanding of the types of abuse people receiving care and support in their homes and in the community could be at risk from. They were clear about the steps they would take if they had any concerns. Support staff told us they were confident to report any concerns with people's safety or welfare to the provider, the registered manager and external authorities. A member of support staff told us, "If I had any concerns, I would report them to the office. [Locality manager's name] and I'm sure they would deal with it." One support staff described an incident where they'd used the out of hour's on-call system and was given immediate advice, which helped them to continue supporting a person without further undue risk.

We saw from our records that the registered manager had a clear understanding of their responsibilities to identify and report potential abuse under local safeguarding procedures. For example, we saw that when they thought someone was at risk, they had notified the local authority safeguarding department to protect the person from harm. All the staff had received safeguarding training and this was confirmed when we looked at the provider's training records.

People we spoke with said that support staff discussed all aspects of their care and support with them including risks to their safety and welfare. For example one person described how they used specialist equipment and support

staff had been especially trained to use it. The result of this was they could now stand for short periods of time to do activities like cooking their own meals. They told us this had a big impact on their life being able to maintain independence and control.

Support staff told us they sometimes had to support people's behaviour which challenged. Support staff were trained able to identify certain situations that may trigger such an event. They could recognise through people's facial expressions and gestures they were becoming unhappy or anxious. For example one person started to become distressed because they were hungry, so staff immediately looked to rectify the situation and prepared the person a meal. We saw from the risk assessments, there were key actions for support staff to prevent of an incident occurring and these were reviewed regularly to maintain people's safety.

People who used the service told us they received support and care from staff to help them in their homes and access the community. They told us they had a small group of regular support staff, which helped staff know their individual routines and keep continuity for people. Support staff were trained to gain the skills necessary to support people's individual needs. People told us they thought they had enough staff to meet their needs, we confirmed this by checking the staff rotas.

We saw the provider's recruitment records to ensure that support staff were suitable to deliver support and care before they started working at the service. The provider checked with the employees' previous employers to gain two references and undertook checks with the Disclosure and Barring Service (DBS) before they could commence their employment. The support staff records we looked at showed the results of these checks, which helped the provider to make sure that suitable people were employed and people were not placed at risk through their recruitment practices.

Some people we spoke with needed assistance from support staff to take their medicines. We saw from training records that staff had been given training and undergone competency checks in order to keep people safe. Guidelines were available to support staff in the care plan outlining how a person liked to take their medicines and how they kept them safe. We saw that the medicines were counted by staff to ensure where people chose to self-medicate they had actually taken their medicines.

Is the service safe?

However we did see on one person's medicine count there were a few days where support staff had not entered the

amount of tablets present although the medicines had been taken. This was brought to the attention of the registered manager, who assured us action would be taken to rectify the situation.

Is the service effective?

Our findings

People and their relatives felt the service was effective, because support staff knew how to meet people's needs. One person told us "[staff names] were excellent." A relative said "They are absolutely brilliant." Another said "[My family member] has never looked better" All the relatives we spoke with felt support staff understood how to best support their family member.

All new care workers received an induction before working alone with people. This included two weeks shadowing more experienced staff working in the service. Support staff felt the induction training was of very good quality and it had prepared them for their role. One support worker described how during the induction programme they had been trained in areas such as safeguarding, manual handling and training from the speech and language therapist in communication. They felt that this had helped them work with people who had communication difficulties and find alternative ways for the person to express their wishes.

Support staff confirmed they had received additional training if they had to support people with complex needs. A support worker told us that they'd received specialist training in how to help someone eat their meals because they were of high risk of choking and so keep them safe. Using these skills helped to keep the person safe.

Support staff told us they felt supported and encouraged to develop their skills, through one to one supervisions and annual appraisals. One member of staff described how they had taken advantage of the providers "Aspire" programme which encouraged staff to identify and apply for extra support and training to develop their career. The locality manager was described as very approachable and supportive by all the staff we spoke with.

We saw that people were asked before receiving support to ensure they consented. One person told us, "Although I have equipment for me to use I prefer not to use it, staff respect my decision not to." We saw this had been risk assessed, so the person didn't place themselves or staff at risk.

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

This includes decisions about depriving people of their liberty so that they get the care and treatment they need where there is no less restrictive way of achieving this. If the location is a care home, CQC is required by law to monitor the operation of the DoLS, and to report on what we find.

Providers of care homes are required to submit applications to a 'Supervisory Body' for authority to do so. For any other provider, applications must be made to the Court of Protection

Support staff promoted people's independence whatever the people they supported abilities were. Support staff told us that they tried to encourage people to make choices for their menu and cooking their meals. One person told us how "staff helped them make cakes". Another person told us how "I like to try cooking different meals to improve their skills". Support staff told us they were aware of people's needs in relation to food and drink. Care records instructed staff how people liked their meals served and what support was required. For example, one person needed their food pureed and their drinks thickened to avoid them choking.

People were supported to stay healthy. Everyone had a health action plan in place to record people's health needs and provide staff with guidance on how to maintain people's health and what to do if their health deteriorated. We saw from the records that people were supported to access dentists, hospital, doctors, and opticians for specialist advice, so people remained well.

Is the service caring?

Our findings

People we spoke with were very positive about the staff that supported them. One person told us “[Staff name] was excellent and [staff name] made them their favourite cake.” A relative told us they thought their family member received “Very good care and support and couldn’t fault them”.

We saw that the locality manager and the support staff made every effort to listen to people’s choices and what mattered to the individual person. On the day of the inspection, staff had supported people to come into the office, so they could express their opinions in person about the support they received. Staff were respectful to the people they supported, offering to maintain people’s confidentiality and leave the office, whilst they spoke with us. Some people chose to have their support worker stay with them, so we were able to see the warmth in their relationship as they laughed and complimented each other.

People told us they had received support from a familiar support staff team, and were able to tell us the group of staff by their names and the types of activities they did with them. This stability helped the support staff understand people’s histories and personal preferences, so knew people well. A relative told us how the staff knew what activities their family member liked and when their physical circumstances changed, staff were able to adapt the activities so the person didn’t feel they were missing out.

One person told us staff were respectful to them, always asking them what they wanted to wear and when they wanted their bath. They felt it maintained their independence and dignity.

During our talks with people and their support staff we saw that some staff had learnt to use alternative communication such as sign language which they used to help the person understand. This was achieved by the support staff signing and gently asking the questions we had asked. They gave the person time to think, respond and repeat to them what they’d answered to ensure it was a correct interpretation.

The support staff had a good understanding of maintaining people’s human rights including treating people as individual’s and supporting them to have freedom of choice in all aspects of their lives as much as possible. Care files demonstrated that people had been assessed and consulted part of the planning of their care and support. They included details of the support were in the form of pictures as well as written to help people understand their support plans. These were very detailed to express what was important to the person, how they liked to spend their day, important relationships, hopes and dreams, “What a good and a bad day looked like” for the person. One person told us that for them, the support received had enabled them to move from a residential setting into a more independent supported living accommodation. We saw that the registered manager had taken extra time to support the move. By accompanying the person to look at the properties to make sure they were happy with the move.

People we spoke with knew about their support plans and records and where possible they were asked to sign to say they agreed with the contents.

Is the service responsive?

Our findings

People told us they received care and support from support staff who understood their individual needs. One person told us “Staff are good to me”. Another person described the support staff as “excellent”. A relative told us they thought the support staff were “Wonderful and supported [person’s name] very well.”

A detailed assessment of people’s needs was included in the person’s support plan. These included people’s preferences and routines, which had been made with the person and if required their family or representative. Although the support guidelines highlighted people’s routines and preferences, support staff were mindful that people did have the right to change their mind and people had control over their care and support on a daily basis. For example we were told that one person had chosen to change their routine so they could visit a show instead. This was accommodated and the support worker worked additional hours to so this could be done. This showed that the provider worked flexibly to provide the support that people wanted.

The wellbeing of each person was documented in people’s daily records. These recorded showed what activities the person had done that day, any support difficulties people had encountered. This enabled support staff to oversee and be responsive to people’s changing needs. For example, where people’s physical health became a concern support staff had arranged a doctor’s appointment for that person so their health needs could be met.

The provider asked people to share their views on the quality of support services they received so people would receive the right support for them. They did this by customer service questionnaires, workshops for people to express their views, and a website “one touch” link for families. These results were then analysed at local and national level to see where improvements could be made. One action taken as a result was the provider had started to use a “Positive and productive toolkit”, with the aim of coaching senior staff to run meetings that would encourage people who use the service to speak up and express their views. People were also asked their views at their individual reviews.

All the people we spoke with told us they knew how to make a complaint and who they should speak with. Complaints were monitored, and actions taken recorded. We saw that when a complaint had been made, people had received an apology and action taken. People and support staff told us they felt they could approach the registered manager if they wanted to share a concern and felt it would be responded to.

The complaints procedure was available in different formats to help people understand how to make a complaint. This was in an “easy read format” in their support files so that people could use it if they wanted to make a complaint. People told us they were happy to share their concerns with the support staff and felt they would report it to senior management on their behalf.

Is the service well-led?

Our findings

People and their relatives told us they liked the locality manager and registered manager as they were very approachable and supportive. We saw a card thanking the locality manager and support staff saying “How much I appreciate everything you have been doing to help [person’s name] in their new home and welcomed us all as a family.”

There was a clear management structure and out of hours on call system in place for staff support. A member of staff told us how effective this system had been when they called one weekend over a concern regarding someone’s medication. All the support staff we spoke with felt they had good rapport with the registered manager and locality manager, and felt supported. They felt they could raise any concerns and they would be responsive. A member of support staff told us senior staff are always at the end of the telephone.

All the support staff we spoke to told us they were “Happy” in their role. One staff member told us, “I love my job and the manager is the very supportive”.

The provider and the registered manager told us they were committed to providing the best service possible for the people they supported and always looked for improvements. The provider had a number of different ways to work with people to understand their experience of using the service. We saw they had arranged for people using the service to sit on committees with senior

management to discuss how services could be improved and what social events people would like. We were told by people that the registered manager was “Hands on” and often seen interacting with the people the service supported at their social events. They had helped one person attend a party by offering to transport them. The locality manager said they thought it was very important to participate in such events to maintain relationships with people they support.

The provider monitored and took action to ensure that people’s support kept them safe and well. People’s welfare, safety and quality of life were looked at through regular checks of how people’s support was provided, recorded and updated. For example, checks were undertaken on medicines and people’s home environment risks, were also evident so that the locality manager and registered manager had a clear overview of activity in people’s homes. Planned visit times were planned, timed and checked against the records which support staff signed to confirm support had been given people in the homes and community. This enabled people to be assured they received consistent care and support in line with the service agreements. The locality manager performed random spot checks to ensure people were satisfied with the service provided.

We spoke with the registered manager about their vision of the service. They were planning to expand the service over the next twelve months and told us they wanted to invest in staff development so they had the skills, to ensure this happened.