

Dimensions (UK) Limited

# Dimensions South Yorkshire (North) 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 ●

# Summary of findings

## Overall summary

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.

### About the service

The service is a supported living service, providing support to people living in their own tenancies. 61 people were using the service at the time of the inspection

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

### Right Support

Staff were highly knowledgeable about people's needs, preferences and interests. Several staff had worked with people using the service for a very long time. Staff could ably demonstrate a good understanding about how people wished to be supported.

People had choices about their living environment and had made decisions about décor and how their properties were used. The provider had showed thought and understanding about how people wanted to live, identifying properties that best suited people's needs and preferences.

Staff enabled people to access specialist health and social care support in the community.

Staff supported people to make decisions following best practice in decision making.

### Right Care

Staff understood people's communication styles, and care needs. They demonstrated a genuine passion for proving people with high quality care.

The care that people received protected their privacy and dignity. Staff understood people's cultural needs, and provided care in a way that met these needs.

Staff understood how to protect people from abuse. They all confirmed they had received training regarding safeguarding, and records confirmed this. They knew what to do if they suspected abuse, and CQC records showed the provider had taken action to safeguard people where required.

People were supported to develop and maintain meaningful friendships and relationships. People participated in the wider community using a range of community facilities.

### Right culture

The service had enabled people and those important to them to work with staff to develop the service.

Feedback was regularly sought from people, and relatives told us they felt engaged in what was happening in their loved ones' lives.

Safe recruitment practices were followed. Staff knew and understood people well. People received good quality care, support and treatment because trained staff and specialists could meet their needs and wishes.

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

This service was registered with us in July 2021 and this is the first inspection.

### Why we inspected

We undertook this inspection to assess that the service is applying the principles of right support, right care, right culture.

### Follow up

We will 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?

Good ●

The service was safe

Details are in our safe findings below

### Is the service effective?

Good ●

The service was effective

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well led

Details are in our well led findings below.

# Dimensions South Yorkshire (North) Domiciliary Care Office

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (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

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

#### 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 service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there were 6 registered managers in post.

### Notice of inspection

We gave the service short notice of the inspection. This was to enable the management team to provide the information we needed to undertake the inspection.

### What we did before inspection

We reviewed information we had received about the service since it was registered. 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.

This information helps support our inspections. We used all of this information to plan our inspection.

### During the inspection

We spoke with 9 people's relatives about their experience of the care provided. We spoke with 5 members of staff and 1 registered manager. We visited people living in 4 separate properties. We reviewed a range of records. This included 6 people's care records and various medication records. We looked at 3 staff files in relation to recruitment and staff supervision. We reviewed records relating to the management of the service, including audits, policies and staff guidance.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

### After the inspection

We continued to seek clarification from the provider to validate evidence found.

# 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 for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had appropriate procedures and systems to ensure people were protected against the risk of abuse.
- Staff had received appropriate training to ensure people's safety, and demonstrated good knowledge of the steps they should take if they suspected someone was being abused. One staff member said: "You've got to report it, no hesitations on that."
- People's relatives told us they believed their loved ones to be safe when receiving care and support. One said: "The staff are very caring so [my relative] is very safe."

Assessing risk, safety monitoring and management; Learning lessons when things go wrong.

- Risk was safely managed within the service, and people were safe as a result of this.
- There were risk management plans in each person's care record, reflecting all the risks that a person may present or be vulnerable to. We noted, however, that a small number hadn't been reviewed regularly. The operations director told us a programme was about to commence which would involve reviewing and updating everyone's risk assessments.
- Where risks were identified, the provider implemented actions to minimise risks and make improvements to safety; for example, one staff member told us about the strategies they used when accessing the local community to ensure the person they were supporting was safe. This was detailed in their care plan.

Staffing and recruitment

- There were enough staff deployed to ensure people's needs were met.
- Staff were always on hand to support people, and confirmed there were sufficient staffing numbers on duty. One staff member said: "Short -staffing is never a problem here, it's not something we need to worry about. It's always about making sure they [people using the service] are safe."
- Staff were recruited safely, with the appropriate background checks being carried out before staff started work.

Using medicines safely

- There were secure systems in place to support people in managing their medicines safely.
- Staff worked alongside prescribers to ensure the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) were followed.
- Medicines, and records of medicines, were audited frequently. However, we noted that the audit system had not identified some isolated shortfalls. The provider told us they would look into this after we raised it with them.

- Where people required medication on an "as required" basis, often referred to as PRN, there should be protocols in place setting out when these medicines should be used and what the outcome should be. We found that although most of these medicines had protocols, this was not the case for all of them. Staff we spoke with understood people's PRN medications, when they should be use and associated actions to take. The provider told us they would implement these when we identified their absence.

#### Preventing and controlling infection

- Personal protective equipment (PPE) was available for staff to use, and we observed staff using it appropriately.
- The provider's records showed staff had received training regarding infection control and this was refreshed regularly.

# 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

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

- Assessments of people's needs were undertaken before they began to receive care and this was used to develop people's care plans.
- Records showed the management team monitored care, by way of audits, to ensure it was in line with current guidance and meeting people's needs.

Staff support: induction, training, skills and experience

- Staff told us their training was relevant to their roles and gave them confidence to carry out their duties safely. They told us they felt equipped to provide a high standard of support.
- Staff said managers were readily contactable. One said: "We see the manager most days, and if they're not here we can always get hold of them, day and night."
- The provider's training records showed a wide range of training was provided, including infection control, safeguarding and mental capacity. One of the registered managers told us they could source specialist training as required, and staff confirmed this.

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

- People were able to eat and drink in line with their preferences, and their care plans showed the provider had gathered detailed information about such preferences.
- People's care notes showed they were offered food in accordance with their preferences, as well as trying new things.

Staff working with other agencies to provide consistent, effective, timely care

- Records showed the staff worked closely with external agencies to support people in achieving good outcomes.
- Staff told us that some specialist services, such as day services, had not restarted following the COVID-19 pandemic, however, they said they were actively seeking alternative provision.

Supporting people to live healthier lives, access healthcare services and support

- People were referred to health care professionals to support their wellbeing and help them to live healthy lives.
- Staff supported people to access healthcare appointments to ensure their health was maintained. Where people had anxiety or fear regarding attending healthcare appointments, staff worked with external professionals to improve accessibility and reduce anxiety.

- Where external healthcare professionals were involved in people's care, their instructions and directions were incorporated into their care plans.

#### 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 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.

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

- Where people lacked capacity to give consent regarding their care and treatment, the provider had acted in accordance with the requirements of the MCA
- Each person's care plans contained information about how the person should be supported to make decisions, and detailed who should be involved in decision-making.

# 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

- People's relatives told us people using the service were treated well, our observations of care and support taking place reflected this.
- People appeared to be comfortable in staff's presence, and staff were warm and respectful with people.
- Staff we spoke with understood people's needs very well, which meant the support they received was tailored to them personally, respecting their equality and diversity rights.

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

- The care process was highly focussed on ensuring people were supported to express their views and be involved in decisions about their care.
- When staff were interacting with people, they routinely interacted in a way which put emphasis on people's preferences
- We asked staff about how they understood the decisions and preferences of people who had very limited communication. They told us as a team they all discussed how they felt people would prefer things doing, and recorded where people had indicated any preference.

Respecting and promoting people's privacy, dignity and independence

- In our observations of support taking place we observed staff to be respectful and kind when interacting with people.
- Relatives told us staff upheld people's dignity, with one saying: "The staff are trained to understand. I can't speak highly enough about them. As an ex professional in the industry I would say the same as well as being a family member."
- Systems were in place to maintain confidentiality; people's records were stored securely in their homes either in paper format or electronically.

# 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

- Staff had very in-depth knowledge of people's likes and dislikes, and of their preferences. Every staff member we spoke with demonstrated this to a high standard.
- People's care plans showed that the care staff provided reflected their interests and was personalised to them.
- Staff told us they strived to ensure people's choices were understood. One staff member said: "Even if it's the tiniest movement [a person makes] we use that to try and understand what they are telling us about how they want things to be."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider had carried out assessments of people's communication needs, and appropriate support was provided where needed.
- There was information in people's care plans about the specific ways they communicated, and what action staff should take in response.
- Where appropriate, the provider had used signs and symbols to enhance the way people were able to communicate.

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

- The provider placed emphasis on supporting people to maintain friendships and relationships so that people avoided social isolation and enjoyed full and meaningful lives.
- People's care plans showed they were supported to access a wide range of activities, employment and community facilities.
- People's relatives told us people were supported to use their local and wider community, with one relative saying: "They take [my relative] all over the place. Rail trips and museums, it is a bit of each, staff suggests activities and so will [my relative]" Another relative praised how the staff supported their loved one to maintain relationships with their family, saying: "We do meet up once a week. Staff helps us by bringing [my relative] to meet me...They look forward to coming."

Improving care quality in response to complaints or concerns

- The provider had a complaints policy in place which set out how people should raise concerns if they wished.
- All the relatives we spoke with told us they were confident that any complaints would be dealt with effectively. One said: "The manager listens and I would speak to the manager if I needed to."
- The provider had received 1 complaint in the 12 months prior to the inspection, and had maintained records of their investigation and outcome.

# 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 Good: This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Staff told us they found the culture supportive, and said they felt empowered to achieve good outcomes with people.
- Staff were passionate about their roles, and exhibited this in their interactions with people.
- We did not identify any duty of candour incidents. However, the provider had appropriate arrangements if such an event occurred. A duty of candour incident is where an unintended or unexpected incident occurs which result in the death of a service user, severe or moderate physical harm or prolonged psychological harm. When there is a duty of candour event the provider must act in an open and transparent way and apologise for the incident

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

- The management team had good oversight of the service and how it was operating. This included a wide range of audits which took place to help ensure that the quality of care was maintained. We noted some isolated shortfalls in care records, which hadn't been identified via the audit system. The provider told us there was a programme in place to address this, due to start the month after the inspection. They gave us assurances that these new systems would improve oversight of the service.
- The management team were committed to continuous improvement; they responded positively to feedback and identified areas for improvement. For example, when we identified some shortfalls within the medication management system this was addressed straight away.
- Staff were very clear about their responsibilities and took pride in their jobs. All the staff we spoke with demonstrated a good understanding of their roles and how they impacted upon people's wellbeing.

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

- There were comprehensive systems in place to engage and involve people, including meetings and surveys.
- People's relatives told us they felt involved in their loved ones' care and support. They told us managers were accessible and listened to their feedback.

Working in partnership with others

- The provider sourced a range of community services to support people in being a meaningful part of their community. This included employment and membership of various groups. One staff member said: "We're

always on the lookout for new things they [people using the service] might be interested in doing."

- There was evidence within people's care records showing the provider worked alongside external healthcare providers to ensure people's health and care needs were effectively met.