Dimensions (UK) Limited

Dimensions Tyneside Domiciliary Care Office

Inspection report

Buddle House
Buddle Road
Newcastle Upon Tyne
Tyne And Wear
NE4 8AW

Tel: 03003039088
Website: www.dimensions-uk.org

Date of inspection visit:
09 October 2017
10 October 2017
12 October 2017

Date of publication:
11 December 2017

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

Dimensions Tyneside Domiciliary Care Office provides personal care and support to people with learning and physical disabilities living in their own homes and in supported living arrangements. At the time of the inspection, services were provided to 39 people who lived in the Newcastle upon Tyne, Northumberland and South Tyneside areas.

At the last inspection in June 2015 the service was rated 'Good'. At this inspection we found the service remained 'Good'.

The service had established systems for protecting people from abuse and responding to any safeguarding concerns. People's care was planned to prevent and reduce risks to their safety and welfare.

New staff were properly checked and vetted and there were sufficient staff employed to support people safely and provide continuity of care. The staff team received appropriate training and supervision in their roles to ensure they provided effective care.

Suitable arrangements were in place to assist people in maintaining good health and taking their prescribed medicines. Staff supported people in meeting their dietary needs and, where able, to be involved in planning and preparing meals.

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

People and their families had formed good relationships with the staff and told us they were kind, caring and respectful. The service was committed to giving people information in a way they could understand. People were encouraged, wherever possible, to be independent and make choices and decisions about their care.

Person-centred care plans were in place which addressed the individual's needs, preferences and the outcomes they wanted to achieve. People were supported to maintain relationships, engage in social activities and be included in their local and wider communities.

A range of methods were used to help people give their feedback and influence the standards of the service they received. Complaints were taken seriously and acted upon.

The management worked inclusively, promoted an open culture and provided leadership to staff. The quality of the service was continuously monitored and developed.

Further information is in the detailed findings below.

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 remains good.	Good
Is the service effective? The service remains good.	Good
Is the service caring? The service remains good.	Good
Is the service responsive? The service remains good.	Good
Is the service well-led? The service remains good.	Good

Dimensions Tyneside 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 as part of our regulatory functions. This inspection was planned to check whether the provider was 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 inspection was announced and took place on 9, 10 and 12 October 2017. We gave short notice that we would be visiting because the location provides a domiciliary care service and we needed to be sure someone would be in at the office. The inspection was carried out by an adult social care 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.

Before the inspection we reviewed the information we held about the service. This included the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales. We contacted local authority commissioners and Healthwatch, the local consumer champion for health and social care services.

During the inspection we visited three people using the service and talked with three of their support staff and a locality manager. We had telephone contact with another three people and three relatives to obtain their feedback. At our visit to the office we talked with the registered manager, two locality managers, and a regional assistant. We reviewed four people's care records, five people's medicines records, and other records related to the staffing and management of the service.

Good

Is the service safe?

Our findings

People using the service told us they knew the staff who provided their support and felt safe with them. Their comments included, "Yes I am safe. Staff love you. I like them"; "I am happy. They (staff) are okay, they are nice to me"; and, "Yes, I do (feel safe). I like (names of three staff)." A relative told us, "Oh yes, (family member) is very safe." Another relative gave feedback about factors they felt meant their family member was not "100% safe", and about a hygiene issue, which we relayed to the management to follow up. During our visits we observed staff checked on people's whereabouts and safety, where appropriate, and were mindful of potential risks when a greater level of supervision was needed.

People continued to be provided with easy read information about abuse and the safeguarding process. Staff explained this to people to make them aware of their rights to be protected. People using the service had also been invited to a forthcoming event arranged by the provider, focused on personal safety. Safeguarding training was provided for staff and they had access to policies on safeguarding, whistleblowing (exposing poor practice) and 'duty of candour'. This duty requires providers to be open, honest and transparent with people about their care and treatment and the actions they must take when things go wrong. The registered manager and staff understood their responsibilities in preventing people from being harmed and reporting safeguarding concerns. The service had responded to allegations received, including making changes to practice and where necessary, taking disciplinary action. A tracking system was now in place that was used to review outcomes, themes and lessons learned from safeguarding issues and 'near misses'.

There were suitable arrangements in place to support people with their finances and check that money was handled safely. Risks to the individual's safety were assessed and kept under review. Records showed measures to reduce risks were taken to ensure people were safely cared for in their homes and when out in the community. A relative told us staff were "Very good at risk assessing new places" and "Good at picking up when [family member] is agitated, needs to leave." Staff also carried out safety checks to support people in maintaining a safe home environment. One person told us, "We have a fire drill and go outside." Any accident and incidents were reported and analysed, to make sure safety concerns were acted on.

All necessary pre-employment checks were undertaken to check the suitability of new staff. The service had sufficient staffing capacity to provide people with consistent care. People and their relatives confirmed they had, or were moving towards having a core team of staff. Rosters were forward planned, including cover for absence by existing staff and where people required a 2:1 ratio. External agency use was rare and usually only for longer periods, such as covering a vacant post. An on-call system was operated outside of office hours that enabled staff to get advice and support, with a second tier for reporting any organisational emergencies to senior management.

People and their relatives told us prescribed medicines were provided at the times they were needed. Staff were trained in safe handling of medicines and had their competency assessed. Detailed information about each person's medicines regime was recorded for staff to follow and audits and stock checks were conducted. Medicine administration records we examined were mostly accurate. We highlighted some

recording issues with the management and were given assurance of more stringent medicines audits.

Good

Is the service effective?

Our findings

People using the service and relatives told us the care provided was effective and that staff were appropriately skilled. Their comments included, "I'm much happier here, settled and becoming more independent"; "We are absolutely delighted with the service, [family member] is a changed person"; "Staff are well trained and have the skills to support [family member]"; and, "[Family member's] behaviours have improved and his life skills. He has a good routine and is doing things he would not do before."

New staff received induction training to prepare them for their roles, including undertaking the 'Care Certificate', standardised training for new staff working in health and social care. Thereafter, staff completed a variety of training in safe working practices and courses specific to the needs of the people they supported. A relative told us staff were well matched to their family member and had received training in supporting them with their sensory impairment. A delegated system was in place for providing staff with supervision and appraisal to support their personal development. Quarterly reviews were carried out between the registered manager and locality managers, which included monitoring of staff training and performance.

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.

We found the service worked within the principles of the MCA and trained staff to understand the implications for their practice. Some people using the service were subject to court of protection arrangements, as they did not have capacity to make decisions about the care they required. Where necessary, mental capacity assessments had been carried out, leading to decisions being made in people's best interests. Decision-making agreements were in place, including details of any representatives to be involved in important decisions about the person's care or treatment. A relative told us, "[Family member's] interests are always at the forefront of his care."

Relatives and staff we talked with described a good level of support in meeting the needs of people with distressed or challenging behaviours. One person told us, "I'm not self-harming now." A relative said staff "managed very well" as their family member lacked understanding of danger and could be vulnerable to being exploited. Another relative was aware staff were trained in preventing harmful behaviour, calming techniques and using physical intervention as a last resort. Staff confirmed they worked in conjunction with the provider's behaviour analysts, a specialist community learning disability team, psychiatric services and social workers. The registered manager told us the service was also signed up to the STOMP health campaign, to stop the over-use of psychotropic medicines in managing behaviours.

People were appropriately supported in meeting their dietary requirements. Nutritional needs and any assistance required with eating and drinking were assessed and care planned. Advice from dietitians, speech and language therapists and other professionals, such as a specialist diabetes nurse, was

incorporated. This meant staff were provided with clear guidance to provide consistent support to people. People told us they were involved in planning menus, shopping for food and, where able, in preparing meals, snacks and drinks. One person said, "Staff cook food. I am having chicken dinner tonight." Relatives told us, "[Family member] does some baking"; and, "[Family member] gets a healthy packed lunch and is supported to eat well. They make a healthy curry once a week rather than getting a take-away." Another relative said they had not been happy with the food, but it had now improved and healthy food was being batch cooked.

People and their relatives confirmed that staff organised regular appointments with a range of health care services. One person told us, "I go to the doctors. I see a lady dentist." We observed staff were vigilant towards people's wellbeing, for example, detecting a concern at an early stage and contacting the person's doctor. Detailed information was maintained about people's medical history, current health conditions and on-going contact with professionals involved in their care. Annual health reviews with GP's were carried out. People also had 'hospital passports' prepared to share important information and help co-ordinate their care and treatment in the event of admission to hospital.

Good

Is the service caring?

Our findings

People and their relatives felt they had formed supportive relationships with the staff. They told us they liked the staff and that they were caring in their approach. Their comments included, "I am happy. They [staff] are kind"; "I get on well with them"; "[Staff] are kind and nice to us"; "[Family member] is well looked after"; "Staff are caring, very much so. They are lovely"; "I am happy with the care"; and, "[Family member] came home for a visit for a week and was counting the days to go back. He is obviously happier there."

The registered manager told us the service placed an emphasis on employing staff with the right caring qualities and matching staff to people's individual needs and preferences. Wherever possible, bespoke advertisements were used when recruiting new staff. A newer staff member confirmed their interview had involved the person they would be working with and their relative. Value-based questions were asked at interviews and a 'meet and greet' was arranged to determine the rapport between the applicant and the person/people they would be supporting. A relative also told us, "They changed the staff to meet [family member's] needs."

The service aimed to give people information about what they could expect from using the service, and its' key policies, in a way they could understand. This included easy read formats with pictures and symbols, and in audio and video form to suit people's communication methods. People were supported to give their views about their care and, where necessary, relatives were consulted about decisions. The relatives we talked with confirmed this, though one said, "They only started listening retrospectively." Another relative told us they felt involved in their family member's care, were notified of any concerns, and said, "We are 110% happy." The service worked closely with a local user-led, voluntary organisation that champions the rights of people with learning disabilities and had provided advocacy for some people using the service.

The staff we met were compassionate towards people and showed concern for their well-being. For example, we discussed their ongoing efforts to provide care in difficult circumstances for a person who wanted to, but was unable to live safely, in an unsupervised environment. Staff demonstrated a good understanding of the individual(s) they supported and how they communicated. For instance, a staff member supporting a person, who did not communicate through words, explained how their actions during our visit were a sign of them being relaxed.

Relatives told us that staff promoted good standards of personal care and encouraged people to be independent, wherever this was possible. One relative said, "He makes the staff go to bed at 10pm, when he goes. He gets up, makes his breakfast, gets washed and helps staff." Another relative told us, "The behaviour support is excellent. They have built up his routine to desensitize him and support him to co-operate with having a shower and having his nails and haircut. He will now brush his teeth." They added that, "They [staff] spend time with him. He loves a foot massage, playing in the shower with bubbles and they let him [even though] they will get wet."

We observed that staff spoke to and treated people respectfully. Where appropriate, they afforded people time alone and discreetly stayed in another room or nearby to be on hand to provide support. People and

their relatives felt the staff respected privacy and dignity, for example, when assisting with personal hygiene. They told us doors were always kept closed and that staff knocked before entering rooms. One person said there had been a recent occasion when a staff member had come into their home without knocking. The locality manager told us people's rights to privacy would be reinforced with the staff team to ensure this did not happen again.

Good

Is the service responsive?

Our findings

Relatives told us that staff were proactive, reliable and one said, "Always here when you need them and flexible to a change of plan." Another relative commented, "They are amazing. They will come in at short notice and stay for longer if needed - I am really impressed."

We found people's care and support had been thoroughly assessed. Care plans were detailed and personalised, giving staff clear guidance to follow about meeting the person's identified needs and the ways they preferred to be supported. Where relevant, care plans had been revised to reflect changes in needs and updates to the strategies for managing risks associated with people's care. We observed that staff made at least daily entries to care records to account for the support they provided and report on the person's welfare. An annual review was held, involving people the person had chosen to attend, to evaluate progress and make plans for the following year.

A good level of information was in place that gave staff a real sense of the individual, their personality, how they communicated and their routines. A one page profile provided an overview of 'what people like and admire about me', 'what is important to me' and 'how to support me well'. We saw this included statements such as 'Give me time to make choices' and 'I can find it difficult to express myself and need people to be patient'. Plentiful information had also been gathered about people's interests and the types of social activities they enjoyed, both within their home and in the community.

People told us about the range of activities they took part in. Their comments included, "I go out in the car to Hexham and Kielder. I go swimming" and "I like the Metrocentre (shopping centre) best. Blackfriars (a community centre providing activities for people with disabilities), concerts and I have just been to Ireland on holiday." One person we talked with said they just liked to go shopping. Their staff member was present and told us the person also went to the theatre, clubs, bingo and bowling.

Most relatives felt their family members led active lives. They told us, "He goes to football, sports clubs and discos; he has a busy week" and "He goes to a disco on a Wednesday, they told me he could dance, which was a surprise. He goes to deaf club on a Thursday, he was happy because he met up with some old friends from school. He went to the cinema and had popcorn and sweets. He goes on trips and to the shops. He has an IPad, enjoys games and jigsaws, has television and enjoys the company of staff in the evening."

People and their relatives were informed about how to make a complaint if they were unhappy with the service. Two complaints had been received in the last year from neighbours, relating to noise, which the service was attempting to resolve. People we talked with expressed no concerns about their care and relatives told us they knew how to complain. One relative said they had never had cause to complain and another felt a complaint they had made in the past had been responded to well. Another relative told us, "I have tried to work with the service" and had unresolved concerns. These included feeling more could be done to plan activities and times when their family member's social support in the community had been affected by staffing problems. The registered manager informed us a locality manager was arranging to meet with the relative to discuss the issues they had raised.

Good

Is the service well-led?

Our findings

The service had an experienced registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like 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. The registered manager understood their registration responsibilities, including notifying the CQC of any incidents or events affecting the service.

The governance of the service was supported by the provider's human resources, finance, health and safety, occupational health, and compliance/quality teams. A performance coach was available to support care practice and team building. There was a defined management structure, including locality managers with accountability for managing services and staff teams. Within services, lead support workers acted as role models and helped mentor new staff. A leadership development programme was provided to encourage career progression.

The registered manager and locality managers met bi-monthly to review the operation and development of the service. They also attended local authority meetings for managers of services for people with learning disabilities to keep updated with best practice. A commissioner told us their local authority had worked with the service for a number of years. They said, "During this time they have adhered to contract terms and quality issues, managed through safeguarding and care managed, where appropriate."

Staff told us the management were accessible and approachable. Other comments included, "The manager is amazing and [locality manager] is very supportive"; "It's a good organisation, where you can progress"; and, "I get a lot of satisfaction from my work and support from the more experienced staff." Methods used to communicate with staff included team meetings, a staff forum and a bi-annual survey to obtain their views. Staff newsletters provided organisational updates and all employees could access the provider's online portal with a staff discussion board and blogs written by the chief executive. Benefits and incentives for staff included an employee assistance programme, discounts, learn to drive, and cycle to work schemes. Awards ceremonies and events were also held to recognise staff and managers nominated for their valued contributions to the service.

Relatives mostly felt the service was well-managed. They told us, "It's very well managed. I have been asked my views on a couple of occasions. I would rate it 10 out of 10" and "[I'd] score it 9/10." Another relative said they were feeling more listened to and added, "They have just changed management. Looks like the new [locality] manager is strict about dealing with issues; it is too early to tell."

The service worked inclusively with people and their relatives, using a range of approaches to listen to their experiences. House meetings were held for people who lived in shared accommodation and there was a quarterly 'Everybody Counts' group for people to have their say about the support they received. This group also ran events on different topics of interest, for instance, an event on health, nutrition and gentle exercise was being planned. A 'working together for change' programme was in place that acted on feedback from

stakeholders and collective themes from people's person-centred reviews in order to develop the service. Family newsletters and a local family forum were made available to communicate with and support relatives.

Internal audits were carried out in people's homes and each person's service had an annual audit from the provider's quality team, based in part on the CQC standards of quality and safety. Quality checkers' (people using the service and relatives who were paid by the provider) observed and sought feedback during these visits. Surveys were also conducted and the latest findings from 2017 demonstrated that people were highly satisfied with the service.

Operational and satisfaction results fed into a business plan for the region which was used to drive improvements. For example, sickness absence monitoring and provision of a health check event for staff had been implemented to help reduce the need for using external care agencies. The service was in the process of introducing 'Dimensions Activate', a new model of support for people with learning disabilities and autism. The registered manager told us this was a research-based and outcome focused model that aimed to reduce challenging behaviour and increase people's quality of life and staff satisfaction.