Dimensions (UK) Limited

Dimensions Tyneside 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

The inspection took place on 23 and 24 June 2015 and was announced. This was the first inspection of the service since it was registered at a new address in September 2014. We had last inspected the service in November 2013 at its' previous address and found the service was meeting the legal requirements.

Dimensions Tyneside Domiciliary Care Office provides personal care and support to people with learning disabilities. At the time of our inspection services were provided to 26 people who lived in their own homes, either alone or in shared houses with support.

The service had a registered manager in post. A registered manager is a person who has registered with the Care

Summary of findings

Quality Commission 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.

We found that care and support was safely planned to prevent risks and protect people's welfare. Staff understood their responsibilities in safeguarding people against being harmed and abused.

New staff were suitably checked and vetted before they started working with vulnerable people. There were sufficient staff to provide people with safe and consistent care. Staff were appropriately trained and supported to enable them to meet the needs of the people they cared for.

People were supported in meeting their health needs and to take their prescribed medicines safely. They were given support to meet their dietary requirements, and where needed, were assisted with their eating and drinking.

People and their families were fully consulted in making decisions about their care. Where people were unable to give consent to the care provided, formal processes were followed to uphold their rights and make decisions in their best interests.

Care and support was thoroughly assessed, planned and reviewed using a person centred approach. People were supported as individuals according to their choices and preferences and what was important to them. People accessed a range of activities to meet their social needs and be involved in their community.

Staff were kind and caring and had developed good relationships with people and their families. Relatives told us their family members were well supported to become more independent and have fulfilled lives. People using the service, relatives and commissioners gave positive feedback about the service, including how it supported people with complex needs.

The registered manager and locality managers provided leadership to the staff and actively sought to develop the standards of the service. Any complaints were acted on and there was a continuous system for assuring the quality of the service and the care that people received.

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?
The service was safe.

There were appropriate arrangements to protect people from avoidable harm and abuse.

Risks were assessed and managed to promote personal safety without compromising people's independence.

Staff were suitably recruited and there were enough staff to ensure people's needs were safely met.

People were supported to take their medicines in a safe way.

Good

Is the service effective?
The service was effective.

Staff were trained and supported to meet people's needs effectively.

People received care they agreed to. Where people did not have capacity to consent to their care, the service protected their rights under the Mental Capacity Act 2005.

Staff supported people to be healthy and to access a range of health care services. People were assisted in meeting their dietary requirements.

Good

Is the service caring?
The service was caring.

People were supported by staff who were caring and compassionate.

People were fully involved in decisions about their care and were given information about the service in ways they could understand.

Staff worked inclusively with people, respecting their privacy and dignity and helping individuals to become as independent as possible.

Good

Is the service responsive?
The service was responsive.

Support was provided flexibly to help people achieve the outcomes they wanted.

Care planning was person centred and focused on each person's individual needs, well-being and aspirations.

People were informed about the complaints procedure and any complaints received were properly investigated.

Good

Is the service well-led?
The service was well led.

The service had a registered manager who was committed to an open culture and had good communication with people, their families and staff.

Good

Summary of findings

Systems were in place to routinely monitor and develop the quality of the service which took into account the experiences of people using the service.

There was structured management of the service to provide leadership and ensure standards were maintained.

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 23 and 24 June 2015. We gave 48 hours' notice that we would be coming as we needed to be sure that someone would be in at the office. The inspection was carried out by one adult social care inspector.

Before the inspection, we had received a completed Provider Information Return (PIR). The PIR asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the PIR and other information we held about the service prior to our inspection. 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 gathered information during the inspection using different methods. We visited five people who used the service in their homes and talked with five people's relatives and three commissioners of the service. We spoke with the registered manager, three locality managers, two assistant locality managers and three support workers. We looked at ten people's care records, nine staff files, and reviewed other records related to the management of the service.

Good

Is the service safe?

Our findings

People using the service told us they felt safe and comfortable with their support workers. Some people told us about how they were supported to stay safe. For example, two people we talked with knew it was important to check who was at the door and not let any strangers in, and one person said they did a fire alarm check every week with support. Relatives confirmed that they felt people were kept safe. A relative of a person who had recently started using the service told us, "I feel things are going well and X is cared for safely." Another relative said, "Sometimes Y gets two to one staffing for their safety."

People were given a 'What Dimensions does about abuse' booklet. This described types of abuse, who to tell and what would happen, and included a story to raise awareness of the safeguarding process. People were also given booklets on topics such as bullying and hate crime. All information was in an easy read format with pictures and could be provided in other formats to suit people's communication needs. The registered manager told us staff explained the information to make sure people were aware of their rights and the systems in place for their protection.

All support workers received safeguarding training during their induction and annually, and had access to the provider's safeguarding and whistle-blowing procedures for guidance. Their understanding of the procedures and professional boundaries were also checked by the provider's compliance team during audit visits. The staff we talked with had good knowledge of the needs of people to keep them safe. They understood how to prevent people from being harmed and the process for reporting any incidents of suspected abuse or poor practice.

In the past year the service had notified the Care Quality Commission (CQC) of four safeguarding allegations and they had taken appropriate action to keep people safe from harm. A safeguarding log was kept and all allegations had been reported to local safeguarding authorities. The records in the log did not fully correspond to the notifications we had received and we noted one allegation had not been notified. The registered manager reinforced with locality managers the need to ensure that all allegations were notified to the Care Quality Commission.

The registered manager told us that coaching and training was provided when concerns about staff's conduct, values, or practice were identified. Where a safeguarding allegation was made, a decision was made to suspend or move a staff member to work in a supervised environment whilst investigations were carried out. Staff had been performance managed, and where necessary, taken through disciplinary action or had their employment terminated.

Robust procedures were followed to safeguard against financial abuse. Many people had appointed representatives or relatives who supported them in managing or having oversight of their finances. Risk assessments were completed around finances and support plans were agreed with the person and/or their representative. Where people were unable to manage their bank card or card number, staff arranged for them to withdraw cash in person in the bank. If this was not possible, a 'best interests' decision was made for two nominated staff to know the card number. Staff rotas were arranged to accommodate these workers being on duty on the days the person went to the bank. As this deviated from the provider's financial policy, such arrangements were authorised by the registered manager and director of operations, and closely monitored.

A person using the service told us, "I use my own bank card." A relative said they felt the service had "stringent procedures for petty cash" in the supported living house where their family member lived.

Each person who had money held for safekeeping had a ledger to record their transactions. Receipts were obtained for all purchases and any expenditure over £200 had to be authorised by the registered manager. Locality and assistant locality managers did weekly checks of the records and cash balances, and an annual financial audit was conducted. These measures helped assure people that their money was being handled safely.

In people's care records we saw that risks to personal safety were thoroughly assessed and managed. An initial risk analysis was carried out which looked at whether the person had any sense of danger and if they were at risk at home and in the community. Each risk identified was then separately assessed with strategies to protect the person from being harmed, and cross-referenced to their support plans. For instance, one person had risks addressed including support with bathing and at mealtimes, using

Good

Is the service safe?

transport, accessing the community and doing different activities, epilepsy, violence and aggression, physical intervention to protect self and others, communication, and environmental support such as using the kitchen safely. Personal emergency plans were in place in the event of people needing to be evacuated from their homes. Staff carried out a range of checks in people's homes to ensure the environment and equipment used were safe and free from potential hazards. We concluded that the service supported people to stay safe during their care delivery.

We reviewed the arrangements for managing people's medicines. Each person's records we examined had a medicines risk assessment and a list of medicines with directions and the reasons why they were prescribed. Detailed support plans for medicines were recorded which gave useful information about the person's medical history and specific guidance on each medicine taken. The plans were individualised to the person's routine and preferences. For example, 'X calls for staff when they are ready to take their inhalers after taking their usual medication', and, 'I prefer to take my medication with juice, not water'. A person using the service told us they took medicines four times a day and always got it at the right times. Another person said, "I take my own medication, I never forget."

All support workers were trained in the safe handling of medicines and had their competency in handling medicines assessed. They recorded all medicines collected or received and did stock checks at least once a day. Administration records were kept to confirm that people had taken their medicines. Separate records were used for recording medicines of a variable dose, medicines prescribed 'as required' and any medicines the person had refused. The records were signed by one or two staff members and were audited on a weekly basis. Any unsigned administration records were reported as medicines errors and additional measures were put in place to give assurance that people received their medicines safely.

Locality managers showed us the accidents and incidents reporting system. We saw appropriate details were recorded, including managers' follow up comments, before reports were sent electronically to a central health and safety team. The team analysed reports and ran data reports to identify any trends. Incidents involving higher level intervention with people with challenging behaviours were automatically sent to the provider's behaviour analysts. These were used to inform strategies for supporting people and to appraise other professionals involved in their care.

The registered manager told us the service was currently recruiting new staff in line with new services being developed. We reviewed the recruitment records for three support staff employed within the last year. Application forms with employment history and details of training/ qualifications were completed as well as a values-based assessment. Literacy and numeracy tests were carried out and interviews were documented. Proof of identity and security checks with the Disclosure and Barring Service were obtained.

At least two references were requested, including one from the last employer, though referees were only asked to confirm the capacity in which they had known the applicant, the reason for leaving and whether they would re-employ. We noted that in one instance, a character reference had been sought from a colleague at the person's last employment, instead of a reference from the manager or employer. The registered manager told us this would be followed up to give assurance that staff were properly checked and vetted.

The staff team consisted of the registered manager, three locality managers and two assistants, and 79 support workers. Each supported living house had a dedicated staff team, with the majority providing 24 hour staff support including sleep-ins or waking night staff. Rotas were planned by the locality managers or by staff teams, with their manager's approval. This was confirmed by a support worker who told us, "We sort the rotas out ourselves, cover one another or get cover." A relative told us their family member had a regular team of six male support workers and said, "There's never anybody who doesn't know X and the support they need." Another relative said a locality manager had worked directly with their family member to get to know them when they first started using the service.

Staff safety measures included staff working in pairs, lone working training and assessment, and assessments of personal protective equipment required to work safely.

Cover for absence was provided by existing staff and relief/ stand-by workers to give people continuity of care. An on-call system was operated outside of office hours so staff

Good

Is the service safe?

could get support or advice at any time. Contact to the on-call was recorded and sent to the relevant locality manager and registered manager to enable them to monitor issues and the responses given.

Good

Is the service effective?

Our findings

People using the service indicated their care and support was effective. They said, "The support is all good"; "The staff help me"; and, "I get to do everything I want." Relatives told us, "I feel the staff are appropriately trained to meet X's needs", and, "Y is coming on quite well and is settled and happy. I don't have to worry." During our visits to people's homes we observed that staff worked well and communicated effectively with individuals.

All new staff were subject to a six month probationary period and had comprehensive induction training to prepare them for their roles. They were issued with an employee handbook and key policies and procedures to make them familiar with the standards expected of them. A new support worker we talked with said they had received a full induction, shadowed experienced staff, and read the support plans of the people they cared for. They said their locality manager had arranged further training and commented, "I'm getting more than enough support, everyone's been really helpful and welcoming. I love it here, I'm so lucky, it's perfect for me."

Support workers were given a variety of core training at annual or three yearly intervals. This included training in safe working practices, health and safety, nutrition, risk assessment, safeguarding, and handling medicines. All staff received training in equality and diversity, person-centred thinking tools, data protection, and the Mental Capacity Act 2005 to help them understand their responsibilities towards the people they supported. Locality managers kept overviews of all training undertaken and these showed that all staff were either up to date with training or were booked to do refresher courses. Most of this training was e-learning and a locality manager said they hoped the provider would move towards having more face-to-face training to benefit staff. The registered manager told us this was being given consideration.

We saw that additional training was provided specific to the needs of individuals including autism awareness, epilepsy, and techniques/interventions when working with people with distressed behaviours. Staff were also given opportunities to gain nationally recognised care qualifications.

All staff were provided with five supervision sessions a year to review their performance and identify any support and training needed. This was confirmed in the staff records we examined. An annual appraisal was also carried out which included feedback from people using the service and relatives, their peers/co-workers, and at times, other professionals.

An assistant locality manager told us they supervised some of the support workers and relief workers. They said, "They can come to me with anything. Some staff are very good at keeping up to date with training and ask me to book them on courses." Support workers we talked with said they were appropriately supported and confirmed they had regular supervision and team meetings.

We found that wherever possible people using the service were able to direct how their care and support was given. Each person had a 'decision making agreement' as part of their planned care that described their wishes. This covered areas such as health, spending money, activities and relationships. The agreement also set out important decisions in their life, how the person must be involved, who made the final decision, and whether this was linked to risk assessments and/or formal 'best interest' decisions.

The provider's behaviour analysts had assessed some of the people who used the service and devised comprehensive 'positive behaviour support programmes'. We saw these programmes protected people from the use of excessive control or restraint and gave staff detailed guidelines on preventing and managing distressed behaviours. Each programme specified requirements including staff training and competency tests, data collection of incidents, and frequency of review, to ensure people received effective care.

Where there were doubts around a person's capacity to make decisions about their care, the service involved their relatives and carried out a mental capacity assessment. As a result of these assessments, best interest decisions had been made on behalf of people addressing issues such as managing finances, use of bed-rails and other safety aids, and using specific interventions with people with distressed behaviours.

The service had taken steps to ensure compliance with the supreme court judgement made in 2014 that extended the scope of Deprivation of Liberty Safeguards (DoLS). These safeguards are part of the Mental Capacity Act 2005 and are a legal process that is followed to ensure people are looked after in a way that does not inappropriately restrict their

Good

Is the service effective?

freedom. The registered manager had provided information to local authorities identifying those people who may need to be referred to the court of protection for arrangements to be made. Notifications had been sent to CQC confirming applications which had been approved by the court for three people who lacked capacity to decide where they lived and the care and treatment they required.

People were provided with different levels of support to meet their nutritional needs. This ranged from help with food shopping, support in making choices about and preparing meals, to assisting people with eating and drinking, and specialist feeding techniques. We saw people had individualised support plans which described their dietary requirements, likes and dislikes, and the support they needed at home and when eating out in the community. Some plans also included advice from dietitians and speech and language therapists on weight management, safe positions for eating, nutritional supplements, and texture/consistency of food and drinks. Staff recorded meals and drinks taken each day and kept records to monitor people's weights.

A person using the service told us they were trying to lose weight and said, "I get weighed at the doctors." A support worker we talked with told us the two people they supported always ate different meals. They said one person was doing well with healthy eating and had lost some weight. This person told us they made their own healthy breakfast each morning. Another person said they often liked to help with "cooking and washing the dishes".

One of the people we visited had a calendar with their health appointments written up, so they knew when they were due to go to the doctors and their dentist. The staff we talked with were aware of people's health needs and preferences. For instance, a support worker told us one person they cared for did not like visiting their doctor, but would see the nurse at the practice or go to a walk-in centre when necessary.

We found that staff supported people in accessing NHS and community based health care services to maintain or improve their health and well-being. People had health action plans, setting out their health needs and details of professionals involved in their care, and 'hospital passports' to ensure important information was passed on if they were admitted to hospital. All contact and appointments with health care professionals was recorded, and where necessary, used to update support plans. Staff were also given guidance and/or training about medical conditions to enable them to co-ordinate people's care.

Good

Is the service caring?

Our findings

People using the service told us they were very happy with their support and the staff who cared for them. Their comments included, "She's always kind to me" (referring to their main support worker); "I get on canny with all of them"; "X (locality manager) is very nice"; and, "I like all the staff, I don't have any favourites."

People were given information about the service and its' policies in a way they could understand. The policies set out the provider's aims of being fair to everyone so they could be supported in the way they wanted, be supported to be more independent, and respecting what people wanted. They explained in words and pictures that no-one would be treated differently because of their gender, race, age, disability, sexual orientation, or religion and beliefs. Key policies could also be made available in CD and DVD formats to help aid people's understanding.

The registered manager told us they intended to further develop the use of assistive technology in supporting people to communicate their views and wishes. This had been used to good effect with a person using a video storyboard to capture the process of achieving their outcome to go on holiday. It was also being used with another person to help them look at their actions and behaviour and have positive outcomes.

The service was inclusive and actively encouraged people and their families to be involved in and give feedback about their care and support. For example, care records showed people had regular reviews with staff where they considered what they had tried, what they had learned, what they were pleased about, and what they were concerned about. There was evidence of individual's progress within the reviews such as, 'X is getting greater access to the community'. Satisfaction surveys were also carried out annually and the findings were published in an easy read format. This set out what people were pleased about, things people were worried about, and what the service would do next to make things better.

Relatives spoke highly of the caring nature of staff and the relationships staff had formed with their family members and themselves. Their comments included, "It's early days but I'm happy with the support. X gets continuity and I've found all the staff to be approachable and supportive. X's needs are paramount to them and I feel they're on my side"; "I feel a big weight has been lifted from my shoulders, there was a time when we had no support and struggled. The staff manage Y really well and we have good relationships with them. They take my suggestions on board and I'm really pleased with everything"; and, "Z gets 24 hour support and has a regular staff team. Z is very anxious and needs emotional support. They've known us a long time and know Z well, we class them as friends." Another relative said their family member was very happy and they "would be lost without the service".

A commissioner of the service told us, "I met one of the locality managers during a visit. They had a good rapport with people, and people were relaxed and appeared comfortable and well supported. My visit was a very positive experience."

During our visits to people's homes we observed staff were caring, sensitive and respectful towards people. For instance, a support worker stepped in quickly to reassure a person when they became upset. They explained the person responded better on a one-to-one basis and discreetly allowed us to talk in private with them. On another visit a person showed us the new clothes they had bought for a holiday whilst out shopping with a support worker that day. The support worker was very complimentary about what they had bought and there was much discussion between them about future shopping trips. At the mealtime, we heard the support worker spoke kindly to the person, asking them if they wouldn't mind helping out in the kitchen and to choose what they wanted to eat and drink.

People and their relatives said they had taken part in interviewing new staff to ensure they had the qualities they wanted in their workers. One person said, "I interviewed staff and asked them questions." A relative told us they had been involved in interviewing staff with their family member and were pleased that a support worker with a shared interest had been appointed as this was of benefit to the person. A new support worker confirmed they had met one of the two people they would be supporting during the interview process.

Some relatives described to us how services had been arranged for their family members. One relative said some support workers who had previously cared for their family member had transferred to the service to continue working with them. The relative had been fully involved in interviewing new support workers. They had also

Good

Is the service caring?

undertaken the same behaviour support training as the staff team to enable their involvement in the person's support. Another relative told us their family member had received support from the service for quite a while, firstly at home, and now in their own flat. The move had gone smoothly and been done in a gradual way. They said "It's going really well. The support workers are good at recognising X's communication and X is starting to use new words. X is becoming more independent because of the way they work with them."

People told us they had regular support workers whom they knew well. One person said, "We have the same staff, I know who is going to be on shift." We saw another person had the names of staff who would be supporting them each day written up on their calendar. Two other people who shared a house had a board with the names and photographs of staff members displayed. Each of the support workers and managers we spoke with had a good understanding of people's needs. They spoke respectfully about people, their individual preferences and routines, and how they were supported to meet their diverse needs.

We saw that support plans promoted privacy, dignity, independence and positive risk taking to keep people safe. A locality manager told us, "We do care and we are caring. We make sure that we never lose sight of personalisation." Relatives said they were routinely involved in people's support planning, reviews, and where applicable, in meetings with other professionals. The registered manager told us the service referred people for advocacy support where they did not have family or other representatives to represent their views.

The registered manager told us support hours had been reviewed, recognising that some people had achieved greater independence and no longer needed 24 hour support. A person's relative said they had initially been concerned about their family member's support hours being reduced. They went on to say, "But it has worked out fine, they've settled well."

Good

Is the service responsive?

Our findings

People using the service told us they made choices about their support. They said, "The staff are good, they listen, I've no problems with them"; "I choose what I want to do"; and, "I make my own choices." Relatives told us, "They listen to X's choices and X is really enjoying going out to different activities. Today X was giggling with staff, they were really into an activity"; "Y goes out a lot socially, they do plenty of activities"; and, "They (staff) gave Z a lovely birthday."

Care records showed that people accessed a range of activities of their choice to develop their skills and meet their social needs. For example, in daily notes we saw that staff had asked a person how they wanted to spend the rest of the day. The person had decided to go to the cinema, looked through the cinema listings on their iPad, and chosen which film to see.

People we talked with confirmed they were supported with activities. For instance, one person said they had been to a concert the previous night and for a meal in Newcastle with their support worker. They said, "I had a lovely night". The person told us they liked going to bingo, shopping, to the hairdressers, and to church each week. They had certificates displayed in their home of various courses they had completed such as drama performance, health and safety, and essential skills. The person told us they were doing a foreign language class and said, "I like doing courses. I'm always looking to do more." Other people told us they followed their interests, did activities such as going to the theatre, cinema, an exercise class, dancing, swimming and trampolining, and enjoyed short breaks and holidays with support.

People were supported to maintain relationships with their families and friends. One person told us they went to their mother's house each week. They said they wanted to buy flowers and cakes for her that week and asked their support worker to add these items to the shopping list. The person went regularly to their friend's house for tea, and this was written up on their calendar of activities and appointments. A relative told us their family member was able to spend time with a person who was important to them, and who was welcome at the house they shared. Other relatives told us they continued to play active roles in their family members' lives.

We found that people's care and support was assessed, planned and reviewed using person-centred thinking tools. Each of the care records we viewed was tailored to individual needs and preferences. The records included profiles with an overview of 'what people like and admire about me, what is important to me, and how to support me well'. They specified areas such as what was working and not working for the person; what constituted a good/bad day and a perfect week; community connections; the person's gifts and skills; and their dreams for the future.

Detailed information was recorded to make staff aware of each person's communication methods. Where a person did not communicate through words, or had limited speech, specific details about what their different gestures and facial expressions usually meant were recorded. Communication profiles informed staff about the best ways to prepare the environment for the person and how to help prepare them for activities. There was also good information that guided staff on interpreting how the person might be feeling, such as how they indicated when they were happy, excited, bored, or restless.

Each of the care records we looked at had an extensive range of support plans addressing all of the person's needs. For example, one person had support plans for their personal care, morning and evening routines, night support, mealtime support, mobility needs, agitation and self-harm, and using aids and equipment. Their plans also covered all areas of family contact and support in the community, with a separate plan for each activity undertaken, as well as accessing transport and eating out. The support plans were extremely personalised and gave staff precise, easy to follow guidance to meet the person's needs.

We saw that a series of reviews were carried out with each person throughout the year to look at their care and support. These fed into the annual person-centred planning review, an event where the person chose who they wanted to be involved. An action plan was drawn up from this review with the person's future aspirations and how they wished to be supported over the following year. Locality managers told us, "We use a 360° approach, looking at the persons needs and wishes, and getting ideas from families and staff"; and, "I believe we're quite creative in the way we deliver support."

People were given the complaints procedure in an easy read format. People and their relatives felt confident about

Good

Is the service responsive?

raising any concerns. None of the people we talked with expressed any concerns or complaints about their care or the service in general. People's comments included, "I would talk to (assistant locality manager) and (locality manager) says I can go to the office anytime", and, "I've no complaints. I'd talk to (locality manager) if I was unhappy." Relatives told us, "I would contact the manager if I had any problems. Once there was a problem with a worker, but this was dealt with straight away"; "I've never had any cause to complain"; and, "I would feel comfortable ringing (locality manager)."

Three complaints had been made in the last year by relatives, each of which was related to the same or similar issues about one of the supported living services. A locality manager told us they had carried out a fact finding investigation, and they and the registered manager had met with the relatives. The relatives had been given an apology and staff members had been moved as it was felt relationships with the relatives could not be improved upon. The service had introduced a family consultant who had on-going contact with the relatives to help resolve their issues. This showed us that complaints were taken seriously and acted on.

Good

Is the service well-led?

Our findings

A registered manager was in place who had become registered with the Care Quality Commission in 2012 and who was supported in their role by the provider. The service had a defined management and staffing structure with locality managers accountable for services provided within three local authority areas.

People using the service knew the registered manager and told us they often had contact with locality and assistant locality managers. One person said, "I've been to the office once or twice and (locality manager) comes to see me to check everything is alright." Relatives told us, "I feel the service is well regarded", and, "It seems to be very well organised".

The staff we talked with described an open culture and told us the service was well managed. They told us, "It's very good, not only for the people we support but the way staff are valued"; "We get good feedback from commissioners"; "The organisation listens to us. The registered manager will challenge where necessary"; "The registered manager has an open door policy for staff. We support one another well and I know the registered manager will respond if I need support"; "We have good local and regional support, such as from human resources"; "The assistant locality managers are invaluable"; and, "The registered manager is highly supportive, lets us do our jobs but is there for support and advice. They're really good at co-ordinating and supporting the service." One staff member praised the registered manager, telling us they had received support from them "which couldn't be faulted" at a time when they needed adjustments to their duties.

The registered manager divided their time between the service and another registered service in the region. Locality managers said the registered manager worked flexibly, provided good leadership and they could always contact them and receive a response. The locality managers were supervised at the same frequency as support workers and had monthly managers meetings, chaired by the registered manager, to discuss organisational issues. They told us the registered manager cascaded information and updates to them following regional management meetings to keep them appraised of best practice and developments. They had online and teleconference meetings with other managers and attended events such as a recent strategy briefing on the vision of Dimensions by 2020. A locality manager explained that the provider's vision was filtered down and the service was often a pilot area to try out initiatives or changes in practice. They said, "This often means we're ahead of the game. Lots of things are embedded in our area that our services in other areas might just be beginning to introduce."

All staff received a core briefing on a monthly basis giving them information that included progress of the organisation and regional updates. A survey had been carried out to get staff's views about the organisation and the findings had been responded to in 'You said - we did' communications. The registered manager held monthly 'praise and grumble' sessions to enable staff, and people using the service, to talk with them directly and give feedback. They also met with front line staff every three months to discuss positive outcomes for people being supported; health and safety issues; regional updates; and employee issues such as pay, conditions and incentives. This showed us the service was committed to proactive and open communication with staff and valued their contributions.

We found the quality of the service was assessed and monitored through a variety of methods. Regular checks and audits were carried out in the individual support living services to monitor people's safety and welfare. Each service also had detailed audits conducted by the provider's compliance and quality team on a quarterly and annual basis. The audits covered information, involvement, planning and delivery of support; observations of support practice and engagement; recruitment, management, training, support and appraisal; finances and medication; and housing and health and safety. All areas were scored and given ratings, and, where applicable, a service improvement plan was put in place to address areas of non-compliance. A regional plan was also in place that encompassed the ratings, findings from customer satisfaction surveys and themes from person-centred reviews. The registered manager was working on the main areas for improving the service. They told us these included continuing to recruit more staff, reducing unsigned medicines administration records, and plans to set up family forums. This meant there was a clearly structured process for assuring quality to benefit people using the service.

Good

Is the service well-led?

Commissioners of the service gave us positive feedback about the way the service was managed. They told us the service engaged in care provider meetings and worked well with them. Their comments included, "It's a well-established care service that hasn't presented any problems. There have been no recent or current problems"; "They provide good quality services in a different way and have shown their ability to manage services for people with complex needs. They're taking on new services, specialising in working with people with complex needs"; "They are highly regarded in the area"; and, "We've rated them well, they meet expectations and we have confidence in them."