

Dimensions (UK) Limited

Dimensions Colchester 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

Dimensions provides a supported living service and provides personal care for people who are unable to provide it for themselves, because of old age, illness or disability. A supportive living service is where people are supported to live in their own home and receive personal care and support that promotes their independence as there is a separation between the care and accommodation, the care they receive is regulated by the CQC but the accommodation is not. On the day of our inspection, 72 people were using the service. Some of the people using the service had complex needs and the frequency of the care and support depended on people's individual requirements.

A registered manager was in post. A registered manager is a person who has registered with the Care 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.

There were enough staff to meet people's needs and to manage risk safely. Systems were in place so people could take their prescribed medicines safely. The Registered Manager had a robust recruitment process, which helped protect people from the risk of avoidable harm, and staff were supported to develop their skills and knowledge.

People's consent was obtained before any care was provided and the requirements of the Mental Capacity Act 2005 were met. Everyone told us staff members always asked their permission before carrying out any care tasks. People were supported to consume food and drink of their choice and if the person was able, staff supported and encouraged them to assist with meal preparation. Staff worked well with health care professionals, to ensure people maximised their health and wellbeing.

Staff had spent time developing positive relationships with people and knew them well. Support was given to people in a personalised way that responded to the changes in people's lives. Guidance was in place to enable staff to provide a consistent and safe level of support. People and their relatives told us they were aware of how to make a complaint and that they felt they were listened to by the registered manager.

Staff were enthusiastic about working for the service and worked well as a team. The service had a robust approach to monitoring and improving the quality of the service and carried out regular audits to assure the quality of the service being delivered.

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.

Staff supported people to minimise risk and stay safe.

There were enough staff to safely meet people's needs.

Staff supported people to take their medicines safely.

Is the service effective?

Good ●

The service was effective.

Staff were skilled, and had been given training to meet the needs of people.

People were supported to make their own choices about the care they received.

Staff enabled people to eat and drink in line with their preferences.

Is the service caring?

Good ●

The service was caring.

Staff knew people well and treated them with compassion.

Staff respected people's privacy and promoted their dignity.

Is the service responsive?

Good ●

The service was responsive.

Support was flexible and responded to individual needs.

Staff received detailed guidance about how to meet people's needs.

People's concerns and complaints were dealt with effectively.

Is the service well-led?

Good ●

The service was well led.

A range of audits were carried out and people were asked to feedback about the quality of the service offered to them.

The service continually looked to improve and implemented changes that improved people's wellbeing.

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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. We checked to see whether the Registered Manager is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place over two days between the 14 and the 15 November 2016. The inspection was announced which meant the Registered Manager was given 24 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available to respond to our queries. The inspection team consisted of two inspectors.

Before the inspection, we asked the Registered Manager to complete a Provider Information Return (PIR). This is a form that asks the provider to give us key information about their service what the service does well and if there are any improvements they plan to make. A PIR was returned to us. We reviewed all the information we had available about the service including notifications sent to us by the manager. Notifications are information about important events, which the Registered Manager is required to send us by law. We also looked at information sent to us from others, including family members and the local authority.

Whilst some people could talk to us, most could not. We observed how staff worked with people to help us understand the experiences of people who could not talk with us. During our inspection, we observed how the staff interacted with people and spent time looking at the ways support and care was provided in order to understand the experiences of people.

We looked at the care records of seven people and reviewed records about how the service was managed. These included medicine records, staff training, recruitment and supervision records, accidents and incidents reports, complaints, quality audits and policies and procedures. Reviewing these records helped

us understand how the registered manager responded and acted on issues related to the care and welfare of people, and monitored the quality of the service.

During the inspection, we visited the agency's office and spoke with the registered manager and a member of staff. We visited the homes of seven people who used the service and spoke with five staff supporting them on that day. We also spoke on the phone to an additional seven people or their family members.

Is the service safe?

Our findings

People and their family members told us they felt safe with the staff that supported them. One family member, "Yes, I believe [Name] is safe." Another family member said, "It's wonderful. [Name] is so happy and cared for. They try to give her that independence and they really encourage her."

Staff had been trained in safeguarding vulnerable adult and could describe how they supported people to keep safe and protect them from abuse. They knew who to speak to within the organisation if they had concerns and which relevant external professionals to contact if required and were encouraged to whistle blow if they had concerns about the safety of people or the quality of the service they received. Staff comments included, "I would speak to the manager," and "I have been here two years and never had to report anything, but would go to CQC if was still concerned."

Systems were in place for assessing and managing risks. We saw the service had completed a wide range of risk assessments that met people's specific needs. Management plans were in place, which provided staff with guidance so they knew how to support people safely and what actions needed to be taken to minimise risk. Staff could tell us how risks should be correctly managed. Information was available, and staff had the ability to recognise when people felt unsafe. For example, when staff had to support some people with particularly complex equipment, visual support plans were available so that staff were clear about how they would need to support this person.

Individual fire evacuation plans were in place and senior staff had carried out risk assessments of the environment. One staff member explained, "We have one person that uses a walker and sweeps leaves, so we reduce any trip hazards."

We asked people and their families to tell us about the staff that supported them. One family member said, "[Name] has regular staff and she interacts very well with them." Another relative told us, "Currently the staffing of the service is excellent." At the locations we inspected there were enough staff on duty to respond to people's needs and staff were available and accessible. We saw that staff had time to sit and talk to people and could take them to their pre-arranged appointments or activities. One member of staff said, "People are off with sickness from time to time. We all pick up extra shifts and its 'all hands to the pump.' Agency staff can be accessed but we try to minimise new faces because familiarity is really important."

Trained staff managed people's medicines safely. Senior staff regularly checked how staff administered people's medicines to make sure they were still competent. Detailed information for each person was retained with the medicine administration record (MAR) sheets to make sure that staff were aware of the guidelines and what action they should take. Staff used MAR sheets to record when they had supported people to take their medicines and they knew what to do if people refused to take their medicines. The MAR's we inspected were completed correctly, and audits were in place that checked for any potential errors.

Safe recruitment processes were in place when employing staff. The recruitment procedure included asking potential employees to complete a detailed application form, checking references, and having a

comprehensive employment interview. Office staff checked that applicants had the right to work in the UK and carried out disclosure and barring checks (DBS) for new staff to ensure they were safe to work with vulnerable adults. Staff told us they had only started working once all the necessary checks had been carried out.

Is the service effective?

Our findings

We received positive feedback about this service. People and their family members told us that staff delivered good support and that communication was good. One family member explained, "It's absolutely amazing. [Name] has been there for 18 months and .she has come on so much." Another family member said, "I am more than happy with the service [Name] has. I am always involved in everything from reviews to support planning."

All staff received an induction when they first started working for the service. After staff completed the company induction, they completed the care certificate. The care certificate is a set of standards that health and social care workers complete to make sure that all staff has the same introductory skills, knowledge, and behaviours to provide care and support. Sometimes staff needed to work with people they had not met before. When this happened they would be provided with a short induction that focused on the person's they would be supporting individual needs. One family member told us how good the recruitment process was, "The process of employing staff was excellent. I have been impressed with the recruitment process. Dimensions assess people on a value-based interview. I then interviewed the candidate and [Name] was also involved. Dimensions recognises that trying to minimise change for [Name] is important."

People and their family members told us they thought the staff had received enough training to help meet their relative's needs. One family member said, "Staff are trained and meets [Names] needs. Staff told us that they received good training from Dimensions. One staff member explained, "The training is on going. As things change and develop, we are kept abreast of this. When legislation changes we are made aware and offered training." Another staff member said, "We are offered a variety of different training and it's delivered in different ways." Another staff member told us how the training they had received prepared them for their role. They explained, "The staff are all trained and the medicine training definitely prepares you before administering peoples medicines."

Training information showed that staff had been trained in mandatory topics, such as safeguarding, medicines, health and safety, equality and diversity, manual handling and infection control. Service specific training was also given to make sure that staff were clear about how to support people correctly.

Staff told us the registered manager valued them and listened to them. Supervision meetings were held and annual appraisals were carried out, which looked at future development needs and planned training. Typical comments included statements like, "I feel supported," and "There is always a manager available."

Training was given in the Mental Capacity Act 2005 (MCA) and all of the staff we spoke with had a good understanding of how to apply the principles to support people to make decisions. 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 only 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. Staff had a good awareness of issues around capacity and consent. Staff could describe a person's capacity and their ability to make some decisions, such as how the person may react to our visit, and how their memory

may fluctuate, or how their health condition affected the way a person may behave or communicate.

We checked whether the service was working within the principles of the MCA and found they were. Staff understood the importance of assessing whether a person could make a decision and the steps they should take to support the decision making process. When a person lacked the capacity to make a certain decision an Independent Mental Capacity Advocate (IMCA) was instructed to represent the person wishes.

Staff understood the importance of asking people for consent before providing any care and support. For example, we saw staff offering visual choices; one person wanted a bag of crisps and was shown different flavours. Another person offered to make us a cup of tea and did so with the support of the staff member. We observed throughout our inspection staff asking people's permission before helping them. For example, all of the people were asked if we could enter their rooms and view their care records.

It was clear from our discussions with staff that people were supported to maintain a diet that they enjoyed and that met their health needs. Staff told us that any changes in weight or appetite were documented and people were referred to their GP if there was a concern. One staff member said, "We discuss what people want, [Named] chose liver and bacon tonight but if other people wanted something else we would prepare it." Staff members took people into the kitchen so that they could choose what they wanted to eat and help prepare the meal if they wanted to. One person told us that they enjoyed lunch, they said, "I had a lovely lunch."

The service worked with health care professionals to support people with special nutritional needs. Those with swallowing difficulties had detailed information so that staff could be clear about how to help someone eat safely. If they were involved, Speech and Language Therapists recommendations had been recorded. For example, records included guidance about the correct texture the food should be and how the person should be sat. Records included details about how much food the person had consumed and what action to take in an emergency.

People's care records showed the involvement of health and social care professionals, and staff had the correct information to make sure the individual needs of the people were met. We saw evidence staff had worked with various agencies and made sure people accessed other services in cases of emergency, or when people's needs had changed such as, GP's, occupational therapists, the local mental health team, and social workers. One family member told us, "They can get [Name] to the doctors. They phone me and keep me involved."

People with complex needs, including learning difficulties and physical disabilities, were supported to reduce their risk of social isolation and poor mental health by staff that encouraged them to engage with their local community and specialist support groups. They were supported to visit GPs, dentists and access hospital treatment if they needed this.

Is the service caring?

Our findings

People and their family members told us that the staff were caring and treated them with respect. They described the staff to us as being nice, and easy to talk too. One family member said the staff were, "Very caring and they enjoy what they do." Another family member told us, "Dimensions have very experienced staff that really cares. They work with [Name] very well and the level of care they provide is very good."

Staff spoke with affection about the people they cared for and we saw that good relationships had been developed between them. When carers spoke with people, they bent down to eye level and spoke in way, which the person could understand.

The care provided met people's needs and enhanced their well-being. We observed staff being friendly, patient, and discreet when providing care for people. They took the time to speak with people as they supported them and we saw many positive interactions. For example, we saw a staff member being kind and encouraging when speaking to one person and using gestures to understand what they would like. Staff were aware of people's personal preferences. Within the care records, we saw that personal interests, hobbies, likes, and dislikes, religious and cultural needs, sexual orientation, and relationship choices were all documented. This meant that staff could be well informed about the people they were supporting and help them develop and maintain positive relationships.

Meetings were held so that people were encouraged to express their views. Information was supplied in various formats so that people could feedback to staff about their experiences of the care and support they received. At the time of the inspection no one required support from advocacy services, but staff could explain how they would access this service should this be required.

We observed that people's privacy was respected. Bedrooms had been personalised with belongings, such as furniture, photographs, and ornaments to help create a homely feel. Bedrooms, bathrooms, and toilet doors were always kept closed when people were being supported with personal care. Staff always knocked on bedroom doors and waited for a response before entering.

We inspected how the service supported people to maintain their independence and found they did this well. People told us that staff assisted them to do the things they wanted to. For example, one person said, "They help me to get out and we go where I choose."

People's family members told us they could visit the service at any time. One relative said, "visiting - I can visit at any time, I do tend to ring before I come over but they are more than happy for me to pop in it's never a problem." Records showed, and staff could explain that they understood the importance of maintaining people's privacy and human rights. Staff supported people to maintain contact with friends and family. Visitors and family members told us they were always made welcome and were able to visit at any time.

Is the service responsive?

Our findings

The service was responsive to people's needs and supported people to lead meaningful and fulfilling lives. One person's relative said, "[Name] is always doing something. They seem to do the right things at the right time." Another relative said, "There are certain activities that [Name] really enjoys. People watching is one of them and they go out get a coffee and help her do this."

During the inspection, we could see that people using the service were encouraged to engage in activities in their home and in the community. Staff told us about the relationships people had with the local community and how people visited the local amenities including drama, walks in the village, the local pub, swimming, and a regular Friday night country music trip. People that used the service also attended various colleges. We saw one person returning from a planned event, they came straight in to talk to a staff member about how pleased they were to see them.

Staff prepared visual activity planners with people for the week ahead, people could choose what they wanted to do and where they wanted to go. People's care and support was planned proactively and in partnership with them. One relative told us, "They try to give [Name] their independence. They really encourage them. It's a wonderful place. One of the people who used to live in the house died and they dealt with it in a very sensitive way and helped the other people who had lived in the house come to terms with it."

For people with very complex care needs, visual support plans were available. This had been produced by the company's internal Behaviour Support Team and they had worked with the person and their family to make sure that it was relevant and targeted. This enabled staff to have a clear understanding about the best way to support the person. Their family member explained, "Staff are trained and they meet their needs. Their key worker has been involved in making a video of how best to support [Name.] The thing is, you can't explain how to care for [Name] very easily, and capturing it in written form can be difficult. It's fantastic and shows exactly how they need to support her. This means that new people can watch and know instantly what they need to do. They asked our permission and it has been very successful." We saw the visual support plan, and found that this had been put together in a sensitive and dignified way.

Some people needed full support with all their personal care needs where as others were more independent and needed less. All of the care records we inspected were written in a person centred way, which means they were all about the person, and put them first. People's care needs had been assessed before receiving the service, which helped the registered manager to make sure they could meet the person's needs first. Care records were very detailed. For instance, they recorded a person's 'average week' that was specific to each person. People had been involved in the planning of their care through the assessment and care planning process and at on-going reviews of their care and support.

The records we inspected demonstrated that people's care had always been reviewed; when we asked people and their family members about this aspect they told us that they had been involved in an annual review and felt involved in this process. One family member said, "Involved in a review of care, absolutely. It's a tribal thing the whole family goes. It's like a tribal gathering. It is right that everyone gets involved in his review, because whilst he is my son, he someone else's brother, and uncle. We are well informed."

People told us that they had information to enable them to make a complaint if this was needed and that this had been given to them when their service began. We looked at the way the service recorded complaints and noticed that these were dealt with appropriately. One relative said, "I did have a complaint. I went straight to the person in charge who dealt with it immediately."

Is the service well-led?

Our findings

The positive feedback we received from people during our inspection and demonstrated that the service was well run. Everyone we spoke with told us the service was well managed and people were positive about both the registered manager and care staff.

Staff told us the service was well organised and they enjoyed working for Dimensions. One staff described it as, "The care we provide is really good. They manage change well and they are a dynamic company. When explaining about how they found the service was managed, one family member explained, "I am in constant contact with them, they are excellent." Another family member said, "The whole staff team have worked really well to minimise change from staffing. The locality manager has a really difficult job, trying to keep staff and the service running must be really challenging and they do a good job."

A clear management structure was in place. The registered manager had number of staff who supported them with the day-to-day running of the service. They were able to demonstrate a good understanding and knowledge of the people who received a service as well as the staff team.

Family members told us the registered manager asked their views about how the service was run in an annual survey. One family member said, "The house manager is brilliant we always have meetings and they email me with any updates. They send out customer surveys on regular basis to ask my views." The service used a range of ways to seek the views of people who used the service. As well as talking to them on a regular basis, they sent surveys to relatives and professionals to seek their views and opinions. The latest survey showed that most people were satisfied with the care they received. Staff described the vision and values of the service as being courageous, confident, dedicated, and smart. One staff member explained, "The values runs through everything we do, they are like the 'veins' of the company."

Staff told us that the vision and the values of their service were, "To put the person at the heart of what we do. We do this by matching support and sharing interests. This results in good communication." Family members told us that they communication between themselves and the company was good. One person explained, "From what I have experienced over the years, all I can say is that I have been very, very, happy with the service. They have kept me informed. All the staff exceed themselves in what they have done."

A number of audits were in place that assured the quality of the service and looked at ways to continuously monitor and improve the quality of care people received. Staff meetings took place and they told us they had team meetings which enabled them to get together to discuss any issues or concerns and this was confirmed by the records we looked at. Care files and other confidential information about people were stored securely. This ensured people's private information was only accessible to the necessary people.