

Dimensions (UK) Limited

# Dimensions Norfolk Domiciliary Care Office

## Inspection report

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25 September 2023

28 September 2023

04 October 2023

06 October 2023

30 October 2023

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17 November 2023

## Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Good 

# Summary of findings

## Overall summary

### About the service

Dimensions Norfolk Domiciliary Care Office provides the regulated activity of personal care. Staff provide care and support to people living in their own homes or flats, or in supported living services. The service provides support to a total of 55 people with a learning disability and or autistic people. At the time of our inspection there were 46 people in receipt of the regulated activity. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

### People's experience of the service and what we found:

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessment and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

**Right Support:** Value was consistently placed on the condition and cleanliness of people's homes, with regular checks in place to ensure people lived comfortably. People's care records demonstrated people and their relatives, as well as health and social care professionals were involved in the development of these documents. People's privacy, dignity, choice and control, and their human rights were consistently upheld. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

**Right Care:** People were empowered to have choice and control over their daily lives. The care provided was person-centred and led by the wishes of the individual. Staff valued feedback from people and their relatives to tailor their care accordingly. Care outcomes were regularly reviewed, and staff worked collaboratively with health and social care professionals to achieve positive results. People led meaningful lives, making valuable contributions to their local community and households. Healthcare professional guidance was followed to protect people from risks such as pressure sores, choking, epilepsy and diabetes.

**Right Culture:** Registered managers provided clear leadership to their staff teams. People and their relatives were familiar with the registered managers and knew how to contact them if needing to discuss any concerns. Feedback was openly encouraged from people, their relatives and staff, and the registered managers valued all contributions as a way of driving service improvement. The provider had implemented a 'closed cultures checklist' which registered managers regularly reviewed to monitor the morale and health of their staff teams, this demonstrated a clear commitment by the provider to implementing Right Support, Right Care, Right Culture into their services.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was Outstanding published 06 October 2017.

#### Why we inspected

This inspection was prompted by a review of information we held about the service.

#### Follow Up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Outstanding ☆

The service was exceptionally caring.

Details are in our caring findings below.

### Is the service responsive?

Outstanding ☆

The service was exceptionally responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Dimensions Norfolk Domiciliary Care Office

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

#### Inspection team

The inspection team consisted of 2 inspectors and 1 Expert by Experience who made telephone calls to relatives. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats, as well as to people living in 'supported living' settings. 'Supported living' settings, enable people to live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living or care at home services; this inspection only looked at people's personal care.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection 5 registered managers were responsible for overseeing the care provided at each supported living service and outreach services provided to people in their own homes. Each registered

manager was accountable to the operations director.

#### Notice of inspection

The inspection was announced. We gave the service 3 days' notice of the inspection. This was because we needed to be sure the provider or registered managers would be in the office to support the inspection.

Inspection activity started on 25 September 2023 and ended on 30 October 2023. We visited the location office 28 September 2023. We visited people living in 6 supported living settings on 04 and 06 October 2023. Final inspection feedback was given to the provider on 30 October 2023.

#### What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We liaised with the local authority quality assurance team, and reviewed information held about the service on our systems. We used all of this information to plan our inspection.

#### During the inspection

We met 15 people receiving support from the service, and spent time with them seeking their feedback, as well as observing care provided in communal areas of their homes. Not everyone using the service was able to speak with us, so staff supported people to give feedback using their preferred communication methods. We spoke over the telephone with 4 people's relatives, to seek their feedback about the care and support provided by the service. We spoke with 16 members of staff including the 5 registered managers, the regional operations director and regional assistant. We also sourced feedback from 9 members of care staff and 5 external health and social care staff by email.

We reviewed 16 people's care and support records, 11 people's medicine administration records and 2 staff files. We also reviewed documents, policies and procedures relating to the safe running of this service. We continued to source information and clarification from the provider as an outcome of our visits to the care office and supported living services.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question Good. At this inspection the rating has remained Good. This meant people were safe and protected from avoidable harm. Assessing risk, safety monitoring and management

The provider assessed risks to ensure people were safe. Staff took action to mitigate any identified risks.

- People's care records were personalised and contained extremely detailed information to tailor the support provided. The level of detail was particularly important for those people who struggled to meet new staff or to independently communicate their support needs.
- Where required, staff had clear guidance to follow to support people with the management of risk, or specific conditions and support needs. Care record content was designed to maximise people's abilities and independence.
- We identified some specialist pieces of work to support people with areas of risk, including sexual safety, relationships, and personal boundaries, as well as in relation to hoarding, fire safety and managing social anxieties.
- Risk assessments were formulated in consultation with health and social care professionals, relatives, and the person to ensure their wishes and personal histories were fully considered.

### Staffing and recruitment

The provider ensured there were sufficient numbers of suitable staff. The provider operated safe recruitment processes.

- The recruitment process included matching staff to people receiving support, to ensure they had common interests and hobbies. This was important that people who enjoyed the outdoors, hill walking and holidays in the Lake District worked with a staff team who were able to fully participate in the same activities. The value of staff matching was confirmed in feedback received from a social care professional which stated, "Dimensions appear to care greatly about matching the right carer/s to the right person and their identified needs, this is a reflection of the quality of care they wish to provide."
- Staff recruitment files we viewed contained evidence that pre-employment safety checks were completed before staff commenced employment, to ensure they were safe to work with vulnerable people. The checks included Disclosure and Barring Service (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Staffing levels were monitored by the registered managers. Where needed, regular agency staff were used to ensure they were familiar with people's individual needs and risks. Relatives told us, "[Name] is safe, have a good team around them, staff have a good relationship with [Name], there are a few agency staff and they don't work alone."
- Arrangements were in place to maintain staff safety when lone working. Out of hours support was available, and staff told us they were well supported if they needed to contact the out of hours managers.

### Using medicines safely

People were supported to receive their medicines safely.

- People's medicine management plans were personalised. Recognised tools were in use to ensure people's pain levels were identified and acted on.
- Staff were knowledgeable about people's medicine management routines. Staff understood people's preferences on how they liked to take their medicines, as well as any side effects they needed to monitor for, such as increased risk of falls.
- People accessed regular medication reviews with their GP, as well as specialist teams for the care of conditions such as epilepsy and diabetes.
- Thorough checks were in place to monitor for any medicine errors. Staff were clear of the processes they needed to follow in the event of an error or medicine incident.
- Staff understood and followed the principles of STOMP 'Stopping over medication of people with a learning disability' (STOMP) and ensured people's medicines were reviewed by prescribers in line with STOMP principles.
- Safe storage arrangements of medicines were in place at the supported living services we visited.

### Preventing and controlling infection

People were protected from the risk of infection as staff were following safe infection prevention and control practices.

- The supported living services we visited were visibly clean and free from malodours. People were encouraged to complete household tasks to maximise their independent living skills.
- Risk assessments were in place for use and storage of cleaning products to maintain people's safety.
- Each service had cleaning checks in place, and the registered managers and operations director recorded checks of the cleanliness and hygiene of services when they completed quality visits.
- Staff told us they had access to personal protective equipment, to maintain safety, particularly in the event of an infectious outbreak.

### Learning lessons when things go wrong

The provider learned lessons when things had gone wrong.

- From speaking with staff, and reviewing governance records, we could see that where changes required in response to feedback, or as an outcome of an incident occurred, changes were implemented into staff practice and approach as an outcome.
- The provider arranged additional staff training and guidance in relation to the importance of monitoring people for constipation risks. This had come as a result of a serious incident in another part of the country.
- The provider held listening events, encouraging people and their relatives, as well as staff to attend, and contribute their feedback to the running of the service and wider learning within the organisation.

### Systems and processes to safeguard people from the risk of abuse and avoidable harm

People were safeguarded from abuse and avoidable harm.

- The services recorded safeguarding incidents on a centralised system, overseen by the registered managers and operations director. Staff demonstrated they were clear of their understanding of how to identify, act on and report safeguarding concerns.
- From reviewing the provider's accidents, incidents, and safeguarding logs, we identified examples of incidents which had been appropriately dealt with, reported to the local authority but not to CQC in line with regulatory responsibilities. Immediate action was taken by the provider to address this, and retrospective notifications were submitted.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question Good. At this inspection the rating has remained Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law  
People's needs were assessed and care and support was delivered in line with current standards to achieve effective outcomes.

- Prior to people receiving care, and where applicable moving into a supported living service, their individual care and support needs, as well as the needs of existing people living at a service were fully assessed.
- Every effort was made to ensure people were compatible with the people they lived with, but also with the staff team to ensure people had a good care experience.
- The provider had clear expected standards set out in their vision and values, with they expected staff to follow to ensure people received consistent standards of care.
- Recognised assessment tools were in use for areas of care including pain and the management of constipation, medicine management and reducing the use of medicines that impact on people's wellbeing and abilities.
- People's care records contained a breakdown of what they wished their daily routine to look like, as well as goals and future aspirations. For some people, this had resulted in them moving out of a supported living service and living independently, with support as required from staff.

Staff support: induction, training, skills and experience

The service made sure staff had the skills, knowledge and experience to deliver effective care and support.

- Staff gave positive feedback about their experiences of induction, training and gaining knowledge and confidence of people's needs and risks before lone working, or independently as part of a wider staff team. Feedback received from staff repeatedly identified that due to usually having enough staff on shift, this meant they could share quality time with the people they cared for.
- Staff received specialist training to ensure they could meet people's individual needs, including delegated tasks where required, for the care of a person with diabetes who required insulin.
- Staff consistently demonstrated skills and an in-depth knowledge of people, to enable them to pre-empt needs and respond to very subtle changes. This was also reflected in the amount of detail included in people's care records.
- Staff received an extended induction programme when based at certain supported living services, to ensure they fully understood the risks and requirements of their roles, and importantly to ensure the person was fully accepting of having the staff member in their home, as part of their care team.
- The service's staff training matrix contained details of where staff had missed or not passed certain courses. We received assurances from the provider that staff were regularly reminded and re-booked onto training course to ensure they had the required skills and competencies to meet their roles and responsibilities.

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

People were supported to eat and drink enough to maintain a balanced diet.

- Staff shared creative ways of encouraging people to maintain a balanced diet and fluid intake. This included leaving drinks in certain locations where people were known to move around their houses and introducing vegetables into baking to combine a person's love of cake with increasing their vegetable and fibre intake.
- Staff gave us an example of where 1 person's dietary needs had changed, but to prevent them feeling singled out, healthy eating discussions and menu changes were shared as a household, which benefited each person living at the service, and supported the individual through a period of change.
- Staff worked closely with dieticians, and GPs to support people who needed to increase or maintain a healthy weight. Staff demonstrated knowledge of people's preferences and ways to maximise people's food intake. For example, knowing the flavour of the food supplement drinks a person enjoyed, and the type of snacks a person liked to achieve the best nutritious intake.
- Guidance was available in people's care records, and in kitchens to ensure staff knew if people required diets of a specific consistency or had any food allergies.

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

The provider ensured the service worked effectively within and across organisations to deliver effective care, support and treatment.

- Staff gave examples of how they worked collaboratively with people, their relatives and health and social care professionals. For example, coordinating for people to have medical appointments in their own homes, to ensure they remained in comfortable, in familiar surroundings, to achieve positive outcomes.
- People's care records provided detailed guidance for staff to support people when needing to attend appointments for procedures such as blood tests or dental treatment. The attention to detail around how those appointments were planned and coordinated with external professionals ensured the least levels of stress and impact for the person.
- Staff encouraged people to be part of this inspection process, offering them opportunities to participate with our visits to the supported living services, and offering people a forum to voice their feedback and share their experiences.

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

People were supported to live healthier lives, to access healthcare services and support.

- People were encouraged to exercise regularly, and participate in group, as well as 1 to 1 activities to lead healthy lifestyles. For example, a person combined their love of the outdoors and exercise, with a charity sponsored walk. Another person regularly spent time playing rugby and football with their care team.
- People were supported to access 'well-person' reviews with the GP surgery to ensure their overall health and wellbeing was regularly monitored.
- We identified examples of where staff strongly advocated for people to ensure they received equitable access to health care services and medical procedures. Our findings were reinforced by feedback from a healthcare professional, which stated, "I have nothing but praise for the care they provide. The team are proactive in seeking professional support when required and the tenants are put at the centre of everything. The staff are prompt with meeting health care needs and advocating for the tenants."

Ensuring consent to care and treatment in line with law and guidance

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

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguarding (DoLS)

The provider was working in line with the Mental Capacity Act.

- People's care records contained mental capacity assessments where required, with involvement of people, their relatives, and other professionals to achieve the least restrictive outcomes.
- People told us, and we observed staff to offer choice, and encourage people to make their own decisions, with support available when needed.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question Outstanding. At this inspection the rating has remained Outstanding. This meant people were truly respected and valued as individuals extremely well. They were fully empowered as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

People were exceptionally well supported and treated. People's diverse needs and experiences were equally respected.

- Staff were clear, and our observations reinforced that each person was treated extremely respectfully, as an individual, which had a positive impact on their overall health and wellbeing. People were empowered to pursue their own hobbies and interests; people were assisted to develop independent skills for example through having pets. Where people valued their own company, staff assisted them to have their own spaces to spend time alone or enjoying their own choice of music to enrich their overall quality of life.
- Staff sought feedback from people's relatives about important life events, meaningful places and items of reference which aided people's communication, abilities to relax or to plan their weekly activity programmes. Our findings were reinforced by feedback from a social care professional who stated, "Many of the individuals that I have met through working with this service, have not only flourished with their independent living skills, but they have also enjoyed new opportunities such as becoming more active in their local community."
- People were supported and empowered to make choices through effective, creative and innovative support with their communication and understanding of their needs. Staff demonstrated an in-depth knowledge of each person's wishes and preferences, whilst always ensuring choice was offered. People told us they felt comfortable speaking with staff about personal matters, and staff treated people with care, compassion and offered them security and reassurance.
- Staff valued the importance of ensuring people experienced an exceptional quality of life. Ensuring people lead their 'best lives' was a consistent approach taken by staff. For example, staff arranged for a person who loved transport vehicles to spend time at their local bus depot, taking biscuits and a flask to spend time with the drivers. This made the person part of the team for the day.
- We observed staff to go above and beyond their roles to ensure people were able to make memories and have new experiences. For example, they supported a person who was receiving end of life care to write and tick off a bucket list of what they wanted to achieve involving trips away. Staff supported people to have holidays and to maintain or rebuild relationships with their families.

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

People were supported exceptionally well to express their views and make decisions about their care.

- People were actively encouraged to give feedback on the care they received, including as part of this inspection. Creative methods of supporting people to communicate and share their feedback were used by staff, demonstrating clear insight on how to support people to achieve the best outcomes. Staff valued and

respected people's honesty, using their feedback to continue to drive standards of care.

- People's relatives were encouraged to provide feedback, raise any concerns, and contribute to people's care planning. People also had access to advocacy services where needed.
- Some people preferred to give feedback to staff individually, some people joined house meetings to discuss any issues or concerns. These meetings were used as a forum for open dialogue and at times to sensitively address conflict within a household for example, through setting or revisiting agreed ground rules.

Respecting and promoting people's privacy, dignity and independence

People's privacy, dignity and independence were exceptionally well respected and promoted.

- Staff were extremely respectful of working in people's homes. We observed staff to knock before entering people's bedrooms and bathrooms, to ring the doorbell on arrival to services rather than just walking in.
- People's bedrooms were personalised, decorated in line with their own tastes, whilst also protecting their privacy and dignity, ensuring where properties were overlooked, frosted glass, curtains and blinds were in place.
- People were empowered to set personal goals. Where people had aspirations and goals to complete tasks or activities independently, staff worked with them to identify what independent skills they needed to develop. Tasks such as running a relaxing bath, were then broken down to support people to complete new activities and tasks in stages. Some people had their own section in the kitchen so they could make hot drinks independently or assist with meal preparation.
- The provider had commissioned training to support people and staff to monitor their bowel habits to prevent constipation. The training included moving feedback from people whose family members had died from constipation. "Breaking the taboo about poo" was a really important piece of work to develop staff skills and confidence in protecting people's privacy and dignity, whilst ensuring they were monitored for constipation.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question Outstanding. At this inspection the rating has remained Outstanding. This meant people's needs were exceptionally well met.

### Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

The provider was meeting the Accessible Information Standard. People's communication needs were exceptionally well understood and supported.

- The level of detail in people's communication plans was outstanding. Specific communication techniques, sounds, signs, or objects of reference were included in people's individualised care records to ensure staff tailored their communication approaches accordingly. Our findings were reinforced from healthcare professional feedback which stated, "The client clearly has a really positive and close relationship with all their staff team. All who work with them demonstrated they can understand this client's individual and subtle ways of communicating. This client predominantly communicates non-verbally, and I observed staff reading and responding to their needs e.g. if feeling tired, staff will reconsider afternoon activity."
- We observed staff to be extremely skilled in their ability to interpret and respond to subtle changes in people's presentation, to understand if they were worried, feeling anxious or frustrated and needing additional support.
- We observed, and identified examples of how information was presented to people in various formats including easy read, pictorial, now and next boards to aid their levels of understanding and support independent decision making and choice. For example, one person had drinks bottles with different colour labels and certain types of drinks that helped the person to process and understand changes in their mood and emotions. For some people written information was easier to understand and process.
- Where specific items such as ice cream vans, signs containing rules, or certain situations were known to impact on a person's enjoyment when out in the community, staff would pre-empt this. For example 1 staff member would enter the swimming pool and put-up alternative signs to cover the 'rule' signs to ensure the person focussed and enjoyed their swimming session, these alternative signs would then be taken down after the session.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

People were supported exceptionally well to maintain relationships, follow their interests and take part in activities that were relevant to them.

- Staff told us about a special piece of work they had completed with a person to trace their family tree and

how they provided support to the person to form new family relationships.

- There was a regular social club in place, with people from different services having the opportunity to spend time catching up with and forming new friendships. People told us about the disco and loud music they had at the social club, and how much they enjoyed dancing and being on the DJ microphone, and about the confidence this built and the social networks they had formed.
- Staff told us about video calls and use of alternative means of communication that had been utilised during national lockdowns, and if COVID-19 outbreaks had occurred, to ensure people maintained important contact with their relatives. One person had developed networks with a community entertainer during lockdown, who played music online and was due to perform at their forthcoming birthday party.
- Where people wished to attend religious ceremonies, social events or family gatherings, the services ensured there were enough staff to support them to attend. Staff told us they were happy to work flexibly sometimes working longer days or altering their work patterns to ensure people's wishes were fulfilled.
- People were encouraged to develop independence in travelling using public transport. For one person this enabled them to independently travel to their voluntary job. They told us how being confident to travel independently had opened up their social networks as well as future employment opportunities.

Improving care quality in response to complaints or concerns

People's concerns and complaints were exceptionally well listened to, responded to and used to improve the quality of care.

- The service had received 1 complaint in the last 12 months. Records showed the registered manager had followed the provider's complaints policy. Outcomes and action to be taken in response to findings was clearly explained in the response letter sent to the complainant.
- As an outcome of the complaint received, the registered manager and staff team met with the complainant to fully discuss the complaint and implement changes to reduce the risk of reoccurrence.
- People and their relatives were actively encouraged to give feedback to staff. We observed there to be a healthy culture within the services, of being open to feedback, and acting on it to implement change and improvement. One staff member told us, "I generally find the management team both receptive, responsive and supportive to any concerns raised."

End of life care and support

People were exceptionally well supported at the end of their life to have a comfortable, dignified and pain free death.

- People's end of life care plans were personalised, detailed and you could see a lot of time and consideration had been given to ensure the documents were a valuable, accurate reflection of the persons and or their relative's wishes.
- Staff told us they had good working relationships with health and social care professionals, so they were clear who to contact if additional support or specialist advice was required. Staff were clear who they needed to contact to ensure people received a comfortable, pain-free, and dignified death.
- Where people who used the service had passed away, the relationship between the service and their relatives did not cease. The service provided ongoing support to their family.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

People were exceptionally well supported as individuals, in line with their needs and preferences.

- People were empowered to have maximum choice and control over their care and support. People and their relatives contributed to the development of their care records and worked collaboratively with staff to tailor the care in line with individual preferences. A staff member told us, "I would definitely recommend Dimensions as a place of work for anyone looking to work in support because as a whole the focus on quality of life and person-centred care is outstanding."

- Care records contained a detailed breakdown of what 'good' and 'bad' days for people would look like in relation to the management of their health and well-being. This ensured staff had the information available to support people to achieve consistently 'good' days, whilst recognising if a person experienced a 'bad' day, what needed to change or be implemented to ensure the next day was more enjoyable.
- Staff demonstrated clear insight into people's preferences, and the approach to take to ensure their individual wishes, and protected characteristics were maintained. Staff recognised their roles and responsibilities in relation to advocating on behalf of people, and ensuring their individual human rights were upheld.



# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question Outstanding. At this inspection the rating has changed to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

There was a positive and open culture at the service. The provider had systems to provide person-centred care that achieved good outcomes for people.

- The provider had implemented a 'closed culture checklist' for registered managers to use to monitor the morale and health of their staff teams. This was particularly important in smaller staff teams, and where staff worked with people who may be unable to tell someone if they were experiencing poor care.
- Staff consistently gave positive feedback about the registered managers, and how open and accessible they were when needing support or guidance. The registered managers worked across their services to provide equitable support.
- Staff demonstrated clear implementation of the provider's values in their caring roles, to ensure people received consistent standards of support. Our findings were reinforced by feedback from a social care professional who stated, "Dimensions are very person-centred in their approach and truly listen to the individual and their loved ones, to action any concerns or queries they might be having immediately. Staff demonstrate a flexible, supportive and accommodating approach, to those accessing their supported living services."
- People's care records, and our own observations confirmed their care was personalised, and what the person valued was held at the centre of everything staff did. Staff and registered managers were compassionate and consistently wanted people to enjoy every day and contribute to their local communities and households. Our findings were supported by a relative who told us, "The staff invite the local community into the garden for barbeque to help integrate everyone."
- People's care outcomes were regularly reviewed, and amendments made to ensure individual goals and aspirations were accurately reflected.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

The provider understood their responsibilities under the duty of candour.

- The registered managers and operations director, led by example. They were open and honest in their approach, and prepared to have challenging conversations if something didn't go as planned. This in turn supported staff to be open and honest, and to feel comfortable to speak up when needed.
- From reviewing the 1 complaint the services had received in the last 12 months, the written response demonstrated clear understanding and implementation of the duty of candour.

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

People and staff were involved in the running of the service and fully understood and took into account people's protected characteristics.

- People's individuality and protected characteristics were prioritised and fully reflected in their care records, with value placed on inclusion, equality, and diversity.
- People and staff told us they were involved in the day to day running of their homes/ services, and they felt listened to by the registered managers. Feedback was encouraged, and staff felt confident being able to contribute ideas for example in team meetings, and during people's care reviews with health and social care professionals.

Continuous learning and improving care

The provider promoted a learning culture at the service which improved the quality of support people received.

- The provider had implemented a programme of registered managers auditing each other's services, to provide an objective view of the standards of care provided. Registered managers told us how valuable and constructive they found the whole experience, and the importance of a fresh perspective.
- The registered managers and the operations director were open to our feedback and implemented timely change to improve care. For example, we identified the need for people who used flammable creams to have a risk assessment in place, and to ensure the fire safety risks were reflected within their personal emergency evacuation plans. We received same day responses to our request.
- Where changes were implemented as a result of inspection feedback, registered managers demonstrated good communication skills, in ensuring we were kept updated as part of the inspection process. Our findings were reinforced through feedback we received from a health care professional, which stated, "Staff [Name] ensured all information and recommendations from myself and other health care professionals were shared the whole Dimensions team."

Working in partnership with others

The provider worked in partnership with others.

- We received positive feedback and compliments from external health and social care professionals regarding working collaboratively with staff and people to achieve positive outcomes. One stated, "It has been refreshing and reassuring working with a staff team that are open and honest with their concerns, but who also listen to recommendations and question them when they felt appropriate, however I feel most of the success of this team relates to the fantastic leadership qualities shown by the team leaders and registered managers."
- Care records demonstrated partnership working in the management and understanding of individual care needs and risks, to ensure shared ownership of risk was in place.
- Staff demonstrated commitment to working alongside people and their relatives, to ensure their care was designed and delivered as a team approach.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

The provider had a clear management structure that monitored the quality of care to drive improvements in service delivery.

- Members of the provider team completed unannounced visits to services to spot check the care standards provided and used these visits as an opportunity to speak with people and staff.
- Registered managers were enthusiastic about continual quality improvement within their services, with a desire to learn and develop as managers, but also to foster individual growth and development within the staff team.

- Registered managers and designated members of staff completed regular audits in relation to health and safety, medicines management, care records, the condition and cleanliness of each service. Where any action points were identified, a corresponding action plan with clear timescales was put in place.
- We identified some accidents and incidents had not been reported to CQC. From reviewing the provider's safeguarding policy, we identified the guidance contained in this document, and followed by the registered managers contained contradictory information when reviewed against the regulations to submit notifications to CQC.
- During our visits to the supported living services, we saw some staff to be wearing slippers, or open toed shoes. Whilst recognising they were being respectful of working in people's own homes, greater consideration is needed to be given to the health and safety implications for example, when using moving and handling equipment, as this increases the risk of injury.