Dimensions (UK) Limited

Dimensions Hampshire 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

The inspection took place on 18, 19 and 20 January 2016, and was announced. This was to ensure people and staff we needed to speak with were available.

Dimensions Hampshire Domiciliary Care Office provides personal care and support for people living in their own homes across the county of Hampshire. This included supported living housing arrangements, with shared tenancies and sometimes 24 hour care support. At the time of our inspection, the service supported 83 people with personal care, and another 67 people were supported with care that is not regulated by the Care Quality Commission (CQC). Regulated activities means care that a provider must be registered by law to deliver and includes providing personal care.

A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Within this report we sometimes refer to staff. This is used to describe all staff roles, including support workers and locality managers. The registered manager devolved responsibility for people's day to day support management to 11 locality managers. Each of these managed several supported living houses and/or commissioned care packages within a geographical area, known as a locality.

This was the first inspection for this service, as it was registered with CQC in April 2015. It was registered at this time because the provider had just been awarded substantial additional commissioned care packages, which meant an additional office location was required. People and their support staff had been transferred to the provider's organisation from several other services at this time. The provider had planned for this additional work load. They were still resolving some of the issues that had resulted from the transfer of people and staff into the service at the time of our inspection.

Concerns had been shared with CQC regarding people's safety, support arrangements and choice. Concerns had also been shared regarding staff availability and allegations of abuse of people by the staff supporting them. These had been investigated by the provider and local safeguarding authority, and appropriate actions put into place to address the concerns raised. We inspected the service to ensure these actions had been successfully embedded to protect people from harm.

People were protected from harmful risks. Staff were trained and encouraged to report potential areas of harm, including abuse. The provider had taken robust actions in response to allegations of abuse, and had reviewed safeguarding measures to promote people's safety. The provider's whistle blowing policy explained the process to raise concerns outside of the organisation if necessary. Staff told us they were aware of the provider's safeguarding policy, and had seen it instigated to protect people from harm.

Risks specific to individual's needs and wishes were identified, assessed and managed safely. People were supported to engage with activities and develop life skills. Staff were encouraged to support people to manage risks associated with their preferences rather than neglect people's preferences because of the risks involved. Risks associated with people's health conditions were managed safely, because support workers were trained and followed guidance to keep people safe from harm.

People's needs and commissioned care directed the amount of support they received. Where people's needs had changed, the registered manager liaised with care commissioners to change support worker hours accordingly. Sufficient staff were deployed to meet people's identified needs.

The registered manager followed the provider's recruitment policy to ensure people were supported by staff suitable for their role. A review of recruitment files, and planned updates of pre-employment checks, ensured that staff continued to be suitable for employment.

People unable to manage their own medicines were supported to take these safely. Support workers were trained and their competency assessed to ensure people were administered their medicines safely.

Staff were trained to ensure they had the skills to meet people's care and support needs effectively. Training was refreshed to ensure staff retained and updated their knowledge. Regular meetings, both informal and planned, provided opportunities for support workers and managers to discuss issues and concerns, as well as developmental aspirations.

People were supported to make decisions important to and for them. Support workers listened to and followed people's wishes. When people had been assessed as lacking the mental capacity to make an informed decision, for example about medical interventions, the principles of the Mental Capacity Act 2005 were implemented. This ensured that the decision was made in the person's best interest, by those appropriate to represent them, including for example their family, GP or staff.

When people required support to meet their nutritional needs, support workers guided and encouraged people to make healthy choices. People were supported to attend health appointments when appropriate. Staff followed guidance from health professionals to ensure that people's care and support was provided effectively, promoting their health and wellbeing.

People told us they liked the staff who supported them. They looked to support workers for advice and comfort. People were encouraged to make decisions about their care, and were supported to develop life skills and independence. Staff took pride in people's achievements. People had private space and time when they wanted this, as staff understood and respected their wishes and preferences.

Each person's care and support needs had been reviewed since the provider took on their care packages from April 2015. Document updates had been prioritised to address people's risk and health needs, to ensure people's safety and wellbeing were supported. People told us the care and support they experienced was responsive to their health needs and promoted their independence. They, or those important to them where appropriate, were involved in their care planning. People influenced the support they experienced, because staff listened to and met their wishes.

People were supported to engage in a range of activities, hobbies and work in the community as they wished. Links with local organisations assisted people to build support networks outside of their commissioned care.

The provider's complaints process was shared with people and those important to them to enable them to raise and resolve concerns. A 'family forum' provided the opportunity to discuss issues, as well as share ideas and the provider's future plans.

The provider's values of empowering people to be involved in the local community, and develop their independence as far as they were able, were understood and demonstrated by staff. People's views, and those of others important to them, were considered to drive improvements and develop the service.

People and staff spoke positively about the support they experienced from managers. The registered manager was described as accessible and supportive.

Systems were in place to monitor and assess delivery of people's care against legal requirements. Learning from audits and reviews was evaluated and implemented as necessary to drive improvements to the quality of people's care and support. Staff proactively engaged with external agencies to represent people's wishes and needs in the local community, and people were included on the provider's boards to represent their peers. This ensured that people's views informed decisions within the organisation, and drove changes to improve people's care experience.

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.

People were protected from abuse. Staff were trained in and understood the process of recognising and reporting possible abuse, and allegations were robustly investigated.

People were protected from harm because risks had been identified and were managed safely.

Staffing levels were sufficient to meet people's needs safely. People were supported by staff of suitable character to meet their needs safely.

People were protected from the risks associated with medicines, because appropriate checks and records ensured that they were supported to take their prescribed medicines safely.

Is the service effective?

Good

The service was effective.

Staff were supported, trained and skilled to effectively meet people's health and care needs.

People were supported to make informed decisions about their care by staff who understood and implemented the principles of the Mental Capacity Act 2005.

Where people's care needs included dietary support, they were encouraged to maintain a nutritious and healthy diet.

People's health needs were effectively managed through implementation of guidance and support in accordance with health professionals' advice.

Is the service caring?

Good

The service was caring.

People were supported by staff who demonstrated kindness, thoughtfulness and compassion.

People were encouraged and supported to develop life skills.

Staff understood people's wishes and interests, and respected their need for privacy.

Is the service responsive?

Good

The service was responsive.

People experienced care that met their current and changing needs. Support workers encouraged people's confidence and independence to empower people to live their lives as they wanted.

The provider's complaints policy and family forum provided the opportunity to raise and discuss concerns, which were resolved appropriately.

Is the service well-led?

Good

The service was well-led.

People experienced care that reflected the provider's values, including supporting people to develop life skills and promoting their independence. Staff liaised with other organisations to develop support networks to help people achieve their goals and aspirations.

Staff spoke positively of the leadership and support provided by the management team.

Audits, reviews and meetings were used effectively to identify areas of improvement required. Reports demonstrated these were addressed and regularly reviewed to ensure people experienced high quality care.

Dimensions Hampshire 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 checked whether the provider 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.

The inspection took place on 18, 19 and 20 January 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure staff would be available to speak with.

Before the inspection we looked at notifications and other information that we had received from or about this service. A notification is information about important events which the provider is required to tell us about by law. A Provider Information Review (PIR) had been submitted in December 2015. A PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

Prior to our inspection, we requested feedback from people supported by this service, as well as their relatives, and staff working for Dimensions Hampshire Domiciliary Care Office. We considered and investigated comments shared with us regarding people's care and support during our inspection.

We spoke with ten people supported by the service and one person's relative, as we visited people in their homes, with their permission. We spoke with ten support workers, five locality managers and two agency support workers, as well as the registered manager.

We reviewed 15 people's support plans, including daily support records for six people and medicines administration records (MARs) for eight people. We looked at eight staff recruitment files, and reviewed training records from a central matrix. We reviewed the provider's policies, procedures and records relating

to the management of the service. We considered how comments from people, staff and others, as well as quality assurance audits, were used to drive improvements in the service.

Good

Is the service safe?

Our findings

People told us they felt safe with the staff who supported them. They were aware of who to inform if they were upset or worried, and had contact numbers to do so if needed. One person told us "It's nice to have staff you recognise. I feel very safe with staff". People told us they liked the support workers who worked with them, and felt able to discuss any issues or concerns with them.

A locality manager explained how they worked with people to help them understand their rights, and how to speak up about abuse. A support worker told us that the people they supported in one location had been upset when another support worker had shouted at them. The people had been supported to raise their concerns. The people confirmed that the support worker who had shouted at them did not work there any more, and the support worker we spoke with confirmed this had been "Dealt with really quickly". Abuse had been identified and addressed promptly to protect people from further harm.

Additional measures had been instigated following a financial safeguarding event. The provider's financial management procedures had been reviewed and further actions taken to ensure records demonstrated safe money handling. Guidance on supporting people with safe financial management had been sought from the local authority and an external contractor to ensure people were protected from financial abuse. The provider's 'Money Matters' guidance helped protect people from financial abuse, because staff understood how to support people to manage their finances safely without risk of abuse.

The registered manager notified CQC and the local safeguarding team of allegations of abuse. Staff were trained to identify potential abuse, and understood their responsibility to report concerns. The registered manager explained the actions in place to investigate safeguarding allegations, and ensure people were protected from abuse. They had robustly followed the provider's disciplinary procedures for any staff member found to be responsible for abusing people in their care. Incidents between people living in shared housing were investigated, and actions to resolve issues implemented to safeguard people from harm and uphold their rights. Appropriate measures were in place to protect people from abuse.

Risks affecting people's health and wellbeing had been identified and addressed to promote their safety. For example, for people who lived with epilepsy, their support plans provided guidance on managing seizures and described when emergency support was required. For one person who also experienced panic attacks, the support plan described the differences and similarities between these and epileptic seizures. This ensured that the person received the appropriate support for the type of incident they were experiencing. One person required use of a hoist to help them transfer from their bed to a chair. Photographs in their support plan guided support workers to use this safely, and provided guidance on other measures to meet the individual's mobility needs. Individual risks were recognised, assessed and managed to promote people's safety.

When people had requested support with developing life skills and independence, risks were identified and actions put into place to promote this. Staff understood the provider's aim to address risks proactively, rather than be risk averse, which could restrict people's lives. For example, one person explained how

support workers had supported them to use public transport alone, promoting their freedom.

People's support plans included a personal evacuation procedure, documenting the actions required to keep them safe in the event of an emergency such as fire in their home. This was in a format appropriate to the person's understanding, to ensure they were aware of actions to keep safe in an emergency situation. The registered manager told us fire and other risks identified in people's homes were discussed with the landlord on their behalf to ensure people's safety was promoted.

Many of the supported living locations were staffed by support workers 24 hours daily, to provide the care commissioned to meet people's needs. The number of support workers available at any time were flexed to provide the level of care required to support each person's current needs, and to support them with activities and appointments if this was included in their commissioned hours.

Support workers were required to log in electronically at each service location. This information was reviewed by administrative staff to ensure shifts were covered, and people received their agreed care. Locality managers planned shifts to ensure people's required commissioned care was met. One locality manager explained how they reviewed staff availability to ensure people's needs were met. Support workers were encouraged to work at different locations, to become used to supporting different people's needs and wishes. This provided a flexible skilled workforce able to safely work across several locations as required.

The registered manager explained that when people's care needs changed, they liaised with care commissioners to adjust support accordingly. All bar one person told us support workers kept good time, and no one raised concerns about missed care calls. Staff were deployed appropriately to ensure people were safe.

Feedback from staff and people's relatives prior to our inspection raised some concerns regarding allocation and recruitment of support workers to sufficiently meet people's required care and support needs, and ensure consistency of care for people. This is important because people can be confused or anxious with changes to their routines, or by receiving care from support workers they do not know well. The registered manager told us they had struggled to recruit sufficient support workers in some areas, and so used bank and agency staff to fill staffing gaps when regular support workers were unable to work additional shifts. Sickness absence had also affected the availability of support workers. Where possible, the provider used the same bank and agency staff to promote consistency of care. The agency staff we spoke with confirmed that they worked regularly at the same location, and knew people's routines and preferences.

The provider had not managed to successfully recruit an assistant locality manager to support one locality manager. The locality manager explained how additional support was provided for them to ensure they were able to meet the requirements of their managerial role safely. One locality manager told us the "Recruitment issue was starting to resolve" with new recruits to the organisation.

Allocation of newly commissioned packages of care in April 2015 had increased the provider's workload. The registered manager explained how this had been planned and managed to promote continuity of care for people, with some support workers transferred from their previous employers to Dimensions. There had been some upheaval caused by changes to working policies and procedures from previous providers, and a settling in period had been required for staff new to Dimensions.

The provider was in the process of reviewing support workers' recruitment documentation, to ensure it met the requirements of the Regulations. Because of legal constraints, the provider had been required to take on

support workers' employment from their previous providers without first undertaking their own recruitment checks. Internal audit checks had identified that full employment history records had not always been shared by previous employers. At the time of our inspection, they were reviewing all support workers' employment history, and renewing Disclosure and Barring Service (DBS) checks to ensure all support workers remained suitable for their appointed role. DBS checks disclose criminal records that may mean the applicant could be unsuitable to support people.

Newly appointed staff were required to satisfy the provider's regulatory recruitment requirements. For example, they were required to provide photographic evidence of their identity, such as a passport or driving licence, and references from previous employers were reviewed to ensure they were of suitable conduct for the role they applied for. DBS checks were required for all new starters. Agencies used to fill staff gaps declared compliance with recruitment regulatory requirements. The provider's recruitment process helped to identify whether staff were of suitable conduct to meet people's care and support needs safely.

Some of the people supported were able to self-medicate. For those who required assistance to take their medicines, support workers followed guidance in people's medicines support plan. This ensured people received their prescribed medicines at the right time, and in accordance with their wishes on how they took them. We observed one person reminded to take their medicine. The medicine was offered to them, and they were asked if they would take it now. Support workers listened to people and encouraged them to take their prescribed medicines safely.

Support workers administering and prompting people's medicines were required to complete medicines administration training. Their competency to check, administer and record people's medicines safely was assessed before they were permitted to carry out this role. People's medicines administration records demonstrated that people took their prescribed medicines in accordance with the GP's prescription. This ensured that medical and health issues controlled by medicines were safely managed. Weekly medicines audit checks ensured that the provider's policies and procedures for medicine administration, storage and disposal were followed. People were supported to take their medicines safely.

Good

Is the service effective?

Our findings

One person told us their support workers had the skills and training required to meet their needs effectively. They stated "I can trust them. It makes all the difference". All staff were required to complete the provider's induction into the service. This included completion of mandatory training and practical competency assessment to ensure they had the skills required to meet people's needs effectively.

A support worker in post for three months described their induction experience to us. They were just completing all required training, and had shadowed more experienced staff to ensure they had the skills required to meet people's needs in the locations they worked in. They were confident in their role. Locality managers and their assistants were supported and mentored by experienced peers to understand the provider's required processes. The registered manager supported their development through planned regular supervisory meetings and reviews.

All staff were expected to complete the provider's mandatory training within their first three months with Dimensions, regardless of previous experience. This included topics such as safeguarding people from abuse, safe moving and handling, infection control and food safety. Training specific to people's individual needs, such as managing epilepsy or diabetes, was required of all support workers for that person. Where people displayed behaviours that may challenge others, training had been arranged to ensure support workers had the skills required to manage these safely.

Training completion was reviewed at staff supervisory and management meetings, and tracked on an electronic system that alerted staff and managers when training required completion or refreshment. This ensured that staff were supported to gain and maintain the skills required to meet people's needs.

The provider required a 90% completion record for training, accounting for staff on long term absence. One locality manager told us "It's been a struggle to get there, but we are pretty much there" [on target with training completion]. The registered manager explained how extra support had been provided to ensure support workers completed and refreshed their training, for example by providing time off rota and supported learning venues. Records provided by the registered manager confirmed that completed and refreshed training met the provider's requirement. This ensured that people were supported by staff with the knowledge to meet their needs effectively.

Staff told us they attended face to face meetings every four to eight weeks. One support worker told us the process was "Quite nice. We can put our point across, what's working and what's not". They confirmed that managers listened to their comments, and took actions to address these where possible. Another support worker told us supervisory meetings provided the opportunity for them to "Vent" their concerns, and confirmed they could access managerial support at any time. They told us they felt listened and responded to. This was the view of all the staff we spoke with during our inspection, although some support workers prior to our inspection had shared concerns about lack of support, training and guidance. Records demonstrated that staff had opportunities at individual face to face and group meetings to discuss and resolve concerns.

On call arrangements ensured support workers could access support or guidance at any time of day or night. Support workers told us additional out of hours support was provided by locality managers, as they were able to respond knowledgeably about each individual's care and support needs. A locality manager explained that although they had not arranged supervisory meetings in accordance with the provider's requirement, informal meetings occurred regularly, as they visited locations weekly. Staff were supported to develop the skills and knowledge required to meet people's needs effectively.

One person told us "I choose what I want to do, and they [support workers] do it with me". They had been out to purchase a new mobile telephone earlier in the day, and were instructing the support worker on which numbers they wanted programmed into it. The support worker listened to the person's comments, suggested other numbers they may want, and helped them to set up their telephone as they wanted.

People told us support workers listened to their comments, and respected their decisions when they said no to care or support offered. One person discussed choices with a support worker during our inspection. They wanted to save up to buy a special gift. The support worker reminded them that this meant they could not buy other things they wanted, and explained that whichever decision they went with was fine. They helped the person understand the implications of their decision without influencing the outcome.

People's support plans included a decision making agreement. This detailed how the person made decisions, and whether they required support to do so. Support workers told us they always assumed people had the capacity to make decisions, and followed people's wishes. A locality manager explained how they liaised with people, support workers and commissioning managers to assist people with decision making. Pictures of reference were used where this supported people to make informed decisions, or to assess their capacity to understand details. For example, pictures of health professionals were used to explain planned visits to the GP and dentist. Support workers spoke with confidence of the Mental Capacity Act (MCA) MCA 2005 and the process of best interest decision-making.

People's care records documented the process of mental capacity assessment and best interest decisions for specific events, such as tenancy agreements and prescribing medicines to manage known health issues. Records demonstrated appropriate referrals and inclusion to support people's decision making. For example, the person's GP for medicines, and relatives regarding tenancy, were involved in best interest decisions. This ensured that people's wishes, behaviours and known health conditions were considered to inform a decision made on their behalf if they were unable to make this independently for themselves.

People can only be deprived of their liberty to receive care and treatment when this is in their best interest and legally authorised under the MCA 2005. This is known as the Deprivation of Liberty Safeguards (DoLS). It had been identified that some people's support and care requirements may restrict their liberty, for example by locking their external doors to protect them from road traffic. In these cases, the registered manager had referred people's support needs to the appropriate authorising body to ensure that any restrictive practices in place were in keeping with the principles of the MCA 2005, and lawfully implemented. Guidance for staff reminded them to be aware of people's actions indicating their wishes. For example, one person indicated they wanted to go out by touching the front door, or through mood and behavioural changes. Support workers understood this meant they wished to go out, and they were supported to do so safely. The least restrictive practice was followed to protect people from harm when their liberty was restricted.

One person told us how support workers had encouraged them to meet their dietary requirements with nutritious regular meals, which meant they "Felt a lot better now". People in one supported living location had decided to diet together. They told us support workers had encouraged them to make healthy eating choices, and supported them to attend regular meetings to promote their weight loss. They chose healthy

meals together, and helped in the preparation of these. The support worker explained the impact of meal choices with people, for example in selecting healthy snack bars, fruit or chocolate bars. They did not try to influence people's decisions by telling people what to choose, and did not make judgements if people chose an unhealthy option that did not match their planned diet. People were encouraged to maintain a healthy nutritious diet but unhealthy decisions were not penalised.

One person told us how support workers helped them to book health appointments, and attended these with them. The support worker had taken notes and discussed the health professional's comments with the person after the appointment. This ensured the person understood the actions they should follow to meet their health needs, and any follow up appointments and treatment required. They told us they had experienced a treatment they did not like, but the support worker had helped them to understand this was required to help them feel better. This person had been effectively supported to meet their health needs.

As part of the new contract, managers had completed an assessment of each person's needs and wishes in 2015. As necessary, they had referred people to health professionals such as speech and language therapists, occupational or physio-therapists, and specialists for health conditions such as epilepsy or diabetes. This ensured that people's current health needs were understood and managed effectively to promote their health and wellbeing. Advice from health professionals was included as guidance in people's support plans and shared effectively between staff through communication books and handovers. This ensured that people received care and support as advised by health professionals. Follow up and additional appointments were arranged appropriately to ensure people continued to receive the health support they required. People's wellbeing and welfare was supported through effective liaison with health professionals.

Good

Is the service caring?

Our findings

One person told us how they had been taken ill while attending a day centre. Although their support worker had dropped them off at the day centre and was not required to stay with them, they had come back to the day centre when informed of the person's ill health. They provided them with comfort and reassurance while waiting for an ambulance. Another person sat holding their support worker's hand for comfort. When they looked at the support worker for reassurance they were met with a big smile. People sought and received kindliness from those supporting them.

Support workers spoke affectionately of the people they supported. One support worker told us they "Absolutely love" their job, and described the people they supported as "Brilliant", while another support worker described the people they supported as "Lovely chaps to work with". Support workers were encouraged to build professional supportive relationships with people, and one support worker described the staff team as "Loyal" to the people they supported. A support worker told us they had helped to lift a person's spirits to cope with changes in their life. They had learned to knit, because this was an activity a person they supported enjoyed, and wanted the support worker to help them with. Support workers were attuned to people's wishes, and were prepared to take additional actions above their planned support role as required to ensure these were met.

People told us support workers listened to them, and supported them as they wanted. One person told us the care they received was "Really good", as support workers had helped them to address issues with their housemates. Thy explained how support workers had listened to their concerns over managing health issues, and had adapted the living environment to enable them to gain greater independence and meet their care needs. They explained that they had previously worried in advance of health appointments, but no longer did so, because support workers "Help me to understand why it's important to attend".

People were included in the recruitment process. They formed part of the interview panel to select suitable candidates, and their feedback was sought on applicants who interacted with them as part of the selection process. This demonstrated that people's views on the suitability of candidates was valued. People helped to select support workers they could relate to and were comfortable with.

A locality manager told us "People interview their own staff". People's views were treated with the utmost importance to ensure they were content with the staff supporting them. One locality manager told us "It takes time gathering information from [person's name] and their family. It's important that they [people we support] get the support they want". Locality managers matched support workers' interests with the people they supported. This ensured people were supported by staff who were engaged with people's activities and preferences, and wanted them to succeed.

When visiting people in their homes, we observed people were supported to live their lives with as much independence as possible. Support workers promoted choice, and listened to people's comments to ensure they followed people's wishes in the care and support offered. Support workers took delight in people's independence and growing confidence. One support worker proudly stated "They've done so much in the

last ten months", and described to us how the people she supported had begun to travel independently, and were planning to move out to live alone. One person explained with pride how the support worker had helped them to manage their anxieties with strategies to remain calm, and the positive impact this had had on their life and those of others living with them.

Support workers understood how people indicated their wishes. For example, some people fetched their coats if they wished to go out, or put their pyjamas on if they did not want to go out any more that day. They understood people's social preferences, for example those who enjoyed social gatherings, and those who preferred privacy and quiet, and ensured people's wishes were respected.

Where people lived together in supported living accommodation, support workers facilitated agreements between people to manage financial commitments, such as sharing payments for utility or other household bills. Support workers helped people to manage daily living tasks to promote their independence and help them meet tenancy obligations.

People were supported to develop their independence. One person explained that support workers "Help me to go food shopping, go to the bank and cook". When they needed support, for example to complete personal hygiene needs, they received this as they wanted and directed. They told us they "Didn't like" being on their own in their flat at first. Support workers had helped them to gain confidence and encouraged them to develop links in the local community. They said "I'm getting used to being on my own, and my [support] hours are cutting down". This person had been supported to develop their independence to live alone.

People were encouraged to consider the impact of their actions, and make plans independently. For example, one person wanted to go outside with their support worker. They were reminded it was cold outside, and asked what clothing they would like to wear to protect them from this. They were supported to consider for themselves appropriate clothing for winter weather.

The use of assistive technology was used to promote people's independence and privacy. For example, an alert sounded to warn support workers when a person at risk of falling got up from their chair. Support workers were able to then support this person to move around their home safely as they wished. This type of technology reduces the need for constant visual checks, which can be intrusive.

People told us support workers respected their privacy. People's support plans reminded staff to respect people's space and decisions. We observed support workers knocked on people's doors if they needed to enter their rooms, and waited to be invited in. They spoke respectfully with people, and ensured they had their consent before proceeding with care or support. People were supported by staff who cared about their wishes and aspirations, and supported them to develop and maintain their independence.

Good

Is the service responsive?

Our findings

People's support plans had all been reviewed in 2015, in order to ensure their needs and wishes were understood. People confirmed that locality managers and support workers discussed and reviewed their care needs with them. People knew the locality managers by name and face, indicating that they regularly visited. Locality managers explained how they worked with people, their relatives, care commissioners and health specialists. This helped them, for example, to managing behaviours that challenge those supporting or living with people, to ensure support plans reflected people's wishes and needs. They told us "It's about getting it right". This process had delayed completion of some aspects of people's plans, as the areas of highest risk had been addressed as a priority.

Support plans were personalised, and reflected people's wishes in the support they wanted, as well as the care they needed. Documents included a description of how the person was involved, for example if the plan was discussed with them or read to them. It reflected areas of care that worked well, and areas requiring improvement. Communication plans described how people's moods, gestures and vocalisations should be interpreted to inform the support they wanted. One person's support plan documented how their level of independence meant they required fewer hours of support, which impacted positively in their life. People had described their perfect week, and this was documented in their support plan. In one support plan we reviewed, a person had written this themselves to inform their support workers how they wanted to be supported. People were involved in their care and support planning.

Locality managers or their assistants reviewed people's daily records to identify changes to people's moods, behaviours and health. This information was used to identify and manage risks affecting people's wellbeing, and inform changes to their support plans. Where changes to people's routines, behaviours or health were identified, appropriate actions were implemented to address issues identified. For example, a support worker described how changes to one person's appetite had concerned them. They were supported to visit their GP for a check up, to ensure there was no underlying health issue. One person described how support workers' actions "Relieve the pressure of remembering it all at health appointments".

Handovers between support workers and daily records of care provided information on people's current needs, moods and activities. One support worker told us this "Helps with consistency" of care, and informed the next support worker of any changes or concerns regarding the individual, such as missed meals or low moods. A locality manager explained how they were working with commissioners of care to review people's allocated hours if they were concerned these were not sufficient to meet people's needs. Support workers liaised with people's relatives, voluntary organisations and advocates to support people with their planned preferences and activities where these fell outside of commissioned care.

Support workers told us their comments, observations and ideas were used to inform people's care and support plans. For example, one new support worker explained how they had suggested a person they supported may enjoy visiting the local library, because they loved to read books. This was now a weekly activity the person enjoyed.

A 'Family Charter' was agreed with people's relatives or others important to them where appropriate. This provided the opportunity to be involved in people's care and support, and ensured relatives' views, experience and understanding of individuals were acknowledged and considered to inform people's care. Family consultants provided liaison and arbitration where necessary to manage difficult situations. The registered manager described them as "A bridge between Dimensions and families to share information and what is expected". This provided people and their relatives with an advocate who was able to represent and understand their issues and concerns. Family consultants understood the provider's policies and procedures, and the needs of people with learning disabilities requiring support or care. They were able to explain the provider's actions to people in terms they understood.

The provider was working with the University of Kent to understand effective measures to support people's complex needs. It was planned that this would equip staff with the skills and knowledge to support people that currently were difficult to place with providers, because of the specialised care and support they required. Learning from this was being implemented and reviewed to support people currently supported by the service with complex needs. This ensured that people received the level of care and support they required to respond to and meet their needs.

Many staff spoke of inheriting "Poor and restrictive practices" in some locations from previous services, where people's choices and activity preferences had not always been encouraged. Knowledge and learning was proactively encouraged by the provider. Staff shared ideas to promote understanding of how to meet people's needs and wishes, and encourage a full and active life for people. A locality manager described how they were supporting people to become more involved in the local community, regardless of the complexity of their care and support needs. The provider's 'What's working' and 'What's not working' documents helped staff to identify and resolve issues affecting people's community access. They supported people to access activities and trips they enjoyed or wanted to try. For example, one person was trialling an off road buggy that allowed them to visit their local beach and go into the sea safely. Another person was planning a cruise to celebrate their birthday, and told us about it with obvious excitement.

The provider's 'Activate' programme was a new model of support to enable people to be active citizens in their community, for example through their relationships, activities or employment. Several people told us of part time or voluntary work they undertook and enjoyed. 'Activate' empowered people to set their own goals and make daily decisions to develop their confidence and independence. Managers explained how people were supported to maintain and strengthen family relationships. One locality manager told us family connections had "Blossomed" since people had been supported by the new provider.

One person's relative was concerned about the impact caused when a new person had moved into a settled supported living location. The registered manager explained the limitations they experienced because they did not control people's tenancies or care commissioning. The registered manager was working with people's care commissioners and providing support workers with additional training to address the concerns identified, and was confident that the actions planned would resolve issues.

The provider's complaints procedure was explained in people's charter of care, and in the guide people received when their support agreement with the provider began. Complaints were managed centrally to ensure they were dealt with objectively and promptly. No formal complaints had been raised at the time of our inspection. Any issues and concerns had been resolved internally without the need to raise formal complaints. For example, staff discussed housing issues such as anti-social behaviour that may affect people's tenancy agreements, and supported people to address and resolve issues appropriately.

The provider had proactively contacted people and those important to them to share details about the

transfer of their care from previous providers, and then to gather feedback on how this had affected them six months after the transfer. People told us they were aware of who to call if they had concerns or complaints. They had contact numbers, including for out of hours support, available in their homes. This meant they could request assistance or make a complaint if they wished.

The provider's family forum provided opportunities for people's relatives to share and discuss concerns and ideas related to people's support and care. One person confirmed that they had been asked for feedback on the quality of care they experienced. They told us they were satisfied with the support provided. "They [support workers] know the jobs that need doing, and do it off their own back". People and those important to them understood the process to raise concerns and complaints, and the provider followed the provider's policy to resolve these.

Good

Is the service well-led?

Our findings

People and those important to them were involved in developing the service, and their views and feedback were used to inform the support provided. Feedback from a survey conducted in October 2015 documented people's overall satisfaction rating with the care they experienced at 78%, indicating a positive score. The provider's forum 'Everybody counts' ensured people were involved in all aspects of the provider's organisation. People were elected to represent their peers on the provider's council board, and worked with the provider's executive team to influence and shape how the organisation planned and managed their responsibilities.

The provider's vision for the future had been shared with people in a format appropriate to their needs, including examples of how this could affect and improve their support and care. The provider's strategy of care reflected their statement of purpose, and reminded staff to promote the provider's aims to support and empower people. The provider's aims underpinned people's care.

Staff, people and their relatives where appropriate signed up to the provider's code of practice regarding the expectations of care and support provision, respecting people's rights and supporting each person to reach their potential. Supervisory meetings reviewed whether staff were meeting the provider's expected standards of care, and demonstrated understanding and implementation of the provider's values. This included providing people with equal opportunities to engage with, contribute to and live inclusively in the local community. Any areas requiring staff improvement were monitored and reviewed regularly to ensure people received the quality of care expected.

The requirement to integrate support workers from previous providers into the workforce had challenged the service. Locality managers described this process as "Progressing" as they supported staff to adapt to the new ways of working in accordance with the provider's policies, procedures and values. In addition to regular team meetings, staff were invited to a quarterly forum, where they had the opportunity to raise and discuss issues related to their work. A performance coach worked with staff to provide guidance and encouragement to drive up standards of care. One support worker told us "This is the best company I've ever worked for by far", and another support worker said "I can't fault Dimensions, it's all about them [the people we support]". Another support worker told us "Dimensions excels at choice and listening. They are brilliant as far as service users are concerned". They confirmed that they enjoyed working for the organisation, stating "I think they actually care". They told us "I know who to go to, and how to complain. I know they will listen. I have high hopes of Dimensions". A support worker newly recruited by the provider stated "My confidence is growing". They felt empowered and appreciated by the people they supported and the organisation they worked for. They told us "Anything I go to them [locality managers] about they sort out. Everything I've asked has been done. They give me quite a bit of freedom. Anything new I want to try with [person's name] they encourage".

A locality manager who had transferred from a previous provider to Dimensions told us that the "Resources are better and more accessible" from Dimensions. They described people's support plans as "More personalised and empowering, building on community connections and family relationships". They told us

the staff team was happier with the new provider, and most staff who had transferred over to the new provider "Bought into the changes". Another locality manager who had transferred from another provider told us they had enjoyed working with their previous employer, but found Dimensions "Very professional. What they do, they do right".

The management hierarchy was arranged to provide management support across service localities. The registered manager devolved some responsibilities to a team of locality managers, who themselves were supported by assistants and senior support workers to help them manage their service portfolios. This ensured that a sufficient management presence was available to manage the service and provide staff support and guidance. The registered manager described the current position following restructuring of commissioned care and an intake of support workers from other providers as "Still working to embed roles". The registered manager explained how he supported his management team to develop and address issues. Appropriate actions had been implemented to ensure effective managers were in place to drive the improvements required.

When staff were identified as demonstrating the provider's values effectively by people, relatives, colleagues or managers, they could be nominated for an award, recognising and celebrating their high standards. Staff were encouraged and rewarded for displaying the provider's values of respect, partnership working, courage, integration and ambition for the people they supported.
The registered manager told us how meetings with staff were used to discuss, test and drive "Thinking" to improve people's care experience. He explained how this had led to a reduction in people's behaviours that challenged staff or others as they achieved greater autonomy in their lives. This in turn led to an increase in staff satisfaction in their roles. The provider's drive to support people's skills and independence had made a positive impact to people's lives and staff's work experience.

Locality managers spoke positively of the support they received from the registered manager. One locality manager described the registered manager as "Responsive" to emails and telephone calls and willing to visit people and staff, and another said he was "Very approachable, someone to go to to explain things". One locality manager told us the provider listened to their feedback, and had provided additional administrative support to enable them to concentrate on urgent managerial tasks. Locality managers told us they "Led by example" to ensure support workers understood and demonstrated the provider's required values of care. One locality manager told us "I can see the difference in people" with the changes implemented in their care and support.

The provider had planned for the intake of additional work for several months before their new contract was implemented. On completion they reviewed the successes and learning from this internally. This ensured that future contract changes would benefit from this learning. A locality manager explained that they and their peers had been asked for feedback into the lessons learned process, to ensure their views were considered. They told us the changes had not greatly impacted on people's support experience, as they mostly retained the same support workers.

Each location was visited regularly throughout the week by the locality manager or their assistant to provide guidance and support, and ensure the provider's policies and procedures were followed. Locality managers and their assistants conducted informal weekly checks of each location to review records, such as people's MARs and daily activity and support logs.

A baseline audit of each location was completed by the provider's audit team between June and August 2015. This was used to identify areas of development and improvement required to meet the new provider's requirements. For example, it was used to review whether people's support plans had been reviewed and

updated regularly, whether staff had completed and refreshed their mandatory training, and to ensure appropriate risk identification and mitigation. Each locality manager had created a service improvement plan to document the changes required, and record their progress towards completion of the required actions.

A follow up audit had been completed between October and December 2015 for each location, to review improvements made. The audits we reviewed demonstrated progress to address issues previously identified. For example, where people's support plans had not previously been reviewed or updated to meet the provider's requirements, audit records demonstrated that priorities, such as risk management, had been addressed. Records of servicing held by the landlord had been reviewed to ensure locations were safe for use. Support plans had been reviewed and updated to ensure people's needs and wishes were safely and effectively met. Audits were used to identify and drive improvements to the quality of care people experienced.

Incidents and accidents were electronically recorded and reviewed by the registered manager. This ensured that appropriate actions were taken to promote people's safety and identify trends that may affect others. Learning from incidents and accidents was shared to promote effective actions to support people's safety. Locality managers confirmed that they had regular emails sharing learning to address identified trends or accidents to protect people from potential harm. Meeting minutes demonstrated that learning from incidents, audits and feedback, such as CQC inspections, was shared and used to drive improvements. For example, feedback on documenting decision making had resulted in a review of the provider's recording of mental capacity assessments and best interest decisions.

The registered manager described how they worked proactively with the local authority to review commissioned care and ensure they met people's needs and wishes effectively. Where issues had been identified, they had worked in conjunction with the local authority to agree and review measures implemented to address the changes required. The registered manager and locality managers referred to their work with commissioners of care as "A good partnership".

The community's local partnership board included people, their families and providers in the area. This was used as a sounding board and discussion forum regarding the implementation of proposed actions in the community, such as a learning disability plan developed by the local authority. It also provided a forum to raise and address local issues, such as accessing appropriate GP support for people with learning disabilities. The service was represented on this board by the registered manager or locality managers, ensuring that issues and concerns affecting people they supported were considered. The registered manager described this as "A useful tool for us".

Monthly management meetings provided the opportunity for locality managers and their assistants to meet formally with the registered manager to discuss issues and share learning. These were extended to the provider's region on a quarterly basis to provide a networking and learning opportunity. The provider's ambitions for the future were shared at these meetings, as were lessons learned from events and incidents across the provider's services. One locality manager explained how all meetings started with sharing something positive from the locality they worked in, for example regarding activities initiated or progress in people's care or support. At the end of meetings, managers shared something they had learned from the meeting. They told us this practice "Helps you reflect on progress and issues". Opportunities to review and discuss learning, issues and progress towards the provider's policies, aims and future plans drove improvements to people's quality of care.