

Dimensions (UK) Limited

Dimensions Teeside Domiciliary Care Office

Inspection report

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12 March 2018

13 March 2018

14 March 2018

21 March 2018

28 March 2018

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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

This inspection took place on 13 and 14 March 2018 and was announced. We gave the provider short notice of our inspection due to the nature of the service. This was so the registered manager could be available to assist us with our inspection. We contacted family members and healthcare professionals by telephone on 12, 21 and 28 March 2018.

This service provides care and support to 58 people living in various 'supported living' settings, so that they can live in their own home as independently as possible. All of the people supported are living with either a learning disability and/or Autism Spectrum Disorders. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service had a manager who has been registered with CQC since January 2012. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At the last inspection in November 2015, the service was rated Good. At this inspection we found the service remained Good.

Risk assessments contained detailed information about the steps that should be taken to reduce the risks. Also staff ensured assessments and support plans were kept up to date.

Staff had received training in safeguarding adults and the registered manager understood their responsibilities to identify and report any concerns. Safe recruitment processes were followed to ensure only suitable people were employed. We found staff had received a wide range of training, which gave them the skills and knowledge to support the people they supported.

People's care managers determined the number of hours of support required and we noticed that for some individuals this meant that in an evening and, at times, over the weekend one staff member stayed with up to four people in a house. People told us that this could mean that to go out into town or to events everyone had to agree to go. The registered manager was aware of this difficulty and was working with care managers to resolve this.

Medicines were managed safely and people received their medicines as prescribed. We found staff appropriately supported people to access health and social care professionals, when needed.

We found that people had formed strong, caring relationships with staff who worked with them. We saw that staff treated people in a dignified and respectful manner.

People were supported to have maximum choice and control of their lives. Policies and systems in the service support this practice. Consent to care and treatment was clearly documented and appropriate authorisations were in place when people lacked capacity to make decisions.

Activities were developed around people's interests. People were supported to maintain relationships and access the local community.

The service had a clear process for handling complaints. The registered manager was aware of the Accessible Information Standard that was introduced in 2016. The Accessible Information Standard is a law which aims to make sure people with a disability or sensory loss are given information they can understand, and the communication support they need. They told us they provided and accessed information for people that was understandable to them and ensured information was available in different formats and fonts.

Effective management systems were in place to monitor the quality of care provided and to promote people's safety and welfare.

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 remains good.

Is the service effective?

Good ●

The service remains good.

Is the service caring?

Good ●

The service remains good.

Is the service responsive?

Good ●

The service remains good.

Is the service well-led?

Good ●

The service remains good.

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check 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.

An adult social care inspector completed this announced inspection on 13 and 14 March 2018. We gave the provider short notice of our inspection due to the nature of the service. This was so the registered manager could be available to assist us with our inspection. We contacted family members and healthcare professionals by telephone on 12, 21 and 28 March 2018.

We reviewed information we held about the service, including the notifications we had received from the provider. Notifications are reports about any changes, events or incidents the provider is legally obliged to send us within required timescales. We used the feedback we received to inform the planning of our inspection.

We contacted external healthcare professionals and the placing authority commissioners to gain their views of the service provided at the service.

Over the course of the inspection we met nine people who used the service and called six relatives. We spoke with the registered manager, three care coordinators and eight support workers. We looked at six care records and medicine administration records (MARs). We looked at four staff files, which included recruitment records, as well as records relating to the management of the service.

Is the service safe?

Our findings

People told us that they liked the staff and felt safe at the service. One person said, "[Staff member's name] is great and we get along really well." Another person told us, "The staff are very kind and make sure I'm happy."

Relatives told us they were very satisfied with the service and felt their family members were safe and happy living in their homes. One relative said, "The staff are very good and we are confident that they make sure [person's name] is safe." Another relative told us, "The staff are smashing and we have no concerns."

We found that risk management systems were in place. Risk assessments were developed to support staff meet people's individual care needs such as supporting people when they went out in the community. Control measures to minimise the risks identified were clearly set out in people's care plans and monitored to confirm they were effective. Staff told there was a positive approach to risk taking and we saw this in practice.

Some people who used the service had been assessed as having behaviours which might challenge themselves or others. Positive proactive support [PPS] plans were in place which gave staff clear guidance about the triggers they should look out for. These plans also gave staff strategies to follow to reduce the risk of such behaviours occurring or escalating. Staff told us they understood how to follow this guidance and we observed it in practice. For example, one person could become distressed if their schedule for the day was changed. We found staff were fully aware of this so made sure the person was told what was happening and they followed their preferred routine.

We spoke with members of staff who had a good understanding of how to safeguard adults. They could identify types of abuse and knew what to do if they witnessed any incidents. Staff told us, "We have measures in place to protect people and I would not hesitate to raise any concerns with the manager." The registered manager had robust processes in place to monitor safeguarding events, accidents and incidents. They checked for any trends and had processes in place to assist them and staff in learning lessons from any incidents.

There were enough staff deployed to keep people safe. Care packages were determined by the individual's care manager, which meant some people lived on their own and had 24 hour support in their own home. Other people shared houses and the staff team. Each person was allocated a set number of one-to-one hours and there was always at least one member of staff in the property through the day and night. A couple of people told us that they would like to go out a bit more on an evening and weekend but when there one member of staff available everyone had to agree to go out together. Sometimes one person might not agree to go so they all had to stay in. The registered manager told us they were aware of this difficulty and were working with the individual's care managers to put measures in place to rectify this issue.

We found the provider's recruitment processes minimised the risk of unsuitable staff being employed. These included seeking references and Disclosure and Barring Service (DBS) checks. The Disclosure and Barring

Service carry out a criminal record and barring check on individuals who intend to work with children and adults. This helps employers make safer recruiting decisions and reduce the risk of unsuitable people from working with vulnerable children and adults.

We saw evidence of Personal Emergency Evacuation Plans [PEEP] for all of the people living at the service. The purpose of a PEEP is to provide staff and emergency workers with the necessary information to evacuate people who cannot safely get themselves out of a building unaided during an emergency. We also found that fire drills were completed in line with the fire safety regulations.

We found that there were appropriate arrangements in place for obtaining medicines, checking these on receipt into the service and storing them. We reviewed some of the people's medication administration records [MARs] and found medicines had been administered and recorded correctly. Adequate stocks of medicines were securely maintained to allow continuity of treatment. Information was available to inform staff about any protocols for people's 'as required' medicine. All staff who administered medicines had been trained and had completed competency checks to ensure they could safely handle medicines.

The registered manager discussed with us the provider's commitment to implementing 'Stop the overmedicating of psychotropic medication to people with learning disabilities' (STOMP) initiative. The provider has signed up to the five pledges and produced an action plan that aims to ensure every person who is currently prescribed psychotropic medication to have this reviewed by the GP and, where possible to reduce or stop their medication.

Is the service effective?

Our findings

People told us they found the staff knew them well and were good at supporting them achieve their goals. We observed that staff were very skilled and clearly understood how to support people living with a learning disability.

Relatives we spoke with said people who used the service were supported by staff who were trained and knowledgeable. A relative told us, "We find that staff are very knowledgeable and understand what works best for [person's name]."

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

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised by the Court of Protection.

We found that the staff clearly understood the Mental Capacity Act 2005 (MCA) and what actions they would need to take to ensure the service adhered to the code of practice. The care records we reviewed contained assessments of the person's capacity to make decisions. However, we found records needed to clearly detail whether people had been found to have capacity or not. This lack of clarity made it difficult to determine if people had chosen to not go out without staff or were deemed to require this level of support. We discussed this with the registered manager who took immediate steps to make improvements to the care records. When people had been assessed as being unable to make complex decisions discussions had taken place with the person's family, external professionals and senior members of staff to make 'best interests' decisions.

At the time of the inspection, we found that, where appropriate, Court of Protection authorisations to deprive a person of their liberty had been sought. Staff were aware of the person's right to contest these authorisation and apply to the Court of Protection for a review of this order.

People's needs were thoroughly assessed and very detailed assessments as well as care and support plans were created. We found that staff adhered to these plans and regularly reviewed the effectiveness of the approaches they had adopted. Individual choices and decisions were documented in the care plans and they were reviewed monthly.

The staff told us that they supported people to see healthcare professionals when this was needed. We saw detailed records of such visits to confirm that this was the case. Each person had a Hospital Passport, an easy read document all about them using photographs and symbols and which told other services how

people needed to be communicated with and any allergies or sensory needs. This meant that people who used the service were supported to obtain the appropriate health and social care that they needed.

All staff had an annual appraisal in place. Staff told us they received supervision on a regular basis and records we viewed confirmed this had occurred. One staff member told us, "The [registered] manager is very approachable and supports us to develop."

Staff in each house told us they met together on a regular basis to discuss how the service could be improved. Staff told us that they did not tend to have regular staff meetings with people working in the other houses but did get copies of any main staff meetings. We saw minutes from regular staff meetings, which showed that items such as day to day running of the service, training, medicines, and any health and safety issues were discussed. Staff told us, "We always talk about what's happening in the house and ways we could improve what we are doing."

We viewed the staff training records and saw that the staff were up to date with their mandatory training and also received a wide range of condition specific training such as working with people who have a learning disability and positive behavioural support. One staff member told us, "We do lots of training and the [registered] manager will support us to go on courses."

Menus were planned with people who used the service. People, if they were able to, helped with the cooking and food shopping. People's nutritional needs and preferences were assessed and recorded in their care plans. We saw that staff ensured people were actively involved in managing their own diet. People were very complimentary about the meals the staff made. One person said, "[Staff member's name] is a very good cook." The staff told us they played to each other's strengths so would organise their cooking around what meals they were good at preparing.

Is the service caring?

Our findings

People told us that staff were very kind and we observed staff encourage and support people in a sensitive manner. A relative told us, "The staff are lovely and nothing is a problem." Another relative commented, "[Person's name] tells me they really like living in their house."

Staff were passionate about their work. They actively listened to what people had to say and took time to help people feel valued and important. Staff understood people's communication methods and readily assisted people to express their views and join in conversations. One person discussed with us their experiences of the service and how the staff made them feel truly cared about.

We found great emphasis was placed on the service's visions and values, which aimed to promote people's rights to make choices, receive compassionate care and live a dignified and fulfilled life. The registered manager and staff showed genuine concern for people's wellbeing. One staff member said, "It is our job to make sure people get the very best out of life." Another staff member said, "We aim to make sure that everyone lives a full life."

Staff told us how they worked in a way that protected people's privacy and dignity. They told us about the importance of encouraging the people to be independent and also the need to make sure people's privacy was maintained.

We saw many examples of staff providing support with compassion and kindness. Staff spent time chatting, encouraging, laughing, and joking with people. Everyone we spoke with was complimentary about the staff who supported them.

The people we spoke with told us that staff took a real interest in them. One person said, "I get to do all the things I want and we have a great time here." Over the years staff had worked hard with people and set achievable goals for them to aim towards. This had led to a real widening of the scope of integration within the community and skills people were able to develop. We found the staff empowered people to voice their wants and aspirations for their lives and then supported them to achieve these goals. For example one person had been encouraged to enter a talent competition and was practicing their act when we visited and other people enjoyed seeing Elvis tribute acts so staff organised tickets to these events.

The registered manager and staff knew how to assist people to access advocacy services, if this was needed. An advocate is a person who works with people or a group of people who may need support and encouragement to exercise their rights. We heard how the registered manager and staff had actively ensured people were enabled to voice their views and express their desires about how the care should be delivered.

Regular reviews took place with the person and people who knew them best such as family, key worker and social worker. Reviews reflected on their achievements, goals and aspirations, and care plans and where changes were identified these were reflected in the person's care plans.

Is the service responsive?

Our findings

People told us that the staff were motivated and made sure the service met their needs. Information from visiting professionals described how staff worked well with the people who used the service. One person said, "The staff make sure we can do all sorts of things. [Staff member's names] are perfect and are going to go with me on holiday."

We found that the staff had embraced the diversity of people's interests and views. They ensured each person was made to feel valued and encouraged to take an active role in planning the care they received. People and their relatives told us the service provided them with the opportunity to have experiences many people took for granted such as holidays, day trips, learning crafts and learning skills such as baking.

We found the care records contained all the information staff needed to provide appropriate care and support for people who used the service. Care plans had been developed and included background information centred on the individual. Information included personal history, current and past interests, keeping in touch with people and communication needs. We also noted that records included information on the person's next of kin, important contacts, information of any allergies and people's aims and goals. These plans were reviewed on a monthly basis with people and/or people important to them.

Staff were passionate and determined to assist people to achieve their goals and celebrated every achievement people made towards reaching a goal or a success they had. Throughout the inspection we found there was a culture of striving for excellence including supporting people to reach their maximum potential. We found that staff did not have pre-conceived ideas about what people could or could not do, which meant that everything was explored. This had led to people routinely going on trips and always trying something new.

People received care which was extremely person-centred and responsive to their needs. Staff demonstrated a good understanding of the needs of people who used the service and were effective at responding to changes in needs. Staff kept everyone involved in any discussions and readily acted as interpreters for people who used non-verbal communication methods by providing a running commentary on what was being said.

The registered manager told us that the provider is currently rolling out a new support model across the organisation. The new model of support is called 'activate' and supports staff to introduce more outcome-based support within eight areas focused on social care and active support.

The registered manager was aware of the Accessible Information Standard that was introduced in 2016. This Standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services who have a disability, impairment or sensory loss. Information was available in different formats, large print, different languages, braille and pictorial format.

There were systems in place to respond to compliments and concerns. No complaints had been received but we saw there was a policy in place for this. Relatives told us the management team were approachable and they felt able to raise any issue no matter how minor.

Is the service well-led?

Our findings

People, relatives and professionals spoke positively about the registered manager and staff and told us the service was well led. One relative told us, "[Manager's name] is excellent and we never have any worries about how the home is run."

People thought the service was well run and on the whole felt it met their needs. A couple of people did discuss the current staffing arrangements limiting their ability to go out. We discussed this with the registered manager and found they were already taking action to resolve this issue.

We found staff recognised any changes in people's needs and took action straight away to look at what could be done differently. We saw that the staff team were very reflective and all looked at how they could tailor their practice to ensure that the support delivered was completely person centred.

The registered manager had worked at the service since it was registered in 2012. People and staff spoke positively about their management style. We found the registered manager was the integral force ensuring the service was safe, responsive, caring and effective. We found that under their leadership, the service had developed and been able to support people with complex needs to lead ordinary lives.

Staff told us they thought the service had an open and honest culture. Staff told us they had regular meetings and made suggestions about how they could improve the service for each person. A member of staff said, "We make sure each person is well supported."

Feedback was sought from people who used the service and their relatives. Feedback from staff was sought via staff meetings as well via surveys. Staff meetings were held regularly. Minutes of staff meetings were available to all staff so staff who could not attend could read them at a later date. Staff told us they had enough opportunities to provide feedback about the service.

The provider had systems in place for monitoring the service, which the registered manager fully implemented. They completed monthly audits of all aspects of the service, such as medicine management, care records and staff development. They took these audits seriously and used them to critically review the service. The audits had identified areas they could improve upon. The registered manager produced action plans, which clearly detailed when action had been taken. The provider also completed monthly reviews of the service. All of this combined to ensure good governance arrangements were in place.

The registration requirements of this service were met. The provider understood the legal requirements of meeting relevant regulations. We found that the previous CQC rating was being displayed. All incidents and other matters that needed to be notified to the Commission in line with Regulations 16 and 18 of the Care Quality Commission (Registration) Regulations 2009, had been.