Dimensions (UK) Limited

Dimensions East Anglia Domiciliary Care Office

Inspection report

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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?	Outstanding ☆

Summary of findings

Overall summary

Dimensions East Anglia provides supported living and personal care for people with complex learning disabilities. At the time of our inspection, 178 people were using the service.

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

At the last inspection, the service was rated Good. At this inspection we found the service was Outstanding in three key domains with Good in the remaining two.

The service provided exceptional, compassionate care to people which enhanced their lives, through adaptive and creative ways of communicating, leading to increased understanding and reduction of distress. Staff used individualised methods to promote people's independence through achieving their identified goals and supporting them through each step. People's privacy and dignity were highly respected, and this also was reflected in the detailed guidance provided within people's care records. People were encouraged and supported to express themselves in the most effective way. This had a profoundly positive impact on people's levels of distress and emotional well-being.

Staff were highly responsive to people's individual needs, working in line with their preferences, dreams and desires. Care records contained ample guidance for staff on how to meet people's individual needs and support them to achieve their goals. The service was engaged in creating an innovative approach to caring for people living with learning difficulties focussing on what people wanted to achieve in their lives, how they could overcome any obstacles, and ultimately achieve a positive outcome. People knew how to complain and felt that the management was always responsive to any concerns.

People and their families, where appropriate, were fully involved in the development of their care planning along with health and social care professionals and Dimensions staff. This included the recruitment of appropriate care staff to work with people.

The service was outstandingly well-led. The service actively promoted a positive, inclusive and open culture. The structure of the service worked for people, so that locality managers were always available to support staff and people when needed. The service worked in conjunction with other organisations to improve care, such as participating in research and engaging in external initiatives working towards improving standards and developing the service further. There were robust quality assurance systems in place which monitored the service, identifying potential areas for improvement, and actions were taken to improve these.

Staff were highly motivated and worked as a team and shared a common ethos of providing high quality, compassionate care with regard to people's individual wishes and support needs. Staff were well-supported

and supervised by the management team.

Staff knew how to keep people safe, and how to report any concerns. There were enough staff to keep people safe. People received their medicines as they had been prescribed, and the service was undertaking an initiative to review medicines regularly, with a view to decreasing psychotropic medicines use.

Risk to people was identified promptly and effective plans were put in place to minimise these risks, involving relevant people, such as relatives and other professionals. Where risks were more complex, comprehensive guidance was in place to guide staff, including the most effective approaches to use, or particular communication methods suited to the individual. Guidance was in place for staff so that they could mitigate risk, and support people to take sensible risks as safely as possible.

The manager and staff understood the requirements of the MCA, and people were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service also supported this practice. Staff consistently obtained people's consent before providing support and, if people lacked capacity to make some decisions, staff understood how to act in people's best interests to protect their human rights. Best interests decisions were recorded thoroughly.

People were supported to follow healthy diets, and this had a positive impact on their wellbeing. They were also supported to access healthcare services when they needed to.

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.

Staff knew how to keep people safe and report concerns.

People were supported safely to take their medicines.

There were enough staff to keep people safe and they were recruited with systems in place to check that they were suitable.

Is the service effective?

Good

The service remains Good.

Staff received training relevant to their roles, as well as regular support and supervision from senior staff.

People's mental capacity was assessed and best interests decisions were made appropriately with people, families and healthcare professionals.

People were supported to maintain a healthy balanced diet and access health services when they needed.

Is the service caring?

Outstanding

The service was extremely caring.

Staff provided people with compassionate care which empowered people to express themselves.

People were supported and empowered to make choices through effective, creative and innovative support with their communication and understanding of their needs.

People were supported to become more independent through communication and achieving goals. Staff respected people's privacy, as well we their dignity.

People were supported to create new relationships and maintain those they had.

Is the service responsive?

Outstanding ☆

The service was highly responsive.

Staff knew people they supported extremely well, and people received a personalised package of care which involved everyone associated with their care, and was tailored specifically around all their support needs.

People were supported to create and achieve goals and improve outcomes in their lives. Care records contained information about people including their personalities and wishes, and guidance for staff.

People were fully involved in the development and reviewing of their care and support needs, and had regular contact with staff.

People knew how to complain and any concerns were resolves appropriately and in a timely fashion.

Is the service well-led?

Outstanding ☆

The service was exceptionally well-led.

There was excellent leadership in place and a structure that supported staff at each level. Staff worked well as a team and followed the values of the organisation.

There were robust quality assurance systems in place to monitor the service, identify any areas for improvement and take action.

The services was striving for improvement and working with externa initiatives and other organisations in order to support developments.

Dimensions East Anglia 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.

This inspection took place on 3 August 2017 and was announced. The inspection team consisted of two inspectors and two experts by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The experts by experience carried out phone calls to service users and their families.

As part of the inspection, we reviewed the information available to us about the service, such as the notifications that they had sent us. A notification is information about important events which the provider is required to send us by law. Prior to the inspection, the provider also completed a Provider Information Return (PIR). This 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. Before the inspection, we also obtained feedback from one of the local authorities which commissions care from this service. After the inspection, we obtained feedback from the other local authority which commissions care from the service.

Due to living with complex learning difficulties, many people using this service were not able to give us verbal feedback about the care they received. However, we spoke with seven people using the service and eight relatives. We also spoke with nine members of staff including four locality managers, the registered manager and four support staff. We also spoke with a healthcare professional who had regular contact with some people using the service. We checked eight people's care records and five medicines administration records (MARs). We also checked records relating to how the service is run and monitored, such as audits, recruitment, service development and training records.

Good

Is the service safe?

Our findings

All of the people and relatives we spoke with said they felt safe when being supported by staff. One person using the service said, "I feel safe and confident". We saw that staff had safeguarding training which contributed to keeping people safe, and they told us how they would report any concerns. We also received feedback from one of the local authorities which commissions care, and a healthcare professional, that the organisation reported and resolved any safeguarding concerns appropriately. A locality team member said, "People feel safe with their support team and their relatives do too."

There were plans in place to manage risks to people. These plans contained information about risks to individuals. For example, they contained information about people's health conditions which may pose a risk, such as dysphagia (swallowing difficulties) and epilepsy. There were also assessments of risks associated with other disorders such as anxiety and depression. There was clear guidance for staff on how to identify events, concerns or symptoms, and what steps to take to mitigate risk and manage these safely. Other risk assessments included how to manage people's physical and mobility requirements, personal care such as bathing and shaving safely, and going out in the car. When people could display behaviour which may become harmful to themselves or others, clear plans to mitigate associated risks and manage this behaviour positively were in place. In the case of situations where an altercation between people living in the same house occurred, clear risk assessments had been written which contributed to the safety of people, staff, and the public.

A relative told us, "We're happy with the balance of positive risk taking and keeping [person] safe." This was pertaining to the safe management of risks associated with their relative being able to undertake hobbies and interests in the community with the support of two members of staff to keep them safe, whilst supporting them to take risks and try new things. When requested, people were supported to obtain equipment they required to maximise their independence. For example, one person had specialist equipment in place for making a hot drink.

Any safety related incidents, or accidents were recorded and reviewed by the registered manager. Actions were taken where appropriate to further mitigate risks to people. Incidents and accidents were overseen by the registered manager so that they were able to identify any trends in incidents or accidents and resolve these appropriately. Staff also told us that they discussed risks to people within team meetings and one to one supervision meetings.

All of the people we spoke with felt there were enough staff to meet people's needs. A relative explained that they knew who was supporting their family member, "They have a rota up so we know who is on." The registered manager explained that they had a bank of relief staff which they used to cover absence, and they had a few agency staff working. They told us they used the same staff to ensure as much consistency as possible. A member of staff we spoke with said, "Dimensions really understands that people need one to one, or two to one staff and they get that." There was also an on-call system so that there was always someone available if staff required additional support with anything.

The organisation had recruitment systems in place that contributed to keeping people safe. These included checking people's employment history, obtaining references, and checking with the Disclosure and Barring Services (DBS). This meant that only staff deemed suitable to work with the people using the service, were employed. There was also a six month probation period where people's work was supervised more closely, and the organisation was able to terminate the employment if they were not suitable. The registered manager also told us about their policies for disciplinary procedures, which contributed to keeping people safe.

Staff received training in administering medicines. One person said, "[Staff] give me all the tablets as I can't see. They always give me the right tablets,[staff] are doing the right thing." A relative told us, "[Staff] handle meds and do it well." Staff assisted some people to take their medicines, and there were systems in place for when this was shared with relatives, who also administered some medicines at times. We reviewed a sample of people's medicines administration records (MARs) which had been returned from their homes to the office. These records related to people who staff helped with their medicines, and we saw that the staff had signed for medicines which had been given. A locality manager checked individual MARs regularly and had identified where there had been any gaps, and addressed these appropriately.

We found that there were protocols in place for medicines that were given 'as required' and these were detailed with how and when staff should give these. For psychotropic medicines (medicines that affect a person's mental state) that could be used for symptoms of high anxiety or distress, we found that the protocols guided staff in what techniques to try with people prior to giving this medicine. This approach helped to reduce the over-use of these types of medicines. One person said they had been reviewed and taken off medicines, "I finished taking tablets altogether." The registered manager explained to us that this was part of the organisation's goals for improvements. They were working within the STOMP (Stop Over-Medication of People with learning disabilities) initiative brought about within the NHS. We found that the records of medicines were audited effectively to ensure staff were signing for medicines and recording the reasons if not given.

We saw that one person was receiving some medicines concealed in food or drink (covertly). We checked the records around this and saw that the appropriate healthcare professionals and family members had been involved and consulted, and the correct procedures were being followed. We also saw that detailed assessment of the person's capacity had taken place for this decision.

Good

Is the service effective?

Our findings

All of the people we spoke with told us they felt staff were competent, one person saying, "I feel [staff] are skilled." We saw that staff had completed training in relevant areas to their roles such as first aid, manual handling and mental capacity. Staff told us that they also received specific training relevant to the person they supported, for example, epilepsy and dementia training. Some staff had received extra training in supporting people who were nil by mouth and fed through a tube to their stomach (PEG feeds), as they supported them to maintain their nutrition. They also told us how they had supported one person who went through the operation to have the PEG inserted, and their recovery. They had supported the person to understand what was going to happen, and to resume their hobbies and activities as independently as possible soon after. Some staff had received training in 'Activate', a new research pilot scheme which the organisation were involved with. This presented a new comprehensive model of support which was being taught to staff, as providing this model of care to people who were participants in the research was central to developing some staffs' roles. It also included how to use technology to capture people's daily activities when staff were providing support, and create goals and steps towards them, using the methods associated with the research project. For example, keeping video logs, when appropriate, of people's achievements in areas of skill development and communication.

One relative explained to us that they felt confident staff were well trained to manage behaviours which some people may find challenging. They said, "[Staff] have coping strategies. I feel they are well trained and able to deal with this behaviour. They are very experienced and read [person] well and know when something is going to happen." Staff explained to us that they had received training in autism and different behaviours which may manifest in a way they may find challenging. They said that the training, in conjunction with knowing people as individuals, meant that they could foresee any potential problems and support people to resolve them in a sensitive and respectful way. This meant that staff were able to provide personal care to people as effectively as possible.

There was a comprehensive induction process for new staff which included training and shadowing more experienced staff delivering care until they felt confident to work with people directly. They were also supported to undertake the Care Certificate, which is a national set of standards in health and social care.

Staff we spoke with told us they had formal supervisions throughout the year, which was an opportunity for them to discuss their role, any career progression goals, and any issues or concerns, with their team leader or a manager. They also told us that in between these formal supervisions, there was always a senior member of staff available to support them if needed.

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 can only be deprived of their liberty to receive care and treatment when this in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA.

We saw that the service had decision-specific mental capacity assessments in place where appropriate. These provided guidance to staff on how to support someone with making particular decisions. If people were not able to make decisions, there was sufficient information available as to who needed to be involved in the decision making process. For one person, we saw that they received one medicine covertly when they were highly distressed. We saw that a best interests meeting had taken place and was thoroughly documented. It showed that people such as healthcare professionals, Dimensions staff and family members had been consulted appropriately. The final decision was then recorded and the rationale for this. Therefore we could see that options available had been considered, and that the person was being supported in the least restrictive way and in their best interests.

People we spoke with confirmed that staff sought consent before delivering care. A member of staff said, "We always ask permission, asking if I can give personal care for example." Staff were able to explain how they sought consent from people with communication difficulties, and explained that for some people it may be body language and facial expressions. One member of staff explained in relation to one person, seeking consent was about gauging their reaction, "If [person] doesn't like it, they'll push it away." This was in relation to whether they wanted a certain item to do with the activity or task the staff member was asking about, so they could gauge their reaction.

People were supported to follow healthy balanced diets, and specialist diets where people required this. For example, one person using the service explained to us what support from staff with their diet meant for them, "Before I had a very limited diet and now I have a varied and much healthier diet, and [staff member] supports me to go to [dieting group]". One locality manager we spoke with explained how their team supported one person to be more independent with their meals whilst being supported with portion control. To support the person to make their own breakfast, staff had obtained portion-sized pots of spreads or jams, which meant the person was able to complete this independently without consuming unsafe amounts. We also saw from records that some people were supported with gluten and dairy free diets, others with soft diets or healthy eating for weight loss. Where relevant, staff supported people to weigh themselves monthly so that they could monitor this. For some people, they also kept records of food and drink to monitor any dietary concerns.

Some people required additional support from staff in accessing healthcare services. People told us, and relatives confirmed, that they were well supported with this when required, and this included dentists, opticians, dieticians, psychiatrists, psychologists, social workers, specialist nurses and chiropodists. One person using the service told us about how they had accessed physiotherapy in order to improve their mobility and staff were supporting them to follow the recommendation to go swimming regularly. Another said, "[Staff] have to go with me as I can't go on my own. They support me, they're fantastic". One staff member gave us an example of how they had supported one person to access the mental health team. Where people had anxieties about accessing healthcare, staff worked with them to achieve steps towards attending appointments and alleviating their distress so that they could continue to attend. The service worked closely with health and social care professionals who remained involved with people's care. A healthcare professional we spoke with told us that staff reported to them appropriately, and followed recommendations.

Outstanding ☆

Is the service caring?

Our findings

The service was exceptionally caring. People and relatives were extremely complimentary about the care they received. A person using the service said, "I can talk to [staff members] without feeling judged." This was reflected by several more people we spoke with. Another said, "I do laugh and be happy." This was what they told us they felt when they were with staff. One relative told us staff were, "Absolutely calming and brilliant."

People and their relatives told us about the positive impact on their lives that staff made when working with people in an exceptionally compassionate, person centred way. One relative said, "[Locality manager] is always looking for ways to enrich [person's] life and [staff member] really goes the extra mile. It's definitely better for [person]." They added, "[Locality manager's] imagination is right, as [person] has such a complex patchwork of difficulties that interlink with one another." They told us how their relative was able to go out, complete a wide variety of activities, and how they had developed safer and more effective ways of managing their negative emotions and overcome obstacles with support from staff at Dimensions. A healthcare professional we spoke with said that the staff were very caring and highly proactive in resolving obstacles with people so that they could achieve goals. We looked at compliments received by the service, and these included comments about the empathy of the staff, and how they supported people to increase their independence and feel safe.

The organisation was exceptional at resolving communication difficulties, ensuring that people received information in a way that they were able to process. For example, a relative explained the creative way in which staff supported their family member to make choices through effective communication. This was because the person was not always able to process auditory information quickly. To overcome this, staff wrote down options, at times supported by pictures, and a box the person could tick. This was so that they could take as long as they needed to process the presented information. Due to living with autism, the person found it difficult to express themselves at times. Staff introduced a way of giving the person a tangible object when they were disappointed, which represented their emotion and helped them to resolve the disappointment without acute distress. For example, this person had a milkshake which they drank when they were disappointed, and they felt when finishing it, the disappointment went away. Their relative told us that this had made a significant positive difference to the person's levels of agitation.

One locality manager we spoke with described other creative ways they communicated with some people to empower them to make choices. For example, one person living with a visual impairment as well as learning difficulties was unable to verbally communicate. In order to best support the person's communication, staff learned the person's individual signs, and supported these with smells and taste. For example, if the person signed that they would like a drink, staff then gave them the options through enabling them to taste and smell them. They also did this using taster pots prior to supporting them with meals, to support them to choose. This had enabled the person to have more independence and empowered them to have more control over their daily life. These channels of communication meant they could understand information given, make choices, access the community and greatly reduce anxiety and distress.

Staff told us they supported some people using Makaton, and their own individual signs, photographs, flashcards and objects of reference. We saw in people's care records that there were clear plans in place to guide staff on people's specific communication needs, the aims of which were to empower people, establish boundaries, alleviate distress and to reassure when needed. One relative told us, "[Person] gets a choice of what makes them happy." Some people using the service used communication support through a handheld computer device, and shared their own support plan on this. Staff explained how giving options also led to a significant decrease in distressed or unsafe behaviours. This meant that some people were able to increase their independence and access the community more frequently.

The organisation worked with people in such a way that enriched their lives, empowered them to control their lives and enhanced their wellbeing. One member of staff told us, "As time's gone on we've started to see people achieve real outcomes, how they can make choices, and recognise them." For another person who was not able to communicate verbally, staff explained to us how the person had developed more control over their life. This was a person who had not previously instigated any activities or interaction. However, more recently through staff support, they had developed the independence and confidence to take staff by the hand, lead them to the door to get their shoes on, and lead them outside for a walk. We also found that when we made phone calls to speak with people using the service, that when needed, staff provided appropriate support. This included supporting people to understand questions we asked and reassuring them.

The service focussed on people achieving their own goals and living an ordinary life with as much independence as possible. One person described the impact of this on their life to us, "[Staff] have helped me with my confidence and I feel less anxious. Now I can answer phone calls without feeling anxious." Staff supported people to increase their independence through step by step working. They demonstrated this to us through numerous examples of enabling people to move on from requiring personal care, to reducing the hours of care required. For example, staff told us about one person who was supported to learn how to manage their own personal care, which resulted in them being able to live independently without support. For another person, one member of staff told us they had worked closely with them to support them to select their laundry and put it in the machine themselves. A healthcare professional also told us they felt staff realised people's potential and supported them to achieve more through empowering and promoting independence.

People we spoke with told us staff respected their privacy when delivering personal care, one person telling us, "We do choose whatever we want. [Staff] do help me with the bath, do exactly what I want and leave me in privacy." A staff member told us they always carried out personal care behind closed doors and curtains, and relatives reflected that staff fully respected people's privacy.

Staff were compassionate in empowering people to express their emotions safely, and relatives we spoke with reflected this. A relative told us, "[Person] used to get upset easily but he's got more understanding now." One member of staff said, "It's completely acceptable for [person] to express their emotions." They went on to explain that they ensured the person had their space and privacy when they required it, in order to regain their thoughts. Another member of staff we spoke with explained that when people displayed behaviours that others could find challenging, this was usually a sign they were distressed or upset by something. In these situations staff worked closely with the person and their family to eliminate possible causes for the person's distress, and facilitated communication, until any issues were resolved.

Staff were respectful and mindful of people's dignity when spending time in public with them, explaining, "We support [person's] need to express themselves but at the same time [person] doesn't like people staring." They explained how they sensitively supported the person to remove themselves from the situation

if they became anxious in public. Another person told us, "[Staff] respect everything and our privacy." Another member of staff explained that they always knocked before entering a person's room or house, and that they felt it was highly important that people were treated with dignity and respect.
Each person using the service had an established 'circle of support', which included family, friends and other healthcare professionals who had been involved in the person's life and care. People and their families were involved in the establishment, development and reviewing of people's care needs. One relative explained how they were kept up to date with any issues arising concerning their family member, "If there is a problem I always get told. [Staff] are very good and deal with any problem well. I am kept up to date. If they think [person] needs a doctor they will always tell me." Staff explained that with some families, they worked closely to organise certain activities and goals for their relative. They organised steps for people to work towards their goals which involved their families when appropriate. For example, a staff member said that one person wanted to go to a different city to go shopping, they liaised with the family and worked towards this together.

Staff knew people exceptionally well and people were supported by regular care staff who they were familiar with and had built strong trusting relationships with. People, relatives and staff told us that staff were matched well with people and remained as consistent as possible. A relative told us, "[Person] never gets a stranger on their own. Very happy about the carers who come." A relative told us, "[Staff] know [person] inside out, it's lovely they get to know their ways better than we do now. That is a good, brilliant thing."

Another relative we spoke with said that although there were times when staff who did not regularly work with the person came in to cover leave, the staff worked in such a way that enabled the person to understand why they were there. For example, one staff member told us how they would communicate potential changes to staff, "If [staff] explain change as soon as you become aware of it, and then give other options, [person] actually copes really well." This alleviated potential anxiety about other staff supporting them. One member of staff demonstrated that they knew the person they supported frequently very well and felt positively about working with them, telling us, "[Person] will always come to me when they feel better. [Person] is a delight to work with."

Outstanding ☆

Is the service responsive?

Our findings

The service was highly responsive to people's needs. Support from Dimensions changed people's lives in a way that meant they could significantly improve their quality of life, health and wellbeing. One person using the service told us how Dimensions had enabled them to move from supported living to independent living with minimal support. They said, "Now I can do quite a lot myself. Dimensions helped me to get where I am today." A relative also told us how staff had supported their family member increase their ability, saying, "It's amazing the difference." The staff we spoke with gave us many examples of how they had significantly improved people's lives and wellbeing through the achievement of outcomes for people.

People, relatives, staff and a healthcare professional told us they felt that people received person-centred care that was tailored around individual needs, desires, preferences and goals. For example, one person told us that staff supported them well with their visual impairment. Another said, "They're [staff] always on time." This also included how support hours were used and adapted for each person as part of the delivery of individualised care. This included having one to one time with staff to support people's individual activities, outings and hobbies. Each person had a week planned which was tailored around their own choices and preferences of varied activities, and the hours of support they received were organised around these. One member of staff explained, "They have planned hours individual to [people] and this ensures they're doing things that are meaningful to them." People had choices of how they spent their time and when they wanted to do things, as well as who supported them, such as staff gender. One member of staff explained, "[Person] likes to have a bath twice a day so we do that."
People were fully involved in their care planning, one person saying, "I talk over all of my decisions with health." People and relatives told us they were consulted about their care. One relative said, "[Person] meets with [locality manager] about once a month and this works well." Another told us, "Yes. I'm consulted and totally they listen to what I say and things are done that I suggest." A relative we spoke with told us about the recruitment process, which themselves and their family member were involved with by carrying out interviews. They explained how it was so important for their relative to work with matched people. They told us this contributed to the effective building of a relationship between people and staff. It also enabled the person and their families to actively participate in choosing people they felt comfortable with. One locality manager explained that during these interviews, they could see if people would work well together, "You know if [person's] connected with someone, because of their posture and their facial expressions, they start that relationship from then." Relatives confirmed that they held regular family meetings with staff to carry out a person-centred review, and invited healthcare professionals who were involved in the person's care. These were used to discuss upcoming goals and what people wanted to do, what had worked well recently and any new concerns.

Prior to people using the service, a transition was planned and people were thoroughly assessed so that the service had systems in place to meet people's needs before they began using the service. The organisation also had a specialist team, which included qualified psychologists who supported the staff with developing strategies and care plans. These focussed on positive behaviour support and the team worked with staff on resolving difficulties around behaviour which some may find challenging, as well as emotional and communication difficulties. People's care plans were planned with them, their families and the appropriate

healthcare professionals. The work with the behavioural support team resolved many communication problems and resolved people's distress, so they were happier and able to learn new things, and engage with others more effectively.

The service was highly individualised, and people's records contained an exceptional level of detail about them. They included medical and health information, but also a wealth of information about the persons preferences, needs, personality traits, what characteristics in others they liked, and how staff should support them in different activities and tasks. These ranged from providing support with medicines, to many different aspects of personal care and support with health appointments, to how staff should support people to achieve goals and manage their emotions. There were detailed comprehensive positive behaviour support plans in place which guided staff on alleviating distress in an individualised way, working to the person's strengths and managing their anxieties. We also saw that they contained contributing information and input from families and healthcare professionals involved with the person's care. This meant that people received a service which considered all aspects of their health and wellbeing, and included this in the delivery of support. The service kept in regular contact with the appropriate people to ensure that care plans remained up to date, relevant and as effective as possible.

The care records contained a lot of detail about people's sense of humour, personal history, characteristics as well as their preferred characteristics in others. We saw that care records used people's own preferred and understood terminology throughout, which ensured they understood when care needs were discussed. For example, one person preferred to refer to care staff as 'helpers' and they were referred to this way throughout the records, which also encouraged staff to continue to use the word as this was how the person understood who they were. This helped shape the way in which the organisation worked to provide care based on what individuals needed and preferred. Staff told us that all the information was summarised and they felt confident supporting people from reading the relevant care records.

The service was participating in an innovative research project which focussed largely on improving people's lives through activity uptake and accessing new things and creating new goals, and working step by step towards them. This was then recorded on a computer system by staff uploading videos and photographs of the person engaging in the activity, creating a timeline of their achievements. One member of staff felt this was very positive, explaining, "The video really captures the moment." They explained that in order for staff to catch up on what people had been doing, they could look at the timeline and see the person engaging in what they had done. They also said they planned to record these events with the person, as they benefitted from visual communication such as photographs and videos, and could therefore be more involved in the recording of their care. They said, "[Person] can sit with you and see what you're doing." The staff member also gave an example of how they were supporting one person towards their goal of maintaining their weight. This included steps of supporting the person with mealtimes until they were able to independently perform the task. The steps were therefore broken down into manageable tasks, such as chopping vegetables.

In addition to provision of a high standard of personal care, staff also supported some people to access the community and achieve social and leisure goals, engaging in meaningful activity. The staff had created effective 'social stories' which provided staff with guidance on what worked with people and how to support them with social engagements. The staff encouraged people to participate in various activities such as swimming, horse riding, going on holiday and going to church. One relative told us how staff supported their relative to go to a nightclub when they held a night for people with learning disabilities, and that this had a positive impact as it created a new opportunity for them to meet new people. The staff encouraged people to follow their dreams, and this was included in the care records. One staff member told us how a person had been supported to go on a cruise, from going to the travel agents to book the holiday, and then

organising it over a year to completing it. They said the person enjoyed the experience and felt a great sense of achievement. Another person was supported to play the organ at a college yearly and at a local cathedral monthly. This enabled them to engage in an activity in which they were talented at, giving the person a sense of achievement and purpose.

People were fully supported by staff to engage in their spiritual and religious practices, and this included during personal care support. For example, one relative explained to us how staff supported their family member to say a prayer before bed as this was part of their daily routine, as well as 'grace' before their meals, and did this together with them. This empowered them to keep their daily routine to include their religious practices. One member of staff explained how one person had been supported to attend church, and they had learned how to participate in the service. Over time, they had created their own relationships with people in the church, creating a strong link for themselves within the community. The staff member told us, "[Person] is a valuable member of the congregation and has a strong relationship with the priest." This meant the person was supported to go and make their own connections and friendships which greatly enhanced their sense of community belonging and wellbeing.

Without exception, people and relatives knew who to go to if they had any concerns or complaints. A relative said, "The locality manager. I also know how to go further should I need to." We asked one person who had raised a concern how it was resolved, and they said, "Very good, the manager came to my house and it was resolved at that point." Another told us, "If there is an issue a relevant problem Dimensions will make enquiries and Dimensions come back to me with the problem sorted." The registered manager told us they were focussed on facilitating moving some people where they were not happy living together. This enabled people to have more control over this and move accommodation where this has been requested. We saw that any complaints were investigated and responded to appropriately.

Outstanding ☆

Is the service well-led?

Our findings

The service was consistently and outstandingly well-led. The service was led in a way which consistently focussed on ensuring people's life experience at the service was of the utmost importance. We received consistently positive feedback about the leadership of the service. One person said, "They're a good company and they know what they're doing." The people we spoke with all knew who their locality manager was and said they were always approachable, available and helpful, and people reported that they saw them regularly. One relative told us, "[The organisation] could not improve on what we get. We would not change anything at the moment." Another said that the locality staff had provided better management and structure, saying, "New locality staff have made a major improvement."

There was excellent leadership in place, with a positive, open culture, where staff worked towards a common cause with consistent values. Staff we spoke with were without exception, passionate about providing excellent opportunities, care and support for the people using the service and overcoming any obstacles that prevented people doing things. They shared a common ethos and approach of enabling people to achieve new things and lead ordinary lives. One member of staff said, "We're all working towards the same thing." Another said, "I'm really proud to work for Dimensions, at the heart of everything we do is the people we support." They were aware of their individual responsibilities to promote choice, opportunity and welfare for people. For example, one locality manager explained that staff took initiative when working with people to try new things and organise the steps towards achieving them, developing and evolving people's lives.

The registered manager demonstrated to us that they were passionate about enabling people to have new goals and opportunities available to them. Staff were complimentary about the management team, one saying, "I've never had a better manager. Management is on the ball, the organisation is great." Staff were recognised for their achievements through an annual award, when excellent practice was commended. They told us they felt there were opportunities for career progression, and they worked extremely well as a team together. Staff felt well supported and were assured that any concerns they had would be taken seriously. The staff were encouraged to raise concerns. One locality manager we spoke with told us they carried out regular support shifts with the people using the service. They explained that not only did this provide them with the opportunity to work directly with the team to demonstrate their involvement, it was also a good opportunity to informally observe staff practice.

The structure of the service was such that it could effectively manage the provision of care and support over a large geographical area. The registered manager showed us a flow chart of the structure of this, and this showed that locality managers were responsible for manageable groups of people using the service over two counties. There were then team leaders and support staff reporting to them, and were overseen by the registered manager. Staff we spoke with also felt there were good opportunities for career progression within the organisational structure, and this added to their positive morale.

There was a strong emphasis on making improvements to the service through reflective practice, and the focus around this was to ultimately improve people's lives. The staff completed a monthly report and review

of people's wellbeing which highlighted what had gone well, what had not gone well and any lessons learned. This was then used to set new goals and recognise people's achievements. The monthly reviews were analysed and themes were located and discussed in an annual event called 'Working Together for Change.' Themes both positive and negative, and what people felt was important to them, were located, discussed and actions established to improve and enhance people's wellbeing where potential areas for improvement were identified. For example, in analysing the information collated throughout 2016 the service found that people wanted to have more opportunity to engage in meaningful intimate relationships. The registered manager explained to us that they were in the process of organising a 'dating night' where people could meet each other in the usual way, and start relationships if they wished and staff would support them with this. The agenda had identified actions needed for people's lives to improve in this way, such as supporting the safe use of social media, sexual awareness training, and networking with other organisations to seek advice and information.

The organisation was continually striving for improvement. People we spoke with felt the service actively listened to them and strived for improvement. One said, "Just from the way if you ask something they take on board what you have said." People and relatives were asked for feedback about the service. A relative told us, "They try to improve - they send out appraisals for me to fill-in." The organisation continually maintained contact with families and informally obtained feedback during discussions and reviews of people's care. The organisation sought and listened to the views of people, their families, and staff, and made improvements where needed. All of the people and their relatives that we spoke with said they were well informed about any changes or developments. One relative explained to us that they also received a regular newsletter which contained any relevant information to update people of.

There was an internal quality assurance team within the organisation who carried out meaningful audits in the supported living locations where support was being delivered. We saw that these had identified any areas for improvement in a service delivery action plan, and subsequently, the improvements which had been made. For example, for one location, a new medicines risk assessment tool was being piloted in order to improve medicines management. The organisation was recruiting people with experience of using the service to participate in quality assurance work. One person told us they were applying for a position, and staff told us about another person who had obtained employment with the organisation within the quality team. The locality manager who told us about this explained how this had had a profound impact on people's confidence. The organisation was signed up to an initiative called 'Driving up Quality' which was a commitment to driving up quality in services for people with learning disabilities. This supported the work they were participating in the 'Activate' research, focussing on the individual and their goals, looking at what works well with individuals, supporting people to make decisions wherever they can, and sharing positive stories. An example of this initiative was how Dimensions supported one person to move into their own flat over time. The involvement of the organisation in research and external initiatives demonstrated to us that there was a progressive approach to developing and improving care.

The service worked closely with external organisations to share ideas. For example, they were working with a University, and had begun to participate in a research scheme which aims to improve outcomes for people, and achieve more fulfilling lives through this. This was through using a new and innovative model of support. The methods used within the research project involved positive behaviour support, active support and service review. The methods were innovative in that they employed more use of technology to record progress, and they required the organisation to look at eight aspects including five areas of the person's support needs (environment and health, for example) and three aspects at service level (such as wider organisation support). The project had been shown to decrease distressed behaviours by 60% and increase the uptake of activity by 25%. This led to a significant impact on people's quality of life. The registered manager showed us the details of one person using the service who was part of the pilot programme, and

the goals they had set out using this methodology and the steps towards the goals. This included creating appropriate steps for them to make a meal, and considered the environment, their existing skills, and what support they required to achieve it. The aim of this was for the person to manage their goal effectively, and the impact was to enable the person to achieve new goals and increase their independence and sense of achievement.

The service was following the initiatives set by the National Health Service (NHS) set out in STOMP (Stopping Over-Medication of People with learning disabilities). This included the review of all psychotropic (medicines that affect a person's mental state) medicines used within the service. It also included checking when people last had a medicines review, and if there are plans documented within the care records to reduce the need for these medicines where possible. The service demonstrated to us that this had resulted in reviews and reductions in the use of psychotropic medicines. This was because they used effective positive behaviour support techniques.

People supported by the service were encouraged to create their own links with their local community. For example, one person told us that staff supported them to access a local employment support service. This service is a project set up by a local college which helps young people overcome personal barriers that might be making it difficult for them to find employment. Other people were closely involved with day centres, leisure centres and local churches, leading to them developing a meaningful role, with positive relationships with others in the community. This also added to people feeling valued and important which a continued part to play in wider society.

We found that the information the registered manager gave to us in the PIR (Provider Information Return) was correct, and the service had made further improvements since they submitted this. We noted that the organisation had a good track record over a number of years having delivered a high standard of care. The registered manager was aware of what incidents they needed to report to CQC or the local authority and had regular contact with other teams such as safeguarding, when any advice was needed.