

Dimensions (UK) Limited

Dimensions Waymarks North East Counties Domiciliary Care Office

Inspection report

Derwent House
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Tel: 03003039021

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16 April 2021

19 April 2021

27 April 2021

04 May 2021

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04 June 2021

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

About the service

Dimensions Waymarks North East Counties Domiciliary Care Office is a domiciliary care agency providing personal care to people living in the community. The service was responsible for supporting six adults with learning disabilities including with their personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

People's experience of using this service and what we found

Relatives told us they were happy with the care and support their family member received from the service. One relation told us, "The carers do a grand job [family member] seems happy."

People received care and support from a familiar staff team. The service ensured staff had the right training, skills and experience to support people safely.

A robust recruitment process was in place, all appropriate checks were in place prior to staff supporting people. New staff completed an induction period which included shadowing experienced staff members.

The provider had systems in place to ensure people were protected from abuse and harm. Staff had completed safeguarding training. Individual and environmental risks were identified and managed. Systems were in place to ensure people would continue to receive support in the event of an emergency.

The registered manager reflected on the service provided, a range of information was regularly reviewed with lessons learnt cascaded to staff.

People were treated with respect and dignity. Staff had extensive knowledge about people, their preferences and interests. People, relatives and healthcare professionals were involved in reviews of care and support.

The provider was meeting the Accessible Information Standard (AIS). Easy read documentation was available throughout the service.

Care plans were person centred and provided staff with detailed information on how to support people in line with their preferences. Staff were responsive to changes in people's needs.

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 supported this practice.

The provider had a range of effective quality assurance processes to monitor the quality and safety of the service provided. Staff told us they felt supported by the management team. People, relatives and staff were encouraged to offer feedback.

People were supported to engage in their interests and enjoy new activities. Staff promoted independence and encouraged people to take part in life skills. The service focused on ensuring people had positive outcomes.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

This service was able to demonstrate how they were underpinning principles of Right support, right care, right culture. The service ensured people received the right support to maximises people's choice, control and independence. Care was person-centred and promoted people's dignity and human rights. The service demonstrated a clear ethos with people at its centre, ensuring people using the service led confident, inclusive and empowered lives. The provider was involved in a number of initiatives, empowering people to live their best lives.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection (and update)

The last rating for the service under the previous provider was requires improvement, published on 10 April 2020.

Why we inspected

This was a planned inspection based on our inspection programme.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

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Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by two inspectors.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

Notice of inspection

We announced the inspection on the 16 April 2021. Inspection activity started on 19 April 2021 and ended on 11 May 2021. We visited the office location on 4 May 2021.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection

We spoke with two relatives of people who used the service about their experience of the care provided. We looked at records relating to the management of the service. These included accident and incidents, safeguarding, recruitment and quality assurance records. We looked at three people's care and support records. We spoke with the registered manager, and two members of staff. We asked a number of staff to answer some questions about the service via email which four staff completed.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Risks to people were assessed and mitigated. Environmental and individual risk assessments were developed to support the person to remain safe.
- The service had systems to monitor compliance relating to health and safety.
- The provider had contingency plans in place to ensure people received continued care in the event of an emergency.

Systems and processes to safeguard people from the risk of abuse; staffing and recruitment

- An effective safeguarding process was in place. Staff understood their responsibilities for keeping people safe and knew how to report any concerns they had.
- The provider followed safe recruitment procedures to ensure new staff were suitable to work independently in people's homes. This included obtaining satisfactory references and checks with the Disclosure and Barring Service (DBS).
- People received care and support from suitably skilled and experienced staff. Staff were deployed in line with people's support needs.

Using medicines safely.

- Medicines were managed safely. Daily counts formed part of a medication audit, which allowed for quick action if any errors were identified.
- Staff had completed medication and 'Stopping over medication of people with a learning disability, autism or both' (STOMP) training. The provider conducted regular checks to confirm staff remained competent to support people safely.
- Care plans clearly described people's preferred way of taking their medication.

Learning lessons when things go wrong.

- The registered manager constantly reflected on the service provided. They reviewed and analysed the information from a range of sources including safeguarding and accidents and incidents.

Preventing and controlling infection.

- People were protected from the risk of infection. Staff received training in infection control and understood their responsibilities. Personal protective equipment (PPE) was available for staff.
- The service had supported people with the introduction of wearing face masks to help reduce any anxieties.

Is the service effective?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. People's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience.

- People were supported by suitably skilled and experienced staff. Staff had completed training specifically related to the people they supported. New staff completed an induction programme which included a period of shadowing an experienced staff member.
- Training was up to date. The majority of the training was via eLearning and was monitored by the management team.
- Staff were well supported in their roles and had regular face to face supervisions and appraisals. During the COVID-19 pandemic these continued via TEAMS calls. Staff told us they felt fully supported by the management team.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law.

- Assessments took place prior to people joining the service. The service worked with healthcare professionals and relatives gathering information to create people's care and support plans. One relative said, "I leave it to [staff member] as they are the expert, they look after [family member] so well."

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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 is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

- Care plans clearly detailed how best to support people with choices and decision-making.
- People were supported to obtain the service of an advocate when required. Best interests decisions were made in line with legislation.

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

- Staff promoted and encouraged a balanced diet. The provider had created an easy read format booklet 'Being healthy and staying well'. The booklet covered health diet, exercise and ways to lead a healthy life.

- People were supported in line with their preferences. Care plans contained details about people's dietary requirement and included guidance for staff to follow. Staff had completed dysphagia awareness and food safety.

Staff working with other agencies to provide consistent, effective, timely care; supporting people to live healthier lives, access healthcare services and support.

- The service worked in partnership with healthcare professionals to ensure people received care and support.
- People were supported to attend health and other appointments to help maintain their general health. Staff were quick to recognise changes in people's health and seek medical intervention.

Is the service caring?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. People were supported and treated with dignity and respect; and involved as partners in their care.

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

- Relatives told us staff treated their family members as individuals. One relative said, "I am happy with the support given, [family member] has come on. They treat [family member] with respect they have a lovely relationship with them."
- People were supported by a familiar staff team. Staff had extensive knowledge of the people they supported.

Respecting and promoting people's privacy, dignity and independence

- Staff encouraged people to be independent and to be individuals. One staff member told us how they were always thinking about how best to support the person they supported, considering new ideas to put forward.
- Technology was used to enable people to be more independent. The provider was looking at assistive technology to see if they could enable people to have more space during the night,
- The provider encouraged people to be involved with the running of the service. The registered manager told us about how one person became a paid staff member and helped with the induction of new staff.

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

- People and their relatives were fully involved in creating their care and support package, including decisions about how their care was delivered.
- Care and support plans were regularly reviewed, giving staff access to accurate and current information.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

- Care plans were person-centred and clearly outlined people's preferred routines and preferences. Health action plans, Hospital Passports and COVID-19 Passports were also in place.
- The service held regular discussions with people, their relatives and healthcare professionals about the care and support provided. Information was adopted into care plans ensuring staff had up to date accurate information.
- Staff were responsive when people's needs changed. Staff told us how they sought medical assistance and how they explored new areas of interest to stimulate people.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider ensured that easy read format was readily available and covered all aspects of people's lives including voting, making a complaint and reporting a hate crime.

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

- The service was creative at introducing alternatives when people's day services were stopped during the COVID-19 restrictions. People had been litter picking, helping staff do PPE drops, doing up people's gardens, making sculptures and boot camps. Staff noted this had positive outcomes for people.

Improving care quality in response to complaints or concerns.

- The service had a complaints process in place. It outlined the actions to take and how to acknowledge, investigate and respond to complaints. Relatives we spoke with were confident complaints would be dealt with appropriately.

End of life care and support

- At the time of the inspection there was no one receiving end of life care.
- The service was currently involved in discussions with people and their relatives in developing end of life care plans.

Is the service well-led?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The provider had effective quality monitoring systems in place. The registered manager had access to a range of compliance systems which gave accurate live information.
- The service constantly reflected on the care and support provided. A quality and compliance team regularly reviewed services throughout the provider group and the management team conducted spot checks.
- The provider had submitted the required statutory notifications to CQC following significant events at the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider acknowledged the importance of communication with relatives during the COVID-19 pandemic. The family liaison role was increased, and a newsletter was produced to keep families well informed. The registered manager responded quickly to maintain the desired level of communication for families.
- The provider recognised the impact of "Closed culture" and had introduced it as part of team and individual conversations.
- The management team and staff were passionate about providing good care and support, empowering people to live full lives.
- There was a positive staff culture at the service. Staff expressed how they enjoyed working at the service, felt supported and empowered to discuss any issues with the management. The provider was recently recognised as one of UK's best workplaces by the 'Great Place to Work Institute.'
- Staff were kept well informed. The management team had regular contact with the staff. During the COVID-19 pandemic team meetings were continued via Teams meetings.

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

- There had been no incidents which required the provider to act on this duty. The registered manager and the provider were aware of their responsibilities under the duty of candour.

Working in partnership with others

- The service worked in partnership with health and social care professionals who were involved in people's care.
- The provider was part of the 'My GP and me' campaign to train doctors how best to support people with learning disabilities.