

Dimensions (UK) Limited

# Dimensions Dorset West 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?

Outstanding 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

# Summary of findings

## Overall summary

### About the service

Dimensions Dorset West Domiciliary Care Office provides care and support to people with learning disabilities and autistic people who live in their own homes. It is registered to provide personal care. At the time of the inspection the service was delivering personal care to 21 people. Most people lived in their own home; some people house shared with up to two other people. Where staff slept in to ensure people were safe overnight, they had a private space to do so in people's spare rooms. Staff did not have allocated space that people could not access in their homes. Staff worked in teams focussed on the support of individual people. People lived in their own home, or shared a home with up to two other people who they got on well with.

In 'supported living' settings 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.

CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

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

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

#### Right Support:

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Restrictions were reviewed and creative solutions sought to reduce their use.

Staff sought opportunities for people to increase their opportunities for choice and control through environmental and equipment changes, improved communication tools and strategies and skill development. This meant people were in control of most aspects of their day to day life.

Staff maintained exceptional focus on people's strengths and promoted what they could do, this meant people had a fulfilling and meaningful everyday life and opportunities for new experiences.

People were supported to achieve their aspirations and pursue their interests. Staff worked collaboratively

with people and their circles of support to review progress and find solutions to obstacles. This had led to people achieving goals they were rightly very proud of.

Staff worked creatively with people to plan for when they experienced periods of distress so that their freedoms were restricted only if there was no alternative.

All restraint and restrictions were recorded and reviewed. Staff learned from these incidents and actions were taken to reduce the chances of people becoming distressed.

The staff worked collaboratively with people, their families and professionals to ensure they had housing that met all their needs including sensory and physical needs. For people with very complex needs who caused damage to property when they were distressed this reduced the likelihood that they might lose their home and support. Where people had not yet secured appropriate housing staff advocated strongly on their behalf.

Staff enabled people to access appropriate health care. Staff supported people to play an active role in maintaining their own health and wellbeing. Staff worked collaboratively with professionals and families and sought creative solutions to reduce the impact of health inequalities.

Staff sought every opportunity to support people to make decisions. Staff used people's preferred communication methods and style to optimise their choices, control and connections.

Staff supported people with their medicines in a way that promoted their independence and achieved the best possible health outcome.

#### Right care

Staff were all respectful. They understood people's cultural needs and provided culturally appropriate care and support respecting family traditions, and ways of living and communicating.

People received extremely kind and compassionate care. Staff valued and respected the person/people they worked with and this meant they always protected and respected people's privacy and dignity.

Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

The service had enough appropriately skilled staff to meet people's needs and keep them safe.

People could communicate with staff and understand information given to them because staff supported them consistently and understood their individual communication needs.

People who had individual ways of communicating, using body language, sounds, Makaton (a form of sign language), pictures and symbols could interact comfortably with staff because staff had the necessary skills to understand them.

People's support plans were exceptionally detailed and personalised and reflected their range of needs and this promoted their wellbeing and enjoyment of life. Staff knew people very well and spoke confidently about these needs without reference to the documentation.

People could take part in activities and pursue interests that were tailored to them. The service gave people opportunities to try new activities that enhanced and enriched their lives.

People, families, professionals and staff collaborated to seek solutions that reduced risks people might face. Where appropriate, staff encouraged and enabled people to take positive risks.

#### Right culture

People led inclusive and empowered lives because of the ethos, values, attitudes and behaviours of the management and staff. The management structure had been created to support the organisation's ethos, values, attitudes and behaviours.

People were absolutely at the centre of collaborative and respectful circles of support. Staff valued the knowledge and experience of people's relatives and held them in high regard.

People were supported by staff who understood how best to support them as individuals. This meant people received compassionate and empowering support that was tailored to their needs. This support was rooted in a culture of transparency, respect and inclusivity.

Staff were extremely well supported and this reduced staff turnover. This supported people to receive consistent care from staff who knew them well.

Staff placed people's wishes, needs and rights at the heart of everything they did. They valued the involvement of families and professionals. The management team enabled people, and families, to work with staff to develop the service. Staff valued and acted upon people's views.

Staff evaluated the quality of support provided to people. They involved people, their families and other professionals in a variety of ways in this process. People's quality of life was enhanced by the service's culture of ongoing improvement and inclusivity.

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

#### Rating at last inspection

This service was registered with us on 1 September 2021 and this is the first inspection.

#### Why we inspected

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

#### Follow up

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

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

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good 

### Is the service effective?

The service was exceptionally effective.

Details are in our effective findings below.

Outstanding 

### Is the service caring?

The service was exceptionally caring.

Details are in our caring findings below.

Outstanding 

### Is the service responsive?

The service was exceptionally responsive.

Details are in our responsive findings below.

Outstanding 

### Is the service well-led?

The service was exceptionally well-led.

Details are in our well-led findings below.

Outstanding 

# Dimensions Dorset West Domiciliary Care Office

## **Detailed findings**

### Background to this inspection

#### The inspection

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

#### Inspection team

The inspection was carried out by one inspector and an Expert 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.

#### Service and service type

This service provides care and support to people living in 'supported living' settings, their own homes and flats, so that they can live as independently as possible. In 'supported living' settings, 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.

#### Registered Manager

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

At the time of our inspection there were four registered managers in post.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed

to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 27 October 2022 and ended on 16 November 2022. We visited the location's office on 2 November 2022.

#### What we did before the inspection

Before the inspection we reviewed information, we held about the service including statutory notifications. Statutory notifications include information about important events which the provider is required to send us. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

#### During the inspection

We visited five people in their homes and had telephone calls, or received written feedback, from the relatives of nine people. We spoke with ten members of staff, the four registered managers and the operations director. We also spoke with, or received written feedback, from six health and social care professionals.

We looked at records related to the care and support of six people. We also reviewed records relating to the management of the service including service improvement plans, the oversight of incidents, staff meeting minutes, rotas, training records, and four staff files.

# 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 of 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

- Staff worked with people and their families to understand what mattered to people and to ensure this informed how risks were considered and managed. This work was being reviewed and developed for each person as part of regular circle of support meetings. A circle of support is network of relatives, friends and professionals who meet with a focus on improving or maintaining a person's quality of life. Risk management plans were informed by an understanding of people's sensory and communication needs and updated whenever necessary. One relative commented: "They have done a lot on risk management if something happens, they do reflections and learning. I have a lot of input and consultation and engagement. They look at suggestions about what to do differently, they are open to suggestions if things have not gone right."
- The culture of the team supported creative solutions. Film work was scheduled to enable one person to explain how they needed and wanted to be supported when they were experiencing a crisis and could not manage their own safety. Now the person received exceptionally person-centred support they were not distressed very often. This meant new staff did not get many opportunities to observe situations when the person needed staff to use physical interventions. The team showed newer staff and had come up with a plan, with the person's relatives, to film their acted scenarios. This would further reassure new staff; enhancing their ability to support the person confidently in these times.
- People's care records helped them get the support they needed to reduce risks because they were detailed about the support needed. Where appropriate, photos were used to support staff understanding and there were plans to enhance this further with the use of film clips where they would explain support actions more clearly.
- People lived safely and free from unwarranted restrictions because the service assessed, monitored and managed safety well. All restrictions of people's freedom were documented and monitored.
- All relatives and professionals described how staff were proactive in supporting positive risk taking. We heard about how exceptional positive risk taking had opened up people's lives and saw examples of them enjoying the opportunities this brought them. A professional described the impact of this approach on one young person who had recently been supported by the provider. They told us how prior to the move, "This had been a fairly restrictive time for him, and latterly his challenging behaviours and the care provisions lack of staff had meant that he had not been able to access things he enjoyed...Dimensions have ensured that his staff team have been trained to support his challenges and this client is now able to access the community and enjoy his community safely in a much less restrictive way."
- Staff recognised signs when people experienced emotional distress and knew how to support them to minimise the need to restrict their freedom to keep them safe. This information was clear in people's support plans.



- People's freedom was restricted only where they were a risk to themselves or others, as a last resort and for the shortest time possible. Staff made every attempt to avoid restraining people and did so only when de-escalation techniques had failed and when necessary to keep the person or others safe. Staff, and the provider's specialist behaviour support team, reviewed all incidences of restraint and used the examples to learn and improve people's support so they did not become distressed. This approach was successful; staff, relatives and professionals told us that incidents that required restraint due to distress were usually infrequent. One relative reflected on this approach: "This happiness and feeling of security is very much in evidence with his behaviour which used to be challenging and would affect his sleep as well. He is now much more settled."
- People, and staff, received personalised support following any situations where the person had been very distressed. For staff there was opportunity to defuse and debrief. The senior team were working with the Tizard Centre to develop the effectiveness of this staff support. The Tizard Centre is a leading academic centre working in autism, learning disability and community care.
- Planning had been carried out to ensure people could be supported safely, and sensitively, if they needed to evacuate their home due to an emergency.

### Staffing and recruitment

- Staff were recruited to work with individual people. The registered managers had developed excellent knowledge of the traits and skill sets that staff needed to work with each person.
- Staff recruitment and induction training processes promoted safety, including the checks and induction for agency staff. The recruitment processes involved people and family members and this further reinforced the matching of people with the staff who would support them best.
- Staff were deployed in ways that met people's needs. The length, and timing, of shifts reflected how people like to spend their time, and their needs for consistency. Where this meant staff needed to work long hours consideration was given, and actions taken to mitigate, to the potential unintentional impacts of this for both the staff member and the person. This meant staff were well supported and people received consistent and compassionate care and support.
- The service had experienced the care sector wide challenges in ensuring they had enough staff, including to support people to go out as and when they wanted. One relative reflected on the impact of national staff shortages and the commitment of the staff who supported their relative: "Yes, they are amazing, make sure they look after her. A shortage means they struggle sometimes, it's a national thing... they make sure it's covered, people do extra willingly."
- Managers had taken action to secure appropriate staff by offering attractive training and support packages and enhanced pay for roles assessed as involving specific challenges. This action meant recruitment had improved.
- Staff recruitment and induction training processes promoted safety, including the checks and induction for agency staff. The recruitment processes involved people and family members.

### Learning lessons when things go wrong

- People received safe care because staff learned from incidents, near misses and new practices both within the service and across the organisation.
- The service managed incidents involving people's safety exceptionally well. Staff reported them appropriately and managers investigated incidents robustly before sharing lessons learned. The result of this commitment to learning was that people experienced markedly reduced periods of distress or unforeseen risk.
- When things went wrong, staff gave people and their families honest information and valued the experience and viewpoint of relatives. Relatives valued this honesty and commitment to learning.
- The organisation was committed to embedding learning. This included an organisational commitment to

never events. These never events described situations where a person supported by Dimensions could be seriously harmed or die due to failure in their support. Staff understood these never events and the systems in place to ensure people were protected.

#### Systems and processes to safeguard people from risk of abuse

- People were protected from abuse because staff were actively encouraged to share any changes in how people presented in regular conversations with their managers and people's families. This open culture focussed on people's well being reduced the likelihood of abuse.
- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. People developed trusting relationships with consistent staff. The service worked well with other agencies to protect people.
- Staff had training on how to recognise and report abuse and they knew how to apply it. Some people did not use words as their main means of communication. Staff understood how people communicated and explained, with confidence, how they knew if the person, or people, they supported were distressed.
- The provider had regional safeguarding board which analysed themes and specific situations and shared the learning across the organisation.

#### Using medicines safely

- The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Staff understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) and ensured that people's medicines were reviewed by prescribers in line with these principles
- People received supported from staff to take an active role in taking their medicines. They were supported to take their medicines in ways that suited them.
- People were supported by staff who followed systems and processes to administer, record and store medicines safely.
- Staff received training in how to give medicines safely and their competence was checked.

#### Preventing and controlling infection

- The service used effective infection, prevention and control measures to keep people safe, and staff supported people to follow them. Staff helped people keep their homes clean.
- Staff supported people to follow guidance related to infection control. Staff had been creative and worked with people and their families to reduce the impact of the pandemic.
- The provider organisation had ensured that the infection control policy had been kept up to date and that staff and people had appropriate guidance and information.

# 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 outstanding. This meant people's outcomes were consistently better than expected compared to similar services. People's feedback described it as exceptional and distinctive.

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

- Feedback from all professionals described people receiving person centred support from skilled and invested staff supported by strong and committed management. They told us they rated the support people received highly and described this leading to very positive outcomes for people including people who had experienced difficult periods where support had not been successful.
- Staff completed a comprehensive assessment of people's needs before they started to provide care and support. This assessment included the views and experiences of the person, their family and professionals who knew them well. These holistic assessments reflected a philosophy of support that placed the person fully at the centre and respects their history, family culture and traditions. For one person with very complex support needs this philosophy had been made explicit in a written document that underpinned all their care and support. We were told by staff, professionals and relatives this enhanced and innovative approach had underpinned support that had made a huge difference to the person's quality of life resulting in markedly less distress and increased participation in their community and activities that brought them pleasure.
- Staff took the time to understand how people communicated. We observed skilled communication between people and the staff supporting them.
- People had support plans that were personalised, holistic, strengths-based and reflected their needs and aspirations, included physical and mental health needs. People, those important to them and staff reviewed plans together regularly. These reviews were individually planned and carried out in ways that each person could contribute to this gave people the chance to celebrate what they had done, and to make plans, with people who cared about them.
- Support plans reflected detailed understanding of people's needs, including relevant assessments of people's communication support and sensory needs. These documents were kept up to date and relevant. Support plans also always promoted active support strategies to enhance independence.
- Support plans and documentation also demonstrated evidence of planning and consideration of the longer-term aspirations of each person. For some people housing needs were also identified and staff advocated strongly on people's behalf to secure appropriate long-term housing. This was especially important where people's housing may be at risk due to damage sustained when they were distressed.

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

- Staff advocated strongly for people, and when appropriate worked in partnership with families and professionals to ensure people had access to optimal healthcare. This focussed person centred approach ensured people had access to appropriate health treatments. One person had been able to have surgery to enhance their sight. This required detailed planning and preparation work with the person. After their

operation staff had worked additional hours to ensure they did not touch their eye until the healing had taken place. The result of the planning and support meant the operation was a success and the person was able to do things that had become impossible beforehand.

- Some people had very complex and continued health needs, staff always sought to improve their care, treatment and support by identifying and implementing best practice.
- People were supported to play an active role in maintaining their own health and wellbeing. Staff used skilled communication to reinforce messages related to health. One relative identified the importance of the trusting relationship a person had developed with staff and how this enabled them to have preventative treatments without the stress it had always caused them.
- People were supported to attend annual health checks, screening and primary care services. People had health actions plans/ health passports which were used by health and social care professionals to support them in the way they needed
- A wide range of health and social care professionals were involved in the development of support plans and took part in regular circle of support meetings if appropriate. Healthcare professionals contacted took the opportunity to contribute to the inspection and all described the support people received as proactive. One health care professional described them as "incredibly proactive and patient centred".
- Professionals and families highlighted staff were extremely committed to the people they supported. They worked collaboratively to reduce the chance of people experience mental health crises. Where people were in crisis they were committed to supporting them through these periods. This was possible because staff were invested, well supported and committed to work collaboratively with people's circles of support. Links with health and social care services were excellent.
- Where challenges in accessing appropriate health support were identified in more than one geographical area the provider organisation sought to affect national improvement. Local feedback had informed national work about improving access to appropriate dental care based on research and challenging services to improve.

Staff support: induction, training, skills and experience

- People were supported by staff who had received appropriate training tailored to their needs and strengths. This meant staff learned about the person, or people, they were supporting specifically alongside more general training. Staff described how detailed their induction had been and talked about the confidence this imbued them with as they knew they were getting the person's support right.
- Staff received support in the form of supervision, appraisal and recognition of good practice. They were given the opportunity to develop knowledge and skills that supported their personal and professional development beyond the level necessary for their role. This was enabled by a provider scheme and current staff were using the scheme to develop enhanced knowledge and expertise about topics such as safeguarding and the impacts of dyslexia. This knowledge was used to improve the support received by both staff and people. We heard this investment in staff development enhanced their feeling of being valued and enabled them to contribute more to the organisation.
- The training included the wide range of strengths and impairments people with a learning disability and or autistic people may have, communication tools, and positive behaviour support. All staff had received training that supported them to understand these topics in relation to the person, or people, they supported.
- Updated training and refresher courses, and group discussion centred on people, enabled staff to continuously apply best practice.
- The registered managers checked staff's competency to ensure they understood and applied training and best practice.
- Staff attended regular meetings with their colleagues who supported the same person. This provided a

structure for peer support that promoted good quality care and support.

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

- People received skilled and personalised support to eat and drink enough to maintain a balanced diet.
- People were involved in choosing their food, shopping, and planning their meals in ways that were meaningful to them. People shopped locally and were supported to make community connections that added additional meaning to the necessary task. Staff had supported a person to make links with a local shop. This meant the staff in the shop were willing to reduce the number of other shoppers, or close the shop to others, to enable the person to buy their own food and drink.
- Staff supported people to be involved in preparing and cooking their own meals using active support techniques. Active support is a way of providing support which focuses on a person's participation. We heard numerous examples of people being involved in cooking tasks in ways that were meaningful to them and made them integral to the process.
- People could have a drink or snack at any time. Where people found moderating their food intake challenging and did not have mental capacity to understand the impact on their own wellbeing, staff worked creatively and in partnership with families to develop the least restrictive solution for each individual.
- Mealtimes were entirely flexible to fit with how people lived their lives. If it was appropriate for a person, staff sat down with them to encourage a relaxed and social feel to mealtimes. People were also supported to entertain guests for meals in their homes. This supported their role in actively maintaining their relationships.
- People with complex needs received support to eat and drink in a way that met their personal preferences. Staff had received training and had their competency assessed in relation to how each person needed to be supported to both eat and drink safely and have as much control as possible. This meant staff understood the risks and challenges each person faced in relation to eating and drinking.
- People were able to eat and drink in line with their cultural preferences and beliefs. Staff knew people's favourite foods and food related habits and rituals and understood the importance of them. During lockdown staff had found creative solutions to enable people to continue with food related activities that mattered to people and kept them linked to their community. For one person this had included getting the packaging that takeaway food came in and learning to make substitutes acceptable to the person. This innovative solution had helped the person cope with the challenges of lockdown.

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

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

People can only be deprived of their liberty to receive care and treatment 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.

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

People were supported to make their own decisions about their care and support wherever possible. Support plans detailed decision making agreements designed to help people, staff, families and professionals: to think about how much control a person has in their life; to clarify how decisions are made and to increase the choice and control each person has in their life. We observed people's choices being validated and respected.

- Where people were deprived of their liberty through the court of protection staff ensured the conditions identified were met.
- Staff understood all the ways people made their views about their support known.
- When people were assessed as lacking mental capacity for certain decisions, staff clearly recorded assessments and any best interest decisions made. There was a flexible approach to consent with staff keeping decisions under review and seeking to improve how people were engaged.

# 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 outstanding. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- People were supported by managers and staff who were committed to a strong, and visible, person centred culture which put people in the centre of the care provided. Respect and dignity were at the heart of this culture. All documentation seen and discussions with staff reflected teams of staff committed to supporting people to be in control and living the life they wanted. Relatives described people living lives well supported by empathetic, compassionate staff. One relative summed this sense of care up, "they are really caring, always got (name) best interests at heart, she loves them."
- Kindness and respect were evident in all teams. This fundamental basis of the care and support provided meant staff always listened to people and found ways to overcome any barriers to people achieving their goals. We heard numerous examples from staff, professionals and families about the impact of this approach and we observed the support people received in their homes placed them at the centre of everything. One relative commented on the impact of this approach saying: "They are getting their life."
- The embedded culture of kindness and respect extended to the relatives of the people supported by the organisation. Staff spoke respectfully about the families of the people they supported and worked collaboratively with them to establish shared understanding with the common purpose of achieving the best for people. Professionals reflected on the exceptional solution focussed culture these respectful relationships achieved. The success of this approach was clear in all the exceptional support we observed and reviewed. It led to people achieving balanced and contented home lives which enabled them to take advantage of wider opportunities.
- Staff understood how important it was for people to maintain and develop relationships and people could rely on their staff teams in happy and difficult times. Teams used tools such as social stories and more individualised creative methods to communicate in times of sadness and excitement. Social stories are a tool used to help autistic people understand social situations. For the people supported this was invaluable in supporting them to navigate complex emotional experiences and new information. We heard about the positive impact this had for people and their families. One professional reflected on how the team had supported a person to understand a forthcoming visit, and the changes it involved, in a way that enabled a person to spend positive time with a relative they had not been able to see for a long time. This was an exceptional outcome for the person and their family.
- We observed how people communicated with staff and us as visitors to their homes. It was evident that people felt respected and in control of our visits. Staff supported them skilfully to ensure their communication was understood, valued and respected.

- Staff were calm, focussed and attentive to people's emotions and support needs such as sensory sensitivities. This attention to detail meant that people lived in homes that were adapted to meet their sensory needs. Where this was not possible staff, and senior managers, advocated robustly for people and this persistence and commitment to people had led to people securing housing that met their specific needs.
- Staff were acutely aware of people's likes and dislikes and ensured their preferences for support were respected. Staff were able to tell us in depth about people without referring to support plans. They all spoke with passion and enthusiasm for their work and told us how proud they were of the achievement of the person/people they supported and their colleagues.
- People told us staff were good and kind towards them. People who did not use words to communicate were relaxed in the company of staff. One family member told us: "To know (person's name) is safe, happy and well looked after by people who care about them and who they care about really is incredible."
  - Staff routinely sought leisure activities and widening of social circles, they discussed how they kept alert to events that the person/people they supported may enjoy. Staff were focussed on the benefits of people's involvement in their communities and in activities that brought them joy. They had a solution focussed approach, considering potential challenges and triggers, to ensure people had the best chance of success.
  - Staff knew when people needed their space and privacy and respected this. This enabled people to have control in their lives and reduced times when they were distressed.
  - The team had developed a comprehensive understanding of the needs of young adults when they move from services for young people. The teams championed an approach that involved detailed planning with families, professionals and young people to ensure they were able to develop their independence and control in their adult lives. Professionals involved in transition work described that the teams were 'excellent' to work during lengthy and complicated work. The focus on detail alongside a creative approach to problem solving meant younger adults were able to build their independence and role in their communities.
  - People were praised for their achievements, and this led to obvious pride. One person showed us a restriction that they no longer needed in their car to keep staff safe. For a person who had experienced the disapproval and disappointment of staff over many years this recognition of their own hard work and resultant sense of pride was essential to their wellbeing.

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

- People, and when appropriate their families, were fully involved in making all decisions and choices about their care. The times when people needed support with decisions were clearly identified in their support plans. We observed staff who were exceptionally skilled in 'hearing' what people wanted whatever their preferred means of communication. This meant people's views were respected and at the centre of decision making.
- People determined how they spent their days with choices offered in meaningful ways and clear communication enabling them to get involved in their communities.
- Relatives told us the care people received was dignified and showed respect toward them. All relatives said they felt listened to and that their loved one's views were respected. One relative focussed on the skill staff had shown in understanding their loved one's particular communication method. Another relative focussed on the extremely positive outcomes this approach had led to now their loved one was heard, and respected, by the staff supporting them.



# 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 outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

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

- Everyone we spoke with, people, relatives and professionals told us the care and support people received was entirely personalised and suited to each person. This started from recruiting a staff team to support people when they started to receive support from the service, getting to know each person and shaping the support in line with their individual choices and preference.
- Support plans were kept under review and were increasingly populated with photographs and video clips to ensure staff could ensure the consistency people needed. This approach placed the person at the centre of their support plan and enabled them to take an active part in communicating their needs.
- Professionals, families and staff all reflected extremely positively on what this meant for people and how they lived their lives. Professionals all told us they held the service in high regard because of the emphasis on the experience of people they support. One health care professional told us: "They absolutely prioritise the health and experience of people they look after from what I see of them, focussed on short medium and long term rather than just short term." Another professional said: "The team are proactive and seek the best outcomes for the people they support...The care I have witnessed is holistic and person centred, planned well, and evaluated regularly and objectively."
- Professionals and families commented on the commitment of the whole team to ensuring the best outcomes for people. One professional told us, "They go 'the extra mile'."
- Providing community-based opportunities for people was extremely important for staff and management at the service. Staff were resourceful and creative in how they helped people achieve their goals and pursue their interests. Registered managers worked collaboratively with professionals and families to ensure positive risk taking was embedded in the organisational culture. This meant people were able to go to places and get involved in activities that made them happy. Professionals described how the cultural commitment to seeking minimum restriction had led to enhanced opportunities for younger people moving into adulthood.
- Relatives praised the staff team for their commitment to involve people and help them pursue activities they enjoyed. One relative described how their loved one was rediscovering activities they enjoyed now the restrictions of the pandemic were easing. They commented "They are getting their life back; it is lovely."
- People's support plans were developed with them and with people who cared about and knew them well. They included highly personalised information about how people communicated and what their likes, dislikes and preferences were in day to day life. The support provided was regularly reviewed by the person and their circle of support. These reviews were tailored to ensure the person was meaningfully at the centre

of a celebration of their achievements.

- Through regular reviews with people and their circles of support, the need for changes to people's housing had been identified. The staff teams had supported eight moves since it had been registered. These had been successful because in each case the person had been central to the planning and skilled communication had ensured they led the process. These people were now more secure in their home and community.

### 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.

- Staff ensured people had access to information in formats they could understand
- There were visual aids including objects, photographs, symbols and individually designed communication boards which helped people know what was likely to happen during the day and who would be supporting them.
- People had individual communication plans that described effective and preferred methods of communication, including the appropriate approach to use for different situations.
- Staff had excellent awareness and understanding of individual communication needs, they knew how to facilitate communication and when people were trying to tell them something. Relatives commented on the skills staff developed and were reassured their loved ones were heard.
- Staff worked closely with health and social care professionals and ensured people were assessed to see if they would benefit from the use of non-verbal communication aids. Where they had developed skills using communication systems prior to being supported by Dimensions the team that would support them learned these skills and communicated with the person in their preferred manner.

### Improving care quality in response to complaints or concerns

- When people told staff with words or actions that they were not happy, their concerns were listened to and acted on. Staff teams reflected and sought input from professionals and families to increase the chance of getting support right for the person. We heard about numerous situations related to environment, staffing, activities and health access where staff 'heard' people and changed how they provided care and support.
- Relatives told us the registered managers and senior teams were very responsive to their feedback or any concerns they raised. This meant that issues were resolved before they had to make any formal complaint. One relative described how a registered manager had listened to their concern and addressed it effectively and without defensiveness.
- The provider's complaints procedure was appropriately shared with people and relatives to ensure they knew how to raise their concerns.

# 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 outstanding. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- This location of Dimensions in Dorset was registered to ensure local, high quality oversight of people's experience of support as its predecessor location grew. The previous location was rated outstanding and the current operations director who supported the four registered managers had been involved throughout.
- The registered managers and operations director shared an ethos and values that was embedded in the way all staff spoke and approached their roles. All staff spoke with enthusiasm about their colleagues, the provider organisation, the wider network they collaborated with and most vociferously they shared their commitment and enthusiasm about the lives and rights of the person/people they supported. The whole organisation's passion and commitment to provide people with excellent care and support was obvious to other professionals who worked with people supported by the team. One professional commented, " Their commitment to the people they support was commendable."
- Communication systems and meetings supported the focus on individual people with most team meetings centred around one person and their support. One registered manager described how the format of meetings supported staff to be creative and explore solutions informed by the organisation's values. They also afforded the opportunity to remind staff of the difference they make. This sentiment and commitment was reflected in our discussions with staff.
- People, relatives and professionals all spoke highly of the management team. We heard comments from professionals such as "Dimensions have been excellent to work with." And "Dimensions West Dorset is an incredibly proactive and patient centred organisation" and reflected how this was "in every aspect of the service they deliver".
- The operations director and registered managers were able to demonstrate how they continued to develop the service. They were constantly looking to enhance the ways they ensured the service was safe, effective, caring and responsive to ensure they met people's needs as well as they possibly could.
- The provider's systems and processes had been developed to further support the registered managers to monitor and improve the quality of the care and support people received. An electronic governance monitoring system meant that monitoring and management tasks were flagged and any areas for development could be monitored more easily than had been possible with the previous service development plans. This enabled the registered managers to make use of their time more effectively and ensured a robust framework for organisational oversight.

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

- Staff told us they felt valued and listened to by their managers. We saw that staff had supervision and support appropriate for their job roles and this included opportunities to speak openly about the challenges of the role and regular calls from registered managers who called the staff working with each person whose care they oversaw at least twice each day. One member of staff said, "I am 100% supported. It is a great place to work. You come away knowing you have made a difference. We are very appreciated. We are told when we are doing a great job." This sentiment was reflected by all the staff we spoke with.
- There were exceptionally robust quality assurance systems in place. These included quality reviews undertaken by the provider organisation, internal peer reviews carried out by the registered managers, internal reporting and visits and oversight carried out by the operations director. The provider led reviews included an expert by experience and provided a national perspective. The local quality assurance systems reflecting the needs of the teams locally and promoted an open, challenging and mutually supportive culture focussed on achieving excellence. As a result of these systems the management team were clear about areas of work that were needed, built on good practice and valued each other's expertise. The impact on people's experience is referenced throughout the report and included people having greater control in their lives and experiencing less distress.
- The provider organisation had clear structures embedded to share learning across all services. A registered manager had worked with an epilepsy nurse to better understand a person's seizures. The outcome of this work included learning about the powerful benefits of using video to support planning especially if a person regularly needs emergency medicines due to seizures. This learning led to a reduction in the administration of emergency medicine for the person and was shared nationally.
- The operations director and registered managers were extremely proud of their teams and the people they supported. One registered manager told us, "I am so proud of the people we support. I feel we have achieved a lot with them." Another registered manager told us "The team are brilliant. I am very proud of them all."
- Staff were clear about their roles and responsibilities. They understood the importance of their work in ensuring people received high quality support to live lives the way they chose to live them. They felt empowered to suggest improvements and solutions.

Working in partnership with others; Engaging and involving people using the service, the public and staff

- People were directly involved in the management of the service. They took part in meetings with their staff team where they could give feedback in ways that were meaningful to them about the service they received. Circle of support meetings also involved external professionals, relatives, staff and people this promoted the discussion of best practice.
- Alongside informal opportunities to feedback and contribute to service development, people, and the relatives of people supported by Dimensions, were invited to an annual formal engagement event. These events called 'Working together for change' days led to action plans both at a local and national level. We heard how people and their families had raised concerns about staffing levels and access to the community at the last event. Some of these concerns had been the result of the pandemic but Dimensions had sought to address them and reviewed their recruitment strategy. They had also thought creatively about the accessibility issues and developed the opportunity for staff to be financially supported to learn to drive.
- Staff told us their opinions were valued and that there was very clear communication with approachable management. This communication was reflective of the culture of the organisation that professionals reflected on when they highlighted the impact of "well invested" staff.
- The registered managers had areas of expertise and experience that they focussed additional learning on to better support their colleagues. These included areas such as positive behaviour support and transitions.
- The operations director was invited to be part of a development project working with the University of

Kent's Tizard Centre. The project is working on improved interventions aimed at supporting the wellbeing and resilience of staff members working in homes where traumatic incidents may occur. This was important work as the higher turnover of staff in homes where people can become agitated and anxious when distressed leading to the risk that they hurt themselves or others, leads to further distress for the people supported. The operations director had a personal and professional commitment to provide high quality support to the teams working in higher risk homes. The project had included trauma training for registered managers and their assistant managers enhancing their ability to facilitate defusing interventions and offer effective debriefing after incidents. The project is currently at a pilot stage and the efficacy of these interventions is being assessed.

- Staff had the opportunity to engage in development training and learning to improve their knowledge through a development programme. Whilst this knowledge did not have to be directly related to their role it increased the knowledge and skill base within the team and provided opportunity for quality improvement work.