Dimensions (UK) Limited

Dimensions Berkshire Domiciliary Care Office

Inspection report

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Date of inspection visit:
10 May 2016
16 May 2016

Date of publication:
22 June 2016

Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on the 10 & 16 May 2016 and was announced.

Dimensions Berkshire Domiciliary Care Office is a domiciliary care agency providing a supported living service for approximately 158 people throughout Berkshire. A range of support is provided to people living in their own homes, some of whom share accommodation with others. The service supports people with a learning disability and associated needs.

There was a registered manager for the service. 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.

People told us that they felt safe with staff and would be confident to raise any concerns they had. The provider's recruitment procedures were robust, medicines were managed safely and there were sufficient staff to provide safe and effective care.

There were procedures in place to manage risks to people and staff. Staff were aware of how to deal with emergency situations and knew how to keep people safe by reporting concerns promptly through processes that they understood well.

Staff received an induction and spent time working with experienced members of staff before working alone with people. Staff were supported to receive the training and development they needed to care for and support people's individual needs.

People said they felt listened to and were happy with the service provided. They told us that staff treated them with kindness and respected and involved them in decisions about their care.

People's needs were reviewed regularly. Individual care plans were in place which provided information about people's care needs and they were designed to promote person-centred care. Up to date information was communicated to staff to ensure they provided appropriate care. Staff contacted healthcare professionals in a timely manner if there were concerns about a person's wellbeing.

People told us they had been asked for their views on the service and were able to raise concerns and complaints if they needed to. They felt confident that staff and members of the management team would take action if necessary.

The provider had an effective system to regularly assess and monitor the quality of service that people received. There were various formal methods used for assessing and improving the quality of care. Feedback was sought from people and care records were audited. Complaints were addressed and action taken

according to the provider's policy.

People's rights to make their own decisions were protected. Managers and staff had a good understanding of the Mental Capacity Act 2005. They were aware of their responsibilities related to the Act and ensured that any decisions made on behalf of people were made within the law and in their best interests.

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 is safe.

Staff knew how to protect people from abuse.

People felt that they were safely supported.

There were sufficient staff with relevant skills and experience to keep people safe.

Medicines were managed safely.

Is the service effective?

Good

The service is effective.

People were involved in their care and their consent was sought before care was provided. They were asked about their preferences and their choices were respected.

People had their needs met and were supported by staff who had received relevant training.

Staff sought advice with regard to people's health in a timely way.

Is the service caring?

Good

The service is caring.

People were treated with kindness and respect.

Their privacy and dignity was protected. People were encouraged and supported to maintain independence.

People were involved in and supported to make decisions about their care.

Is the service responsive?

Good

The service is responsive.

Staff knew people well and responded quickly to their individual needs.

People's assessed needs were recorded in their care plans that provided information for staff to support people in the way they wished.

There was a system to manage complaints and people were given regular opportunities to raise concerns.

Is the service well-led?

Good

The service is well-led.

There was an open culture in the service. People and staff found the management staff approachable and very supportive.

People were asked for their views on the service. Staff had opportunities to say how the service could be improved and raise concerns.

The quality of the service was monitored and action was taken when issues were identified.

Dimensions Berkshire 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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 10 and 16 May 2016 by one inspector and was announced. The provider was given a short notice period because the location provides a domiciliary care service and we needed to be sure that the registered manager and senior staff would be available in the office to assist with the inspection.

The provider information return (PIR) which the provider is normally sent by CQC to complete had not on this occasion been sent. However, the provider had anticipated our request and a completed form was available during the course of the inspection. This form asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also looked at all the information we have collected about the service. The service had sent us notifications and information as required. A notification is information about important events which the service is required to tell us about by law.

During our visit we met and spoke with nine people who used the service. We spoke with the registered manager, ten locality managers who are each responsible for the management of several services, two team leaders, and five care staff in person. As part of the inspection we contacted a range of health and social care professionals and care staff who worked for the service. We received no feedback from the twenty community professionals we contacted. However, we received written feedback from twenty care staff employed by Dimensions at various locations throughout Berkshire.

We looked at people's records and documentation that were used by staff to monitor their care. In addition,

we looked at four staff recruitment and training files, duty rosters, staff team minutes, complaints and records used to measure the quality of the services. The registered manager provided us with a range of other documentary information which we requested following our visits.

Good

Is the service safe?

Our findings

People who use the service said they felt safe with staff that supported them. They told us they had no cause for concern about their safety or in the way they were treated by staff. One person said, "if I was unhappy I would speak with staff." Another said, "They (the staff) are nice here. I can speak to them if I need help." Staff told us, "I am confident that people are safe and being treated well, by making sure they have a choice and by being supported emotionally and physically." And, "we promote a safe environment to people we support and maintain the service to quality standards." Another staff member told us, "I believe they are safe and I am confident they are treated well because they are happy and when they have something bothering them they always speak to staff."

During our inspection we found there were sufficient staff available to keep people safe. There were established staff teams employed by the provider who were supported by team leaders and locality managers visited each residence on a regular basis. The service had some staff vacancies which were covered by overtime and by bank staff who were familiar with the people supported. Staff told us that there were enough staff to meet the needs of people and this would be reviewed if someone was particularly unwell or required additional support.

Care packages were implemented according to people's individual needs and as commissioned by the local authority and/or by the direct payments paid to individuals. There were risk assessments individual to each person that promoted their safety and respected the choices they had made. These included risks such as those associated with attending activities and their nutritional needs. People's homes were assessed for any environmental risks and according to the service's health and safety policy and procedures. Staff told us they reported anything they thought had changed and/or would present a risk for the person to senior staff. There was an electronic reporting system for a range of incidents and accidents. These included trips, slips, falls and medicines errors. This was supported by a clear reporting policy. It was the responsibility of the locality manager to review and identify any improvements needed or trends that required intervention. All actions taken to reduce risks were recorded.

People were protected from the risks of abuse. Staff knew how to recognise the signs of abuse and knew what actions to take if they felt people were at risk. Staff were confident they would be taken seriously if they raised concerns with the management and were aware of the provider's whistle blowing procedure. One member of staff told us, "I have reported issues to my team leader in supervision and feel she has always responded with good advice and taking appropriate action".

The provider had effective recruitment practices which helped to ensure people were supported by staff of good character. Locality managers were involved in recruitment of staff throughout all stages of the process. The interview process involved candidates meeting with the people they might support so that existing staff could observe interactions. This was explained and understood by all candidates. All recruitment records were held electronically and we were shown the system and were provided with access by one of the relevant staff members. They completed Disclosure and Barring Service (DBS) checks to ensure that prospective employees did not have a criminal conviction that prevented them from working with

vulnerable adults. Application forms were fully completed and notes from interviews were kept and formed the basis for future supervision and training needs. References from previous employers had been requested and gaps in employment history were explained.

People's medicines were handled safely. Medicines were stored in people's bedrooms unless there were reasons why this was not safe to do so. People were given their medicines by staff who had received training in the safe management of medicines. Only staff assessed as competent were allowed to administer medicines. Staff confirmed they had received training and that their competence had been checked by a manager observing them administering medicines. Staff training records confirmed that all staff had received the training before handling medicines. We saw that there were regular weekly medicines audits undertaken within each service.

Good

Is the service effective?

Our findings

Staff told us that they thought they were well-trained. We received a range of comments from staff including, "All staffs must complete mandatory training on the portal and attend practical training like moving and handling, CPR etc, and in house training." "We have access to all the training we need. We get alerted when any training is near to expiry. We also get additional special service training when the need arises." "All the team are compliant with their mandatory training and all have access to the portal. I check training records and will inform staff if any of their training is due."

Staff told us that they felt they had received a good induction that gave them the confidence and skill they needed to work with people independently. The induction included a combination of on line e-learning and face to face training. Some staff felt that e learning was used more frequently and there was a consensus that face to face training was often more effective. We were told that webinars were used to explore a range of topics including risk assessments. Staff said they had shadowed more experienced staff before being assessed as competent to support people on their own. One member of staff told us, "I receive training that is tailored to the service we provide."

Mandatory health and safety training had been completed by staff. All staff had an individual training profile. In addition, all staff received training in a range of core topics including first aid, fire awareness and respect and dignity. We saw a copy of the training matrix for the service. The registered manager stated current training was provided in line with the new care certificate for existing staff to refresh and improve their knowledge. The Care Certificate was introduced in April 2015. It is a set of 15 standards that new health and social care workers need to complete during their induction period.

Staff were also given the opportunity to study for a formal qualification such as Quality Credit Framework (QCF) to a minimum of level 2 in health and social care. These are nationally recognised qualifications which demonstrate staffs competence in health and social care. Additional training was provided in relation to any procedures or practices which were delivered to meet individual's particular needs such as challenging behaviour and dementia. Staff described the training as of a high standard which was well organised and they were always supported to attend. There was a training mentoring programme called 'Aspire' which staff could apply for. This was designed to retain valuable staff. It involved providing opportunities for development for those staff who wanted additional experience but could not easily obtain this in their current roles.

Staff attended regular staff meetings and one to one supervision meetings approximately 6 to 8 weekly with their line manager that were structured around their development needs. Staff stated that these had taken place more frequently over their induction period and that observation of their practice took place regularly by team leaders. We were told that all staff had received an annual appraisal during 2015. Annual appraisals were only undertaken by line managers for the individual and involved 360 degree feedback from other colleagues, people and their relatives if applicable. Staff described being well supported in their role and a range of comments were provided including, "Our service is managed well. The assistant manager and senior member of staff work together with our manager and the whole team. There is good communication

and they keep us updated of any changes in the organization and in the service." And, "Our managers are always on site and we have open door policy." One person did provide feedback to the effect that due to excessive workloads managers were not always able to spend as much time in services as was desirable." There were regular locality team meetings and we saw examples of minutes where a range of topics was discussed.

Staff had completed training on the Mental Capacity Act (2005) (MCA). 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. They were aware of their responsibilities to ensure people's rights to make their own decisions were promoted. We were told and saw that mental capacity assessments and best interests meetings had been held and that applications for Deprivation of Liberty had been made where appropriate. People had been asked if they gave their consent for care and support to be provided in line with their care plans. Whenever possible people had signed their care plan to indicate their consent.

People were supported with their meals when identified as part of their assessed needs. Staff completed records of food and drink taken by people assessed as at risk of poor nutrition. They alerted the management team if they had further concerns that needed to be reported to external professionals such as a GP and/or dietician.

People were supported by the service to attend appropriate health care appointments. When staff identified concerns about a person's health they contacted the person's GP or other health professionals. Staff ensured actions taken were communicated to each other at handover meetings so that all staff were fully updated on a person's changing needs. People's medical history and health care needs were detailed within their care plan. Staff worked closely with health professionals such as psychologists and speech and language therapists.

The small and homely environments that people lived in, whether individual flats or shared houses, were described as appropriate and effective in meeting people's individual needs. Each person had a tenancy agreement. All staff spoken with were clear about the positive benefits that supported living had provided for individuals. One staff member told us, "In consultation with the people we support, the services are organized to meet people's needs and their general welfare." And, "I think Dimension is doing well on this area. The people we support are living the best quality of life they can possibly have. Staff are working so hard to achieve this."

We were given specific examples of how the arrangements had enhanced the well-being and experiences of individuals. Staff described an overall reduction in negative behaviours for some, greater enjoyment of food in some cases and a general increase in contentment for all. With the permission of those involved good news stories where people have benefitted from particular experiences or interventions were shared to promote best practice and celebrate success.

Good

Is the service caring?

Our findings

People told us that staff were kind and helpful. One person said: "They are lovely." Another said, "The staff are very friendly and helpful. I like to go out with (name)." Staff members told us, "We treat our ladies as individuals and with respect and dignity."

People were given choices and supported to make as many decisions as they were able to and were comfortable with. These included choosing meals, activities and where they wanted to spend their time and with whom. Staff described what they were doing and why and people were asked for their permission before care staff undertook any care or other activities. Staff promoted and encouraged people to maintain their independence and control as many areas of their life as possible. Care plans described how staff should encourage and support people to do as much for themselves as they could. People's emotional, cultural, life choices and spiritual needs were noted in their care plans.

People's care plans centred on their individual needs and detailed what was important to the person such as contact with family and friends. Advocacy services were used by people who did not have families to support them. People had been involved in planning their care and in making decisions about how their care was delivered. People's wishes, interests and aspirations were clearly documented.Overall, communication between staff, managers and shifts was described as good.

Staff described how they provided support to people in a caring way which was personal to them. They spoke respectfully of people's support needs. For example, detailing how individuals preferred to be assisted and of their wishes and needs. Staff told us that they thought the standard of care provided was, "Person centred" and "Very good", with some staff saying they would be happy for their own relative to receive care in the service. Comments included, "I feel that we support all tenants in their best interests and always review that support as and when needed/required", and "They have choices and they are listened to." People were shown respect and their privacy and dignity was protected. We observed staff communicating with people in a respectful manner and they clearly knew people and their needs extremely well. Staff told us that they had received training in dignity and respect and this was confirmed in records we reviewed. People we spoke with told us that staff made sure their privacy was maintained when they were assisted with personal care.

Information was provided in formats that individual people could understand. A range of tools were used including easy read leaflets, sign language and communication methods that were unique to individuals but were well known to staff. We saw that the organisations five year plan had been provided in an easy read format so that as wide and audience as possible could have access to it.

Good

Is the service responsive?

Our findings

People's care and support needs were reviewed at least annually or as any changing needs were determined by the provider and/or health and social care professional involved in their care. We heard one person referring to their upcoming review which they were clearly prepared for and were looking forward to the event. People told us that staff responded to their requests and needs quickly and in the most appropriate way. Staff told us, "If there are any concerns the GP is contacted and staff make sure appointments and medication are not missed." And, "We are provided with the equipment we need to support their health needs. Health appointments, administering medication and their well-being in general are taken seriously."

People who were able told us that they felt staff listened to them and supported them in the way they wanted to be supported. The support plans we reviewed were person centred and provided staff with the information they needed to support the choices people had made. Staff told us that they felt there was enough detailed information within people's written plans to support them in the way they preferred. We were told by senior staff that a standard template for support plans had been introduced. For some services which had been transferred from other providers, all support plans were being revised with a view to moving all relevant information to Dimensions documentation. This was being undertaken as an on-going process and was likely to be completed for individuals as part of their review process.

Appropriate staff were trained in assessing needs and all staff were involved in updating support plans to ensure they were thinking in a person centred manner. The plans were described as personalised with people's likes, wants and desires being central to their aims. Staff told us that there was an appropriate amount of information in support plans which enabled new staff to provide care according to people's wishes. The provider used a staff 'matching tool' in order to deploy staff effectively which took account of the needs and preferences of people receiving the service. We were told and saw samples of people's review documentation which took account of people's wishes. We saw one example of a review document which identified areas which worked for an individual and areas which could be improved. It also considered topics which were important to the person which needed to be maintained or realistic aspirations with plans and timescales for action.

A range of activities was available to people using the service and each person had an individualised activity timetable. People were supported to engage in activities outside the service to help ensure they were part of the community. Members of the management team told us activities were an essential part of people's support and helped to stimulate individuals and avoid people becoming bored. Staff told us that the supported living arrangements provided for greater spontaneity and flexibility in accessing the community and meeting people's preferences. Individuals undertook activities appropriate to their level of independence. For some this was attending regular work related activities independently for example a charity shop. Individuals were able to pursue a wide range of leisure interests including shopping, cycling, attending musicals, walking and supporting a national football team. People were supported to stay in touch with families and some people visited their relatives on a regular basis. We saw one person going out with their grandmother which we were told was a very regular occurrence.

The provider had a complaints policy that was accessible to people and their visitors. There was a live complaint system that was online and held by the operations director. This was checked weekly to look for any complaints or compliments that may have come into the organisation from a variety of sources. There was a clear process laid out for response times. People told us they were confident that the staff and the provider would listen to them and act on any concerns they had. Comments included, "I know who to speak to if I have a concern." "The staff are very helpful and assist me when I need them."

There was a formal annual survey called 'Tell us what you think' which was designed to capture as much feedback about the services as possible. The team leaders told us that any comments or concerns raised by any individuals whether people themselves or their relatives were addressed without delay. This prevented issues becoming complaints. Staff described body language, expressions and behaviours which people would use to let staff know when they were unhappy. Information about how to complain was provided for individuals in a way that they may be able to understand such as in pictorial and symbol formats. Positive feedback from relatives and health and social care professionals were captured and recorded from reviews, visits or surveys.

People had lived in a range of accommodation prior to moving to supported living services. Some had lived in residential care whilst others had been at home with parents before to moving to their own tenancies/accommodation. Some had held their own tenancies for a number of years whilst for others the moves had been more recent. There was evidence that work had been undertaken with individuals before, during and after transfer from either family homes or residential care to the supported living service. Thorough assessment of the needs of individuals and how they might benefit from having their own tenancies were undertaken together with the funding authorities.

Good

Is the service well-led?

Our findings

There was an open and positive culture which focussed on individual people and their needs, interests and preferences. Staff praised the provider and the leadership team for their approach and consistent, effective support. All of the staff we spoke with told us that they felt valued working in the service, and felt motivated to maintain high standards of care. The registered manager and other operational managers (locality managers) were open and transparent. They consistently notified the Care Quality Commission of any significant events that affected people or the service. A staff member informed us, "The manager rings or visits the homes every day to speak with the tenants or the staff and ask about their well-being". Another said, "My line manager is very supportive. She can be contacted any time and is always ready to help." In response to whether they felt supported one team leader told us, "Yes at any time I can ring for advice. We are also supported through supervision, staff meetings and annual appraisals." The registered manager was described as very approachable and supportive by locality managers.

People told us that the registered manager, management team and staff were caring and dedicated to meeting their needs. They were invited to share their views about the services through quality assurance processes. These included care reviews, regular visits by the locality managers or team leaders to speak with the tenants and the staff that support them and questionnaires. They told us that they would not hesitate to approach them if they had something to say as they felt they would be taken seriously. They also confirmed that they had been asked their opinion periodically about the services and had felt listened to.

Staff told us they were never left in any doubt about the values of the provider and the values they were expected to display in their day-to-day work. All staff spoken with and feedback received indicated that staff morale and satisfaction was good. One staff member told us, "We work together to ensure the tenants receive the kind of service they expect." Another said, "We are out all the time to day centre, shopping, cinema, swimming, bowling and trips to the coast. We can be much more spontaneous."

Quality assurance processes were subject to regular review across the organisation. We saw that that quality reports and audits were held electronically where action plan updates could be entered by relevant staff. Quality and compliance checks were undertaken on the service by the locality managers both informally and through formal audits. Areas checked included support plans, accidents and incidents, health and safety, medication arrangements and financial audits. Staff and team leaders also conducted regular checks and audits within each location which covered health and safety matters, personal finances and support plans. We saw an example of a quality assessment report for one service covering the previous year. Areas requiring improvement were clearly identified and actions were recorded. The monitoring system involved at least quarterly quality reviews which would ensure that action plans were updated regularly and within required timescales. We saw that a 'Driving up Quality' event had been organised for an evening in June 2016. This event was aimed at people, their relatives, staff and other professionals and was designed to provide a platform where everyone could raise examples for where Dimensions as an organisation was working well and where it was not.

Information from audits, complaints and feedback surveys were used to feed in to service improvement

plans. These were regularly monitored by the registered manager. Manager were encouraged and supported to keep in touch with industry initiatives and to share these with their teams where relevant. There were three monthly action learning sets for managers where ideas and new developments could be discussed. In addition, there were three monthly meetings for as many staff as possible called 'Everybody Counts' where all staff could have an opportunity to be part of and join the wider team. Currently these had an East Berkshire geographical focus.

The provider had introduced an additional layer of management at operational service level. Deputy Locality Managers had been recruited from November 2015 to ensure a greater management presence in each of the services. There was also a buddy manager system in place to ensure consistency in the event of absence through sickness or annual leave. Various staff and team meetings were held regularly. Meetings covered information giving, learning from incidents and the discussion of developments and changes. Policies and procedures, values and expectations of the organisation and general topics were discussed at meetings as well as individual development and practice issues. Staff were provided with a regular monthly newsletter which reminded them and others about topics such as reporting accidents and incidents. It also included reminders for upcoming events and showcased work that was being undertaken to improve the lives of people together with examples. In addition, there were quality and compliance newsletters for staff covering particular topics such as equality and diversity.

The provider organisation had a range of dedicated departments covering training, finances and human resources. We were provided with examples through discussions with a range of staff where reference to these departments had been undertaken successfully in relation to staff disciplinary and people's financial arrangements. All confidential records were kept locked in designated areas within each house/flat and the central administrative office within Newbury. The records we reviewed were accurate and up to date.