

Dimensions (UK) Limited

Dimensions Worcester Domiciliary Care Office

Inspection report

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Date of inspection visit:

21 November 2017

22 November 2017

Date of publication:

11 December 2017

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

Dimensions Worcester Domiciliary Care Office is a domiciliary and supported living service for people with learning disabilities. The provider currently supports 105 people live in their own homes.

At the last inspection December 2015, the service was rated Good. At this inspection on 21 and 22 November 2017 we found the service remained Good.

Why the service is rated Good

People continued to receive care which protected them from avoidable harm and abuse. Risks to people's safety were identified and measures were in place to help reduce these risks. When people required support to take their medicines this only happened when staff had received the training to do so. Regular checks on staff practices were undertaken to support people's safety.

Staff were available to respond to and meet people's needs safely without people feeling rushed. Recruitment checks were completed on potential new staff to make sure they were suitable to support people in their own homes. People were involved in the recruitment of staff, who would be potentially supporting them.

People were provided with care which continued to be effective in meeting their particular needs. Staff had received training to provide them the skills and knowledge they needed to provide the right care and support people required.

People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice

Staff asked people's permission before they assisted them with any care or support. People's right to make their own decisions about care and how they were supported by staff was respected. When needed, arrangements were in place to support people in remaining in good health and have enough to eat and drink. People were assisted to choose and prepare food menus so their independence was maintained.

People continued to receive support from staff that had a caring approach. People knew the staff that supported them and had good relationships with them. People felt involved in their own care and staff listened to how they preferred their care and support to be delivered. Staff respected people's privacy and dignity when they supported them and promoted their independence. People were supported to follow their own interests and hobbies.

People were provided with care and support which was individual to them. Their care and support needs were kept under review and staff responded when there were changes in these needs.

People were encouraged to raise concerns and make complaints and were happy these would be responded to. The management team used feedback from complaints and questionnaires to assist them in identifying areas of improvements for the benefit of people. The provider arranged forums throughout the year so people could express their opinions on the service delivered.

Staff were happy in their work and were clear about their roles and responsibilities. There was an ethos of continuously looking for improvement of the service delivered.

There was a clearly defined management structure which had changed since our previous inspection. People felt listened to when they provided feedback about the service they received and knew about the changes. The management team worked well together and developed systems so they continued to be effective and responsive in assessing and monitoring the quality of the service provided.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains Good.

Is the service effective?

Good ●

This service remains Good.

Is the service caring?

Good ●

This service remains Good.

Is the service responsive?

Good ●

This service remains Good.

Is the service well-led?

Good ●

This service remains Good.

Dimensions Worcester 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 comprehensive inspection took place on 21 and 22 November and was announced. We gave the service 48 hours' notice of the inspection visit because the location provides a domiciliary care and a supported living service for adults who may have a learning disability are often out during the day. We needed to be sure that they would be in. The inspection team consisted of one inspector.

As part of the inspection we reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us by law. We reviewed the provider information return (PIR) the provider submitted to us. 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 requested information about the home from Healthwatch and the local authority. Healthwatch is an independent consumer champion, which promotes the views and experiences of people who use health and social care. The local authority has responsibility for funding people who used the service and monitoring its quality.

During the inspection we visited six of the provider's supported living homes. We spoke with nine staff, one assistant locality manager, six relatives and seven people using the service. We spoke with nine staff, one assistant locality manager, six relatives and seven people using the service. We visited the domiciliary care office to speak with the registered manager and three locality managers.. We did this to gain people's views about the care and to check standards of care were being met.

Many of the people who lived at the homes were not able to tell us in detail, about how they were cared for and supported because of their complex needs. However, we used the short observational framework tool (SOFI) to help us assess whether people's needs were appropriately met and to identify if people experienced good standards of care. SOFI is a specific way of observing care to help us understand the experiences of people who could not talk with us.

We looked at a range of documents and written records including three people's care records, and staff training records. We saw the checks made by senior staff on the administration of people's medicines. In addition, we looked at how complaints processes were promoted and managed.

We also looked at information about how the provider and manager monitored the quality of the service provided and the actions they took to continually develop and improve the quality of care..

Is the service safe?

Our findings

People we spoke with told us they felt safe living in their homes. One person told us, "I feel safe because staff sleep in at night, so are there if I need help." Another person said, "Staff help me when I go out. They've [staff] given me more confidence, my [relative's name] can't believe I'm managing to live on my own." In the PIR the registered manager said, "Last year, 100% of people responded positively when asked if staff gave them good advice about staying safe at home." People described how staff respected their freedom. One person told us, "If I want to be on my own staff leave me in my flat, they ask permission before they enter."

Staff had received training in how to keep people safe and protect them from avoidable abuse and discrimination. They understood how to recognise signs of abuse and told us they would report concerns to the registered manager or senior staff straight away. The registered manager understood their role and responsibilities in reporting and dealing with concerns to make sure people remained safe. The provider had ensured information on how to report abuse was in an easy read format, so it was easier for people to report any concerns.

People who used the service, relatives and staff told us risk assessments were in place to provide staff with detailed guidance for staff in how to reduce risks when delivering the care and support people required (in each person's home). This helped prevent accidents and keep people and staff safe.

The registered manager explained how staff were recruited depending on people's support needs so they were available to respond to and meet people's requirements safely. We saw a staff rota which was centred on each person's needs and was made available to show which staff would spend the allocated hours with each person according to their assessed needs. One person described how they were involved in the recruitment and interview process of new staff. They said, "I interview people coming for jobs with [locality manager's name] and they ask me if I would like to work with the person."

We sampled the provider's recruitment processes and found them to be detailed. Staff recruitment records contained evidence of all the required checks to provide assurances to the registered provider that potential new staff were suitable to work with people. The registered manager described how they were actively trying to recruit staff to reduce the need for agency staff, so people had familiar staff to meet their needs.

Where people required assistance with their medicines, we saw staff had received training and been assessed as being competent in the safe administration of medicines. We saw the provider checked the medicine records to ensure they were completed accurately and any discrepancies were identified in a timely way, so reduce risks to people's safety and welfare. The registered manager told us the provider had signed up to the "STOMP" campaign, which looked at how people they support could reduce the need for medication.

We saw staff had a good understanding of infection control. For example when supporting people with their personal care, staff wore protective aprons and gloves to avoid the risk of cross infections.

In the PIR the registered manager had stated, " Incidents and accidents are monitored by the Health and Safety team to identify themes. Specific incidents are discussed in team meetings to share learning."

The provider had a system in place to record any accidents and incidents which included how preventative measures had been considered to prevent a further occurrence and to reflect how lessons were learnt. For example we saw from care records when one person had fallen the provider had requested further advice from a physiotherapist and was looking to supply the person with a walking aid. by taking this action the person had to support and equipment to help prevent further falls from happening and keep the person safe.

Is the service effective?

Our findings

People and their relatives told us they had been consulted about the way they wanted their care and support delivered. One person told us, "I am involved with my care plan". We saw people's care plans were comprehensive and included recording of conversations about, "What is working and what is not working for me documentation." This guidance and any necessary changes requested by the person receiving support were documented for all staff to follow. The registered manager told us of several initiatives the provider had introduced such as working with a research project called "Activate" This is a model of support, which aims to deliver outcomes focused care and support, which is meant to give people more opportunity to make decisions and set personalised and challenging goals. A person told us how this approach had been put to good effect, "The staff help me go to drama classes and arts and crafts, it's really helped me become more confident."

People who used the service and their relatives told us they thought staff had the right training and skills, to provide care that met their specific needs. Staff told us they thought they received the right training to help them fulfil their role. One staff member said, "The training is good, it's on line, I've learned a lot."

When we asked staff how well they worked as a team we received a mixed response depending on which home we visited. Some staff member told us they felt very well supported by the management, whilst others did not. One staff told us, "I don't think we see enough of the management since we have changed to supported living - it would be nice to see more of them."

Another staff member described the management as "Brilliant, I can go to them for anything they are very supportive."

We saw people's consent to care continued to be sought and people gave us examples of how their rights with regards to consent and making their own decisions continued to be respected by staff. One person told us, "Staff always ask if want to do something if I say no that's okay."

People told us staff supported them to eat healthily. One person described how staff supported them by commenting, "Staff help me with my menu planning, food shopping and if I want they help me to cook my meals." We saw in people's care files if required, how people's weight was monitored to help them stay healthy. One relative commented how since moving to the home, their family member was eating more fresh fruit and vegetables and was "Looking more healthy."

We saw where people required equipment to help them stay more independent this had been provided. People told us staff supported them to see health professionals so they remained as well as possible. Relatives confirmed they were notified of people's health appointments and their outcomes. Each person had their own 'Health Action Plan'. (A Health Action Plan records any health appointments, the outcomes and any further actions required). We saw from records people had accessed doctors, dentists, physiotherapists, dieticians and psychiatric professionals as required to ensure people's needs were met.

Is the service caring?

Our findings

All the people and their relatives we spoke with told us staff were very caring. One person said "The staff are amazing, they interact with me very well." Another person described staff as "Nice."

All the relatives we spoke with were also complimentary about the staff who supported their relatives. One relative said, "Staff are very good. I can't thank them enough." In the PIR the registered manager stated, "We develop a comprehensive support plan alongside the person we support and those closest to them. This focuses on understanding a person's history; what's important to and for them; what works and what doesn't; what a good day and a bad day looks like; what a person's dreams are for the future; what a perfect week would look like; and how a person communicates to identify what outcomes they would like to achieve." Staff told us these approaches helped them understand what is important to people and how they liked to be supported.

Staff spoke warmly about people they cared for and gave us examples of how they made people feel valued. For example by celebrating special events, such as people's birthdays. We saw and heard staff treated people with respect. For example we saw a staff member appreciated one person liked their own personal space, so was mindful not to get too close to them as it made them anxious. We saw many examples of people using the service laughing and joking with staff, which showed they valued each others company.

We saw staff used individual meetings with people to check they were happy with the day to day care planned. These included people's views on interesting things for them to do, food choices and how they could be further supported to gain more independence.

Staff we spoke with recognised people's rights to dignity, privacy and independence. Staff gave us examples of the actions they took so people's privacy and dignity would be met. This included ensuring people were suitably covered during personal care, and people's permission was gained before staff entered their bedrooms. We saw people were discreetly supported when they wanted personal care. We also saw staff had been given guidance on ways to ensure people's right to confidentiality was protected.

Is the service responsive?

Our findings

In the PIR the registered manager said, "We employ the principles of active support which enables people to enhance their skills and take ownership of their lives." People we spoke with told us they received support and care based on their individual need and in the way they preferred. One person told us, "The staff are brilliant." A relative told us, "I could not wish for anything better. My relative is very settled."

We saw how the provider and staff responded to people when their needs changed. For example we were told about one person whose physical requirements had changed so their existing home was no longer suitable. The provider worked with them and their relatives to find an alternative home within the organisation. A relative told us, "It's been the best thing that's happened to them. They [family member] is doing so well now."

The registered manager told us the provider had introduced a new university research-based approach to delivering outcomes-focused care and support, called "Activate". This is an evidence-based, outcomes-focused support model built around eight structured domains which puts decision making closer to people we support by setting personalised and challenging goals with them, their families, and their staff.

We discussed with the registered manager how responsive the provider was in relation to equality, diversity and human rights; and how it promoted inclusion for people of all religions, cultures and sexual orientation. They gave us examples of how they respected people's chosen religions, cultures and sexual orientation and any specific instructions were recorded in people's care plans for staff to follow. For example the assistant locality manager told us how they supported one person to maintain a relationship with their partner. Staff would travel with them to their partner's home to ensure they arrived safely. A staff member told us how they respected one person's religious beliefs they said, "At Christmas we are sensitive as we know some people don't celebrate this festival, my opinion doesn't matter, we respect their wishes."

The provider had a complaints procedure for people, relatives and staff to follow should they need to raise a complaint. We found the provider had given information to people about how to raise a complaint in an easy read format so everyone could access help.

We saw the provider had sought to gain people's end of life wishes and these were recorded in people's support plans for staff to follow in the event of their death.

Is the service well-led?

Our findings

A registered manager was in post at the time of our inspection. 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 and their relatives were complimentary about the how the service was being managed. A person said, "All the staff are great." One relative said, "I cannot fault the care and could not wish for anything better." Another relative described the support their relative received as, "Absolutely brilliant, very caring and very good at picking up the signals if something is not right with [person's name]."

The provider demonstrated to staff a clear vision and strategy of how they expected staff to deliver high quality care and support through a culture which was centred on the person. For example we saw regular planning meetings which were centred on the person. In addition we saw there had been regular reviews of people's particular needs and reflected any changes in support they may have required, such as when their physical requirements changed. The provider had been proactive in helping people move property to access a different level of support when their health needs changed. This had included liaising with the community health professionals to ensure the person had the correct equipment to maintain their independence.

Staff told us the manager and senior staff supported them to provide good care. Staff told us they knew what was expected of them through staff meetings and one to one meetings with their managers. Although two of the homes we visited, staff told us they felt they would like more visits from their locality manager for support due to the health complexities of the people they supported. The registered manager told us they would discuss these comments with the staff team, but felt it was due to the changes in service from a registered care home when a registered manager used to be based on site. Now the service was supported living this was not the case.

The registered manager told us they tried to involve volunteers to benefit the people who used their service. For example they used a volunteer from the local university to devise healthy eating and exercise plans for people. They also told us about the provider's commitment to charity work and involving people they support in their fund raising events. One of their staff had been successful in winning an award for their work.

In the PIR the registered manager said "Dimensions Quality Assurance Framework ensures that 'people supported by Dimensions receive as high quality a personalised service as possible; the services we provide may improve continuously through our listening and learning; we surpass regulatory compliance thresholds and achieve a recognised standard of excellence across the whole organisation."

The provider, registered manager and locality managers checked the quality of the care offered through meetings with people, relatives and by using pictorial questionnaires. One relative said, "[Registered Manager's name] is first class." The provider arranged for several different forums throughout the year for

people who used the service to provide feedback on the service they received. These included "Everybody Counts Groups – working together for change" as a result of these bi-monthly meetings action plans were drawn up and used in the quality improvement plan.

Regular checks were done so the provider and management could be assured people were receiving the care they wanted. These included checks on incidents, complaints management. For example checks made to make sure people's medicines were administered safely and the health plans met people's needs. Where actions had been identified action plans had been put in place to drive through improvements for the benefit of people using the service.