

Dimensions (UK) Limited

Dimensions Teeside Domiciliary Care Office

Inspection report

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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 

Overall summary

The inspection took place on 12 and 13 November 2015.
The inspection was unannounced.

Dimensions is a domiciliary care service that provides personal care and support to people with learning disabilities who live in their own home. The service covers the Darlington and Teesside area and supported 100 people at the time of our inspection.

The service had a registered manager. 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.

Summary of findings

We spoke with a range of different staff members; the registered manager, locality manager and care staff who told us that the registered manager was always available and approachable. We spoke to 3 people who use the service over the phone and 4 relatives of others who were unable to speak over the telephone. Throughout the day we saw one of the people who used the service in their own home and staff were comfortable and relaxed with the registered manager and each other. The atmosphere was relaxed and we saw that staff interacted with each other and the person who used the service in a person centred way and were encouraging, friendly, positive and respectful.

From looking at people's care plans we saw they were written in plain English and in a person centred way and made good use of pictures, personal history and described individuals care, treatment, wellbeing and support needs. These were regularly reviewed and updated by the care staff and the registered manager.

Individual care plans contained risk assessments. These identified risks and described the measures and interventions to be taken to ensure people were protected from the risk of harm. The care records we viewed also showed us that people's health was monitored and referrals were made to other health care professionals where necessary for example: their GP, mental health team and care manager.

Our observations during the inspection showed us that people who use the service were supported by sufficient numbers of staff to meet their individual needs and wishes. The recruitment process was safe and inclusive and people chose their own support staff.

At the time of our inspection the Darlington staff team were attending their team meeting and we were able to see the records for others that took place. When we looked at the staff training records we could see staff members were supported and able to maintain and develop their skills through training and development opportunities. Staff we spoke with confirmed they attended a range of learning opportunities. They told us they had regular supervisions with the registered manager, where they had the opportunity to discuss their care practice and identify further training needs. During

the inspection we were also able to speak with an external trainer who was visiting the service who offered positive feedback. We also viewed records that showed us there were robust recruitment processes in place.

We observed how people stored and managed medicines safely in their own home. We looked at how records were kept and spoke with the locality manager about how staff were trained to administer medication and we found that the medication administering process was safe.

During the inspection it was evident that the staff had a good rapport with the people who used the service and we were able to observe the positive interactions that took place. Staff were caring, positive, encouraging and attentive when communicating and supporting people in their own home with daily life tasks, care and support.

People were encouraged to plan and participate in activities that were personalised and meaningful to them. People were supported regularly to play an active role in their local community, which supported and empowered their independence.

We saw that the service focused on supporting people to have a healthy diet. The daily menu that we saw was devised with the people who used the service and was pictorial and was used to help them to plan their shopping, manage their personal budget and plan their week ahead.

We saw a complaints procedure was in place and this provided information on the action to take if someone wished to make a complaint and what they should expect to happen next. People also had access to advocacy services and safeguarding contact details if they needed it.

We found the service had been regularly reviewed through a range of internal and external audits. We saw action had been taken to improve the service or put right any issues found. We found people who used the service and their representatives were regularly asked for their views via phone calls and also meetings for people who use the service called 'everybody counts'. This took place locally and regionally to collect feedback about the service.

Summary of findings

During the inspection we saw that the service had a clear service improvement plan in place that the registered manager implemented across all the different localities that aimed to drive standards and continually improve the care delivered to people.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

This service was safe.

Good



There was sufficient staff to cover the needs of the people safely in their own homes.

People's rights were respected and they were involved in making decisions about risks they may take. The service had an efficient system to manage accidents and incidents and learn from them so they were less likely to happen again.

People who used the service knew how to disclose safeguarding concerns, staff knew what to do when concerns were raised and they followed effective policies and procedures.

Medicines were managed, reviewed and stored safely.

Is the service effective?

This service was effective.

Good



People could express their views about their health and quality of life outcomes and these were taken into account in the assessment of their needs and the planning of their care.

Staff were regularly supervised and appropriately trained with skills and knowledge to meet people's needs, preferences and lifestyle choices.

Staff recruitment was inclusive and people chose their own support staff.

Is the service caring?

This service was caring.

Good



People were treated with kindness and compassion.

People who use the service had access to advocacy services to represent them.

People were understood and had their individual needs met, including needs around social inclusion and wellbeing.

Staff showed concern for people's wellbeing. People had the privacy they needed and were treated with dignity and respect at all times.

Is the service responsive?

This service was responsive.

Good



People received care and support in accordance with their preferences, interests, aspirations and diverse needs. People and those that mattered to them were encouraged to make their views known about their care, treatment and support.

Summary of findings

People had access to activities and outings that were important and relevant to them and they were protected from social isolation.

Care plans were person centred and reflected people's current individual needs, choices and preferences.

Is the service well-led?

This service was well led.

There was an emphasis on fairness, support and transparency and an open culture. Staff were supported to question practice and those who raised concerns and whistle-blowers were protected.

There was a clear set of values that included person centred approaches, healthy lifestyles, community involvement, compassion, dignity, respect, equality and independence. These values were understood by all staff.

There were effective service improvement plans and quality assurance systems in place to continually review the service including, safeguarding concerns, accidents and incidents, complaints and comments.

Good



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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 12, 13 November 2015 and was unannounced. This meant that the service were not expecting us. The inspection team consisted of one Adult Social Care Inspector. At the inspection we spoke with four people who used the service, four relatives, the registered manager, the locality manager, five members of care staff and an external trainer/assessor.

Before we visited the home we checked the information that we held about this location and the service provider. For example we looked at safeguarding notifications and complaints. We also contacted professionals involved in supporting the people who used the service, including commissioners and the learning disability team. No concerns were raised by any of these professionals.

The provider was not asked to complete a provider information return (PIR) prior to our inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. During this inspection, we asked the provider to tell us about the improvements they had made or any they had planned.

Prior to the inspection we contacted the local Healthwatch and no concerns had been raised with them about the service. Healthwatch is the local consumer champion for health and social care services. They give consumers a voice by collecting their views, concerns and compliments through their engagement work.

During our inspection we observed how the staff interacted with people who used the service and with each other. We visited a person in their own home to see whether people had positive experiences. This included looking at the support that was given by the staff by observing practices and interactions between staff and people who use the service.

We also reviewed on line staff training records, recruitment files, medication records, safety certificates, and records relating to the management of the service such as audits, policies and minutes of team and stakeholder meetings.

Is the service safe?

Our findings

People who used the service told us they felt safe having Dimensions supporting them in their own home. One person told us “Everything is safe, all my support and yes they help me with my medication too.” Another told us, “I go out and the staff help me, I feel very safe.”

The service had policies and procedures in place for safeguarding adults and we saw these documents were available and accessible to members of staff. We saw copies of contact sheets that were available in people’s homes that held all the important contacts for safeguarding. This helped ensure staff and the people who used the service had the necessary knowledge and information to make sure people were protected from abuse.

Staff we spoke with were aware of who to contact to make referrals to or to obtain advice from. Staff had attended safeguarding training as part of their mandatory training. They said they felt confident in whistleblowing (telling someone) if they had any worries. One staff member told us; “I’m totally aware of what to do, no problem. I’m confident to whistleblow. I would go to my manager first, and then it’s easy I can do it anonymously on line.”

The service had a Health and Safety policy that was up to date. This gave an overview of the service’s approach to health and safety and the procedures they had in place to address health and safety related issues. We also saw that separate evacuation plans were in place for the different homes and individual plans for the people who used the service which are called personal emergency evacuation plans (PEEP). PEEPs provide staff with information about how they could ensure an individual’s safe evacuation from their home in the event of an emergency.

We looked at the arrangements that were in place to manage risk, so that people were protected and their freedom supported and respected. We saw that risk assessments were in place in relation to people’s needs, such as taking medication independently. This meant staff had clear guidelines to enable people to take risks as part of everyday life safely.

We looked at the arrangements that were in place for managing accidents and incidents and preventing the risk of re-occurrence. The registered manager showed us the recording system and we saw actions had been taken to ensure people were immediately safe.

During the inspection we looked at an online recruitment system that showed us that the provider operated a safe and effective recruitment system. The staff recruitment process included completion of an application form, a formal interview, previous employer reference and a Disclosure and Barring Service check (DBS) which was carried out before staff commenced employment. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also prevents unsuitable people from working with children and vulnerable adults. The registered manager showed us examples of where people had not met the safety checks and explained to us how they managed this.

We were unable to observe medication being self-administered but could see how this was managed and recorded. One person who used the service showed us how they kept their medication safe in their home and also showed us how it was recorded and at what times they took it. They told us; “I take my own tablets and I sign the sheet, I let staff know when I’ve taken them.” During the inspection we were able to speak with an external training assessor who carries out staff observations to assess staff competencies they told us; “I observe the staff giving medication as part of the service specific training and NVQ. I check that they’re washing their hands and following protocols. I look for staff respecting dignity and choice in how people like to take their medication.”

We saw in people’s records that the application of prescribed local medications, such as creams, was clearly recorded on a body map and stored in the Medication Administration Record (MAR) sheets. Records were signed appropriately indicating the creams had been applied at the correct times.

We found there were effective systems in place to reduce the risk and spread of infection. We found that people were encouraged and supported by staff to keep their home clean and tidy as part of learning basic daily living skills. When we spoke to the external training assessor they

Is the service safe?

told us “People are encouraged to keep their home clean, gloves and protective equipment is made available and I see the staff using them.” This showed us that staff were trained and followed infection control systems in place.

Is the service effective?

Our findings

We found staff were trained, skilled and experienced to meet people's needs. When we were speaking with the staff team we asked them if they thought they were supported to develop their skills and knowledge one staff member told us; "The training is good, we get training that's service specific training things like supporting people with challenging behaviour, or epilepsy." Another told us; "I had training yesterday. Fire and medication training online. On line is good I like it."

We were also able to speak with an external training provider who also assessed the staff competences and they told us "There is a training portal system in place for online training it is really good and has service specific training for example epilepsy or autism awareness."

For any new employees, their induction period was spent shadowing experienced members of staff to get to know the people who used the service before working alone. New employees also completed induction training to gain the relevant skills and knowledge to perform their role. Staff had the opportunity to develop professionally by completing the range of training on offer. Training needs were monitored through staff supervisions and appraisals and we saw this in the staff supervision files. One member of staff told us; "When I did my induction everyone had to come into the office together, now everyone can go at their own pace and do it on their own on line."

We saw completed induction checklists, staff training files and a training matrix that showed us the range of training opportunities taken up by the staff team to reflect the needs of the people using the service. The courses included; Fire safety, infection control, equality and diversity, medication and first aid and also vocational training for personal development in health and social care.

At the time of our inspection a team meeting was taking place. During these meetings staff discussed the support they provided to people in their homes and guidance was provided by the locality manager in regard to work practices Opportunity was given to discuss any difficulties or concerns staff had. We could see this when we looked at

the staff minutes and when we spoke with staff. One member of staff said; "Staff meetings are regular, working in a team, everyone has different ideas and we can come together to decide the best way forward."

Individual staff supervisions were planned in advance and also recorded online. The locality manager had a system in place to track them. Appraisals were also annually to develop and motivate staff and review their practice and behaviours. From looking in the supervision files we could see the format of the supervisions gave staff the opportunity to discuss any issues. One member of staff told us "We have one to one meetings monthly and then appraisals as well." This showed us that systems were in place to support staff and we could see that some staff had worked with the service for several years. One family member told us that this was important for their relative to have the same staff supporting them. They told us; "We are very happy that our relative has managed to keep the same staff. I like the effort that Dimensions puts in to keep the continuity of staff."

We looked in peoples' care plans and spoke to people and we could see that people were encouraged to eat and drink healthily to meet their needs. Throughout the inspection we observed people who used the service and staff planning their menus for the following week and they were able to explain to us how they chose.

The menu we looked at was balanced and offered choices. There was a system in place using colours to show which choices were healthier than others and people we spoke with showed us they liked burgers but didn't choose them every day. They told us "Red colour means it's bad for you and green colour means it's good for you. I'm going shopping tomorrow; I've not done my list yet. I buy what I choose with my money." Another told us "The staff know that I like pies and Sunday dinners. We take turns cooking, I'm cooking tomorrow."

During the inspection we were shown by one person who used the service how they checked the temperature of their fridge and freezer to make sure it was at the right temperature to store food. They showed us how the staff supported them to check this and then record it and we could see that this was recorded accurately and regularly.

It was evident from people's care plans that the people who used the service were encouraged to eat healthily and also support was there for people who needed extra

Is the service effective?

support or had special diet needs for example non dairy or diabetic. This was recorded in a section of the care plan called 'my meals' and all of the care plans we saw had them.

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. Any DoLS applications must be made to the Court of Protection.

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. We checked to see if the service had procedures in place to manage MCA and found that staff had received training in MCA/DoLS. At the time of our inspection no one using the service had a DoLS in place.

Is the service caring?

Our findings

When we spoke to the people who used the service they told us staff were caring and supportive and helped them with day to day living. One person who used the service told us; “My staff are amazing, they’re really good.” Another said “I love my staff, they are nice and kind, they take me where I want to go.” A family member told us “The staff are very caring, I can’t fault them, and they’re lovely. I feel we’ve been really fortunate.”

We saw staff interacting with people in a positive, encouraging, caring and professional way. We spent time observing support taking place in the service. We saw that people were respected by staff and treated with kindness. We saw staff communicating well with people and enjoying activities together. One member of staff told us; “It’s all about the service users. I go home and I’ve enjoyed what I’ve done.” A family member also told us; “The staff have become friends to me.” Another told us, “The staff are so accommodating.”

Staff knew the people they were supporting very well. They were able to tell us about people’s life histories, their interests and their preferences. We saw all of these details were recorded in people’s care plans. The staff we spoke with explained how they maintained the privacy and dignity of the people that they cared for at home at all times and told us that this was an important part of their role. One person who used the service told us; “The staff ring the bell and I let them in. I get time on my own when I want. The staff go in the sleep-in room and I go in mine.”

When we visited a person in their own home the atmosphere was relaxed and the staff were encouraging and speaking in a caring manner. We could see during our inspection that people were helped by the staff to maintain their independence. One relative told us; “The staff always ask my relative what they want to do. They give them independence and that makes it nice. They put him first at all times. I am happy because my relative now has a wonderful life.”

Where possible, we saw that people were asked to give their consent to their care and we could see in people’s care plans that they had been involved in the development of

the plan and their comments were clearly recorded. Staff considered people’s capacity to make decisions and they knew what they needed to do to make sure decisions were taken in people’s best interests and where necessary involved the right professionals. We saw that there was information in the care plans for people who used the service regarding advocacy services. When we spoke to staff they were knowledgeable about advocacy and told us; “One of the people I support had an advocate but not anymore. If they needed them again I would just get back in touch to refer them.” This showed us that people were consulted and involved in decision making about all aspects of their care, treatment and support.

We saw records that showed that each person had a personalised health action plan that was in an easy read format and covered general health and wellbeing. All contact with community professionals that were involved in care and support was recorded including; the learning disability team and GP. Evidence was also available to show people were supported to attend medical appointments. One person who used the service told me; “The staff take me to all my appointments for checkups.” Another told us, “I go to the doctors with my staff and the dentist.”

During our inspection we saw in the care files and daily records that regular contact with family and friends was encouraged where possible and recorded. One member of staff told us; “We contact family members and arrange visits. We don’t keep things from them, we give as much information as possible. We have lovely days out to the seaside with family its building relationships. It’s nice to see them together.” When we spoke to family members they told us that they valued the regular communication and one relative said; “We go to church together and for ice cream. We have a peaceful life now we no longer have to battle for my relatives rights anymore. The staff are constantly working to come up with means to keep my relative stable and they communicate with me and share ideas with me. Now I know about my relative because the manager visits me once a month and we chat about things. We had a terrible life before but now we have a wonderful life and I can be with my relative.” This meant that the service valued family relationships and staff actively supported this.

Is the service responsive?

Our findings

During the inspection we could see people using the service were encouraged to engage in activities in their home and in the community. One of the people using the service told us; "I go out with the staff and do what I want." Another told us, "I go out to the local pub when I want, I choose where I go and I choose where I'm going for a holiday."

We saw that people were involved in planning activities. One person who used the service showed us how they planned their week using photos of staff and activities they told us; "I like dogs and I like to take them out for walks, I don't want my own in the house, I like walking other people's dogs. I like to go out, come back then chill out. I want to go on holiday for my birthday so I'm saving up. I might invite one of my staff to take me."

The people who used the service and staff told us about the relationship they had with the local community and how they visited the local amenities including the pub, social club and local shops. One person who used the service told us; "I like to go to concerts - my staff take me. I've been to see the Christmas light switch on too." One staff member told us; "Yesterday we went to the local shops and the lady in the chippy knows the person I support. She always gets a thumbs up from them. When we are out locally people know who I support and talk to them. The people in the local pub even buy the person I support crisps and chat and ask how they are."

The care plans that we looked at were person centred and were in an easy read format. The care plans gave in depth details of the person's likes and dislikes, risk assessments and daily routines. These care plans gave an insight into the individual's personality, preferences and choices. The care plans had a section called 'my perfect week and my perfect day' and this set out how people liked to live their lives. When we asked staff how they supported people to deliver what is in care plans one told us; "Everything that we do is for the service user. We are their staff and all what we do is for them. We get to know what they like and we try to get as many smiles and thumbs up from them as we can. What we do is all centred around them so that they have a good life." This meant that the service was providing person centred support to the people in their home and the community.

We saw people were involved in developing their care plans. We also saw other people that mattered to them, where necessary, were involved in developing their care, treatment and support plans. We saw each person had a key worker and they spent time with people to review their plans. Key workers played an important role in people's lives. They provided one to one support, kept care plans up to date and made sure that other staff always knew about the person's current needs and wishes. We saw that people's care plans included photos, pictures and were written in plain language. We found that people made their own informed decisions that included the right to take risks in their daily lives. Staff that we spoke with told us; "We empower them to do what they want to do in their life, including risks. It gives you the confidence to empower others to make the most of their lives. I'm passionate about that."

During the inspection we could see staff enabled people who used the service to maintain their choices, wants and wishes. We saw that the people who used the service were involved in the recruitment process by choosing their own staff team. One person told us; "I chose my staff. I interviewed all of my staff before I chose them."

The service had a complaints procedure in place and the registered manager and staff were able to demonstrate how they would follow the procedure and deal with complaints. When we asked staff if they knew how to manage complaints they told us; "Yes I know - I would go to the manager or senior staff." We also asked one of the people who used the service and they told us, "Yes I know if I wanted to complain who to talk to. I also have a key worker and they help me to sort out any paperwork I have."

A handover procedure was in place and we saw the completed daily records and communication book that staff used at the end of their shift. Staff said that communication between staff was good within the service. One member of staff told us that; "The communication book helps us to identify any issues that might arise."

We spoke to a college tutor at Darlington College where the people who used the service also attended and they told us that they have a good partnership relationship with the service and said; "I Liaise with the staff team all the time. The staff is good at keeping in touch to share information,

Is the service responsive?

concerns or anything we might need to know to support the students.” This meant partnership working was effectively used to promote people’s education and social wellbeing.

Is the service well-led?

Our findings

At the time of our inspection visit, the home had a registered manager who had been in post in for twenty four years. A registered manager is a person who has registered with CQC to manage the service. The registered manager had recently appointed a new deputy manager to support their role and each area had a locality manager who we liaised with during the inspection.

The locality manager was qualified, competent and experienced to manage the service effectively. We saw up to date evidence of spot checks that covered; people who used the service – their views/concerns, staffing, suggestions for improvement, meals, complaints, accident and incident analysis, maintenance records, fire safety, admissions, care plans, and social activities.

Staff members we spoke with said they were kept informed about matters that affected the service by the locality manager. They told us staff meetings took place on a regular basis and that they were encouraged by the locality manager to share their views. We saw records to confirm this. Staff we spoke with told us the managers were approachable and they felt supported in their role. They told us; “The managers attend our team meetings and they support new ideas.”

We also saw that the registered manager had an open door policy to enable people and those that mattered to them to discuss any issues they might have. We saw how the registered manager adhered to company policy, risk assessments and general issues such as, incidents/accidents moving and handling and fire risk. We saw analysis of incidents that had resulted in, or had the potential to result in, harm were in place. This was used to avoid any further incidents happening. This meant that the service identified, assessed and monitored risks relating to people’s health, welfare, and safety.

We saw there were arrangements in place to enable people who used the service and staff to affect the way the service was delivered. For example, the service had an effective quality assurance and quality monitoring systems in place. These were based on seeking the views of people who used the service at engagement meetings and through an annual quality survey. These were in place to measure the success in meeting the aims and objectives, as set out in the statement of purpose of the service.

We discussed partnership working to tackle social isolation with the registered manager and they explained to us how they maintained links with the local community and how important it was for people to socialise in the community and keep in touch with friends. This was also evident in the care plans and when we spoke with the people who used the service and staff. It was made clear that people were part of their local community.

The complaints records provided a clear procedure for staff to follow should a concern be raised. We saw the most recent monitoring of complaints and we could see that there had been no recent complaints made but from the records we could see how previous complaints had been responded to monitored appropriately. Staff and the registered manager were knowledgeable of the complaints procedure.

The service had a clear vision and set of values that included honesty, involvement, compassion, dignity, independence, respect, equality and safety. These were understood and consistently put into practice. The service had a positive culture that was person-centred, open, inclusive and empowering. The external trainer we spoke with spoke highly of the registered manager’s vision and told us; “They have started really well and they have a personalisation lead in the management that’s really got the ball rolling. What I’ve seen in the teams is that they’re really working in a person centred way.”

We saw policies, procedures and practice were regularly reviewed in light of changing legislation and good practice and advice. The service worked in partnership with key organisations to support care provision, service development and joined-up care. Legal obligations, including conditions of registration from CQC, and those placed on them by other external organisations, such as the Local Authority and other social and health care professionals, were understood and met. This showed us how the service sustained improvements over time.

We found the provider reported safeguarding incidents and notified CQC of these appropriately. We saw all records were kept secure, up to date and in good order, and maintained and used in accordance with the Data Protection Act.