Dimensions Somerset Sev Limited

Dimensions Somerset Taunton Domiciliary Care Office

Inspection report

Six Acres Resource Centre
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Taunton
Somerset
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Tel: 01823250509

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24 April 2018

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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

Summary of findings

Overall summary

This inspection took place on 24 and 26 April 2018 and was announced. We gave the provider short notice of our inspection due to the nature of the service. This was so the registered manager could be available to assist us with our inspection.

This service provides care and support to people living in their own homes up to 24 hours a day, in a variety of settings, mostly single occupancy flats or houses. This means people can live in their own home as independently as possible. All of the people supported are living with either a learning disability and/or Autism Spectrum Disorders. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service had a manager who has been registered with CQC since July 2017. 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.

This is the first inspection of this service since it was taken over by Dimensions from the local authority in April 2017.

People told us they felt safe. Safeguarding and whistleblowing policies and procedures were available for staff to access. The provider carried out risk assessments that included any environmental risks in people's homes and any risks in relation to the care and support needs of the person.

People were kept safe from potential abuse because there was safe recruitment processes were completed. The provider made sure there was enough staff cover across the geographical area so people received a consistent and reliable service, although people did not know who the registered manager was.

The provider had policies and procedures in place to manage health and safety this included the management of incidents and accidents.

Staff had access to medicines policies and procedures to guide them on managing people's medicines safely. The provider was currently updating these policies. Staff followed good infection control practices

The provider had suitable processes to assess people's needs and choices to check the service could meet the person's needs. Staff had the appropriate skills, knowledge, and experience to deliver effective care and support. All staff completed an induction when they started to work for the provider. There was a system in place to remind staff when their training was due to be renewed.

The provider worked across organisations to deliver effective care, support, and treatment.
Care records demonstrated staff shared information with professionals and involved them appropriately.

The registered manager and staff had received training on the MCA. Staff asked people for their consent before delivering care or support and they respected people's choice to refuse care. We observed staff being kind, compassionate, and caring. Staff we spoke with demonstrated enthusiasm about their role. Staff maintained people's privacy and dignity. Staff knew about confidentiality.

Where appropriate, the provider consulted with other people involved in people's care and involved them when writing up their support plan. The support plans were detailed, clearly set out and easy to read. Activities reflected people's needs and interests outlined in their care plans. People were encouraged to be active members in their community.

The provider promoted communication and information sharing in line with the Accessible Information Standard. There was a system in place to manage and investigate any complaints.

There was a registered manager at the service. The registered manager had a clear understanding of the key values and focus of the service. Staff that had a clear line of accountability supported people.

Staff had an annual appraisal where they were able to discuss their performance and highlight any training needs. There were records of individual formal supervision with a manager. There were regular team meetings so managers could communicate with staff. The provider demonstrated continuous learning that helped drive improvement. The provider worked collaboratively with organisations to support care provision, service development, and joined-up care.

The provider had identified areas for development. There was a proactive approach from the registered manager and a clear development plan in place. However, During this inspection we identified that improvements were needed to ensure the provider protected people's personal information.

The provider had completed statutory notifications in line with legislation to inform external agencies of significant events.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

There were procedures in place to keep people safe, which staff understood.

Safe recruitment procedures were in place. There were enough staff to support people safely.

People's risks were assessed and risk management guidance was completed.

Accidents and incidents were investigated.

People received their medicines as prescribed.

Is the service effective?

Good

The service was effective

People felt they received care from competent staff.

The service was meeting the requirements of the Deprivation of Liberty Safeguards.

Staff received training, supervision, and appraisal.

People had access to healthcare professionals.

Is the service caring?

Good

The service was caring

People spoke positively of the staff at the service.

We observed positive staff interactions with people.

Staff respected people's choices and decision-making.

People were involved in their care and support planning.

Is the service responsive?

Good

The service was responsive

People's care records were detailed and easy to read.

People felt staff were responsive.

Complaints had been acted upon when received.

Staff supported people to undertake activities of their choice.

There were links with the local community.

Is the service well-led?

Good

The service was well-led.

Staff received regular supervision and appraisals

The provider had identified developments required to improve the service

Peoples personal information was not always protected

Not everyone we spoke with knew who the registered manager was.

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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 comprehensive inspection took place on 24 and 26 April 2018 and was announced. We gave the provider notice because the location provides a domiciliary care service and we needed to be sure the registered manager would be available for the inspection. It also allowed us to arrange for people receiving the service to give permission for CQC to contact them in their own homes.

One adult social care inspector, one medicine Inspector and one expert by experience carried out the inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, the provider completed a Provider Information Return (PIR). 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 looked at the information in the last PIR and looked at other information we held about the service.

During our inspection, we spoke with the registered manager, five team managers, and six support staff. We looked at care records and spoke with people who received personal care over the phone. We also visited people in their own homes and spoke with relatives who were closely involved in their family members care and support. Before the inspection, we contacted health and social care professionals to seek their views on

the service.

We also looked at records relevant to the management of the service. This included staff recruitment files, training records, medicine records, complaint and incident reports and performance monitoring reports.

Good

Is the service safe?

Our findings

People told us they felt safe. Comments from people included. "There is not, and never has been any kind of abuse, and they support me." Another person said, "I do feel safe." In addition, comments from relatives included, "staff treat (person's name) well, and there is always someone here." In addition, "I feel that they are safe in the hands of the Staff."

The provider had safeguarding systems in place. Staff had received training on how to recognise and report any concerns which was regularly updated. One staff member said, "I would tell someone straight away if I thought someone was being abused." Records also showed that staff had completed risk assessments to protect people who were at risk of abuse.

The registered manager understood their responsibilities to raise concerns and record safety incidents. Staff told us if they had concerns, they informed the shift lead who reported it through the providers on line portal. All staff we spoke with told us senior staff would take action if they raised a concern.

If the registered manager had concerns about people's welfare, they liaised with external professionals. This was evident when we reviewed safeguarding referrals the provider had submitted to the local authority. Where there needed to be a decision to balance a person's rights, the provider made decisions in people's best interests.

The provider had policies and procedures in place to manage incidents and accidents. We spoke with staff who knew the reporting process and we reviewed incident records which demonstrated the provider had investigated them appropriately.

The provider had identified some incidents and accidents as 'never events'. For example, if a person was injured as a result of something that was avoidable. If a 'never event' occurred it would be sent to a 'never event panel', made up of senior managers. The panel would agree any learning and recommend improvements to working practice. Staff told us the provider shared lessons learned following the conclusion of any investigation. We checked staff meeting minutes and incident reports, which confirmed this.

The provider carried out risk assessments to identify any risks to the person using the service and to the staff supporting them. This included any environmental risks in people's homes. For example, one person failed to leave their block of flats when the fire alarms went off. Staff told us they knew the alarms were tested on the same day each week and they made sure they were with the person on that day this meant the person could learn to leave the building and remain safe in the event of a fire.

There was a lone working policy, which staff knew about. Staff told us they contacted the shift lead in the morning to let them know they had started their shift and again when they finished. One staff member said, "we know we can get hold of anyone if we need support whether it's a senior staff member or a colleague, we all support each other."

The provider's recruitment processes minimised the risk of unsuitable staff being employed. The provider obtained references and completed a Disclosure and Barring Service (DBS) check. A DBS check ensures the provider can identify people barred from working with certain groups such as vulnerable adults.

Some people who used the service had been assessed as having behaviours, which might challenge themselves or others. Positive proactive support [PPS] plans were in place, which gave staff clear guidance about the triggers they should look for. These plans also gave staff strategies to follow to reduce the risk of such behaviours occurring or escalating. Staff told us they understood how to follow this guidance. For example, one person could become distressed when out in the community. Staff were aware of this and carried a mobile so they could call for additional staff to support if required. This helped reduce their levels of anxiety and kept them and others safe.

Enough staff supported people to keep them safe and meet their needs. The provider did tell us they had been unable to recruit to a number of current staff vacancies. This meant they had to use high levels of agency staff. Managers paired agency staff with permanent staff members. This helped to provide consistency for people. The team managers told us they were not taking on any new people until they had recruited more staff. One person told us, "There is enough staff that care for me." A relative told us, "There is definitely enough staff, (person's name) is happy when staff are there." There was also out of hours management support, which meant staff, could get additional advice in the event of an emergency.

People received there medicines safely. The provider supported people to manage their own medicines if it was safe and appropriate to do so. Staff promoted independence as much as possible. We visited two people in their homes and checked their medicines and records. These showed that people received their medicines as the GP had prescribed.

There were appropriate arrangements in place for obtaining medicines, checking these on receipt into the person's home, and storing them. We reviewed people's medication administration records [MARs]. Staff had administered and recorded medicines correctly. Adequate stocks of medicines were securely maintained to allow continuity of treatment. Information was available to inform staff about any protocols for people's 'as required' medicine. All staff who administered medicines had been trained and had completed competency checks to ensure they could safely handle medicines.

Staff followed good infection control practices that protected people. Staff understood their role and responsibilities for maintaining standards of cleanliness and hygiene when delivering care and handling food. Staff told us they had access to policies and procedures on infection control and records showed staff received infection control and food hygiene training. Staff said, "We always wear gloves and aprons when working with people." People told us, "They help me clean; they say you do the hovering while I do the dishes." A relative told us, "The premises have always been clean and hygienic when I've been there. I've not had to raise concerns."

Good

Is the service effective?

Our findings

The service had suitable processes to assess people's needs and choices. Before they started using the service, the team manager completed an assessment to check the service could meet the person's needs. Assessments assisted staff to develop a care plan for the person and deliver care in line with current legislation, standards, and guidance. The team manager identified expected outcomes and staff reviewed care and support regularly.

Staff had the appropriate skills, knowledge, and experience to deliver effective care and support. One person told us, "The staff seem skilled. They are friendly and they do listen." Another person said, "I haven't had to raise any concerns, I do feel that they are well trained and know their jobs.". One relative told us, "The staff do appear professional and they seem to know what they are doing."

All staff completed an induction when they started to work for the provider. Records showed staff received comprehensive training, which enabled them to carry out their roles. All new staff completed the Care Certificate. The Care Certificate is an identified set of national standards that health and social care workers should follow when they are new to working in the care sector.

There was a system in place to remind staff when their training was due to be renewed. Aside from the subjects the provider considered mandatory, such as safeguarding, moving and handling, infection control and health and safety, staff also received training which was relevant to the individual needs of the people they supported. For example, all staff had received training in managing epilepsy

Staff planned menus with people. Staff regularly consulted with residents on what type of food they preferred and ensured foods were available to meet peoples' diverse needs. If they were able to, people helped with their cooking and food shopping. People's nutritional needs and preferences were assessed and recorded in their care plans. We saw that staff ensured people were actively involved in managing their own diet. People were complimentary about the meals the staff made. A relative told us, "The staff take (person's name) shopping and helps cooks their meals." One staff member told us, "Some people had diabetes and they tried to encourage a healthy diet, but people had a choice of what they wanted to buy."

The provider supported people to access services from a variety of healthcare professionals including GPs, dentists, and district nurses. Care records demonstrated staff shared information with professionals and involved them appropriately. One health and social care professional told us, "They are collaborative, they gave an example of how staff facilitated the move of a person who lived in the family home to a new environment, staff provided the new support team with valuable information to help the person settle in."

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

restrictive as possible.

People who lacked mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for people living in supported living situations or in their own homes can only be authorised through the Court of Protection. These applications are completed and submitted to the court by the local authority. At the time of the inspection, no one receiving personal care from the service currently required this level of protection.

Staff understood the Mental Capacity Act 2005 (MCA) and what actions they would need to take to ensure the service adhered to the code of practice. The care records we reviewed contained assessments of the person's capacity to make decisions. Some people who used the service lacked capacity to manage their finances and we saw that appointees had been set up for these people to manage their money in their best interest. Staff knew what this meant for the people they supported. Staff had attended best interest meetings where professionals and family members made decisions on behalf of people who lacked capacity.

Staff told us they asked people for their consent before delivering care or support and they respected people's choice to refuse care. People we spoke with confirmed staff asked for their agreement before they provided any care or support. Care records showed that people signed a contract of care where they gave their consent to the care and support provided.

Good

Is the service caring?

Our findings

People told us staff were kind. Comments from people included, "I do know all the staff very well. (Staff member's name) is here now helping me with the internet. They are quick to help me when I need them to. (Staff member's name) helps me with my care plan and finances. He does explain things to my satisfaction". A relative told us, "The staff do treat them well. They are always smiling and friendly and (person's name) made friends there." They added, "He is helped to make decisions about the things that he likes to do."

Staff we spoke with demonstrated enthusiasm about their role. Comments from staff included, "Whatever goes on we just want the people to be ok.", "I love working with the people, it's different to what I'm used to but I love it." One professional said, "They have a Can-Do attitude and speedy response to client's changing needs." They gave an example, "The provider enabled one person, at short notice and in an emergency situation, to be discharged from hospital." They added, "The staff team is experienced in working with people with a learning disability and genuinely care about them reaching their outcomes."

Staff maintained people's privacy and dignity. Comments from people included, "They help wash me but I do my private areas, staff respect that." We observed staff knocking on doors before they entered and followed it up with, "Can I come in." A relative told us, "Staff are very good as (person's name) is a private person and they do treat him with privacy and dignity at all times, I have noticed that about them."

Staff listened to people and respected their choices. One person said, "Staff always chat to me about what I like doing." A relative told us, "The staff do treat (person's name) well. They are always smiling and friendly. (Person's name) is helped to make decisions about the things that they like to do." Other people said, "I do have a care plan. Some staff are better than others and quicker to respond".

We saw many examples of staff providing support with compassion and kindness. Staff spent time chatting, encouraging, laughing, and joking with people. Everyone we spoke with was complimentary about the staff who supported them. The registered manager and staff knew how to assist people to access advocacy services, if this was needed. An advocate is a person who works with people or a group of people who may need support and encouragement to exercise their rights.

Staff sought ways to communicate with people. Care records had communication profiles that demonstrated how staff should support people to communicate. People used simple communication signs, for example, through use of facial expressions, pictures, and hand gestures to communicate how they were feeling. Regular reviews took place with the person and people who knew them best such as family, key worker and social worker. Reviews reflected on their achievements, goals and aspirations, and care plans and where changes were identified these were reflected in the person's care plans.

We reviewed the compliments received from people using the service and their relatives. Comments included, "(Relatives name) was full of praise for (support leader), who has been supporting (person's name). He has described (support leader) as very good and provides a tremendous service." (Person's name) sent (support worker) a thank you card for their support during their holiday. Another comment included," Would

you pass on my thanks again to (support worker) and all of you for what you are trying to do for (person's name). Without you guys they would be completely lost."

Good

Is the service responsive?

Our findings

The provider was responsive to people's needs. Staff supported people, and involved them where possible to write up and agree their own support plan. Where appropriate, the provider consulted with relatives and involved them when writing up their support plan. One person told us told us, "I am fully involved with my care plan. Another person said, "I am supported to do the things that I enjoy doing, such as shopping and going out to town." A relative told us, "Staff and managers fully explained all the procedures to us when he got with Dimensions and we're happy with everything so far."

The support plans were detailed, clearly set out and easy to read. They provided a wide range of information about the person that included their preferred daily routines, likes, and dislikes and details of people and things that were important to them. Care plans we reviewed gave details of what the person liked to do and how staff could support them to do their favourite activity. This was important for staff to understand because some people receiving support had limited verbal communication. Staff reviewed care plans regularly to ensure they were up to date with people's needs.

Staff found a balance when involving family, friends, or advocates in decisions about a person's care and support. Staff told us some family members want to change people's flats around this could make people anxious. Staff said they would address this with the family and support people to have their homes the way they like them.

Staff encouraged people to be active members in their community. In one block of flats where the provider supported four out of five people, staff supported people to go out for meals together. One person said they liked to go to out for a drink with their friend but sometimes got anxious in public places. Staff told us they would go to the same venue and sit in the background so they could be there for support if the person needed them. We reviewed one care plan where one person's likes and dislikes included how staff should support them to access the Royal Navy Air Service.

The registered manager was aware of the Accessible Information Standard that was introduced in 2016. This Standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services who have a disability, impairment or sensory loss. Information was available in different formats. One person had a pictorial book in their home that staff used to help them identify what foods they would like to eat. We also observed staff using individual signs and signals that people had developed themselves to support individual communication needs.

There was a system in place to manage and investigate any complaints. The registered manager sought people's feedback and took action to address any issues raised. The provider underpinned this with a policy and procedure, which staff knew. People and their relatives knew how to complain and told us they felt listened to. One person knew to speak to their family if they were upset. They told us their relative then sorts things out. Other people had close relationships with staff members and knew who they could speak to. One relative told us, "The staff resolve problems and I'm happy with the care".

At the time of the inspection, no one was receiving end of life care. Staff where aware to liaise with the person's GP and the district nurse team in the event someone did require end of life care. The provider also had a booklet available for people to complete if the need arose called "My wishes for end of life." The booklet was in easy read format and had a plan where people could record their wishes.

Good

Is the service well-led?

Our findings

There was a registered manager at 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.

Systems and processes did not support the confidentiality of people using the service. Staff told us they held peoples contact details on their own personal phones. The provider had not identified this this, which meant staff were not following the provider's confidentiality policy and people's personal information was not protected. We addressed this with the provider who immediately ordered new mobiles for every staff member and assured us they would be implementing work mobile phones across all teams and addressing how staff will remove people's information from their personal phones so that people's identities remain safe.

People and their relatives told us they were satisfied with the care and support they received. Although not everyone was aware of who the registered manager was. One person said, "The manager used to be (person's name), but I'm not sure who it is now? I do feel it is well run though." Another person said, "I think that I have met the manager but I can't remember their name? She was a nice lady though." Comments from relatives included, "I don't think that I've met any of the managers, sorry. They are good at taking (person's name) for appointments though, they go to the Doctors and Dentist whenever they need to and they seem to have good community links with things like that." In addition, "The manager is nice and very approachable. We've had quick responses when we have spoken to them and again, we find the staff team are very good."

Six team managers supported the registered manager. The team managers demonstrated a good knowledge of people and their care needs. During the inspection, we observed some of the team managers talking with people. Everyone they spoke with was very comfortable and relaxed with them.

The registered manager had a clear understanding of the key values and focus of the service. They and the provider were committed to continuously improving the service. This was apparent when they spoke about their plans for the service as well as the day-to-day experience of people staff supported. The provider was able to reflect on past decisions and consider if they could improve their approach. The local leadership was accessible. The organisation's core values were displayed in the satellite offices and staff knew about them. Staff said the registered manager was very approachable but did not have enough time for them. The provider had recognised this and seconded a staff member to work alongside the registered manager to provide additional support.

Staff that had a clear line of accountability supported people. The registered manager was positive about the support they received from the provider including the Director of operations. They had access to other specialist professionals such as human resources and a quality lead.

There was a culture of support and cohesiveness amongst team managers and staff. Staff told us morale was low at times because of all the changes that had taken place. Team managers told us more changes were still to come. One staff member told us, "There is a meeting we have been called to and we don't know what it is about." Another staff member said, "It's the uncertainty we don't like." All staff we spoke with said, "We all support each other which is what's good about the team."

Staff told us they felt supported in their roles by colleagues and senior staff. All staff we spoke with told us that they could raise issues without fear of bullying or intimidation and we found no reported incidents of bullying within the team.

Staff had an annual appraisal where they were able to discuss their performance and highlight any training needs. There were records of individual formal supervision with a manager. Supervision is a process where members of staff meet with a supervisor to discuss their performance, any goals for the future and training and development needs. Staff had opportunities to develop their skills. One staff member had been given the opportunity to take on some more responsibility and access some of the management training. They told us, "There is no hierarchy in my team."

There were systems to communicate with staff. The registered manager held regular meetings with team managers. Areas discussed included, updates, national development and personalisation. The team managers held periodic meetings for all general staff. These were held in each area and were not consistent across the service. For example, one staff member told us, I haven't been to any team meetings yet." Another staff member said we try to have them every two months but it doesn't always happen." In addition, other staff said, "We are starting a rota for protected time so staff can go to staff meetings." We discussed this with the registered manager who told us they were looking at how they could improve communication across the service.

The provider demonstrated continuous learning that helped drive improvement. For example, staff had carried out an annual quality assurance survey in order to seek the views and opinions of people or their representatives. We reviewed results of the last satisfaction survey dated October 2016, these were generally positive. The provider had sent the latest one out in January 2018 and the results had been sent to head office for collation. There was also a system of audits to ensure quality in all areas of the service was checked, maintained, and where necessary improved. Audits that were regularly completed included checking medicine records were accurately completed, care plans were in place and regularly reviewed and monitoring accidents and incidents.

The provider worked collaboratively with organisations to support care provision, service development, and joined-up care. For example, GPs and district nurses visited peoples home to see people who had physical healthcare needs or required additional support. This helped to make sure people received care and support in accordance with best practice guidance.
One professional we spoke with said, "I find that the staff team is experienced in working with people with a learning disability and genuinely care about them reaching their outcomes."

The provider had ensured they had notified CQC of significant events in line with current legislation. This meant external agencies were able to monitor the care and safety of people using the service.
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