

Dimensions (UK) Limited

Dimensions North Midlands 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 ●

Summary of findings

Overall summary

About the service

Dimensions North Midlands Domiciliary Office is a community-based care provider that provides personal care to people living in their own homes and supported living settings. At the time of inspection two people were receiving a service and were in receipt of the regulated activity of personal care.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

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

Staff had received training in safeguarding and knew the actions to take to keep people safe. There were recruitment processes in place and recruitment checks were carried out before staff were appointed. This ensured suitable staff were appointed to support people. People's medicines were managed safely. Staff followed infection control guidance and had access to personal protective equipment.

Staff received induction training and the provider carried out competency checks to assess whether staff were working in line with best practice.

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

People were supported by kind and caring staff who knew them well. People's individual needs were respected and staff supported people with dignity and respect.

People's care and support was planned in partnership with them and risk assessments were regularly updated.

The provider carried out regular audits of the service to oversee the quality of the care provided. The provider worked in multi-disciplinary teams in order to provide effective and responsive care for people and meet their changing needs.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 16 September 2020 and this is the first inspection.

Why we inspected

This was a planned inspection for this newly registered service.

This was an 'inspection using remote technology'. This means we did not visit the office location and instead used technology such as electronic file sharing to gather information, and video and phone calls to engage with people using the service as part of this performance review and assessment.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Dimensions North Midlands Domiciliary Care Office

Detailed findings

Background to this inspection

The inspection

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or phone calls to engage with people using the service and staff.

Inspection team

The inspection was carried out by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. The provider also provides care and support to people living in 'supported living' settings, so that they can live as independently as possible. 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 registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection-

We spoke with one person using the service and one relative. We spoke with seven members of staff including the registered manager and support workers. We reviewed a range of records. This included two people's care records and medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

This performance review and assessment was carried out without a visit to the location's office. We used technology such as video calls to enable us to engage with people using the service and staff, and electronic file sharing to enable us to review documentation. Inspection activity was carried out on 01 and 02 January.

After the inspection

We spoke with a relative of one of the people using the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff knew how to recognise potential abuse and protect people from it. Staff had received training in how to keep people safe and described the actions they would take where people were at risk of harm. A relative told us, "We have no concerns."
- People were supported by a multi-disciplinary team who met regularly with the person and each other to ensure their current needs and risks were being managed safely.

Assessing risk, safety monitoring and management

- Risk assessment documentation was in place which showed the actions taken to manage and reduce risks to people.
- People had risk trigger response plans in place which gave guidance to staff on people's triggers and how to respond positively to them when people were experiencing feelings of anxiety or during crisis. These were also available in easy read format for people to use to help themselves when they were feeling distressed or anxious.
- Risk assessments were updated regularly and reflected people's current support needs.

Staffing and recruitment

- There were recruitment processes in place and recruitment checks were carried out before staff were appointed. This ensured suitable staff were appointed to support people.
- People using the service were involved in the recruitment process to ensure staff employed by the service were compatible with them.
- People were supported by a regular team of support workers who knew their needs well. This enabled people to feel safe and secure and build trusting relationships.

Using medicines safely

- People's medicines were managed safely. Medicines administration records we reviewed showed people received their medicines as prescribed.
- Staff received training and regular competency checks to ensure they were administering medicines safely.
- Supporting information to aid staff in administering medicines which had been prescribed on a "when required" basis (PRN) was in place.

Preventing and controlling infection

- The provider had infection control policies and procedures in place. One person told us, "They [staff] wear

masks."

- Staff had received training in how to prevent and control infection. A staff member told us, "We have plentiful supplies of PPE. We have had training around this."
- Staff carried out regular COVID-19 tests to help prevent the spread of infection.

Learning lessons when things go wrong

- Incidents and accidents were recorded and analysed for trends, so lessons could be learned to reduce the chance of reoccurrence.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The provider carried out an initial assessment so they could be sure they could support people safely and how they wanted.
- People's current needs were regularly assessed to ensure they continued to receive the correct level of support.

Staff support: induction, training, skills and experience

- People were supported by staff who had the skills and knowledge to do so effectively. One person told us, "They [staff] are well trained and look after me well."
- Staff received induction training to give them the skills and knowledge to support people safely.
- Staff were trained in a range of techniques to respond to people's changing needs and risks and support them safely.

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

- People at the service were supported to eat a healthy diet. People were able to cook for themselves and one person told us, "I do all my own cooking,"
- Staff supported people by prompting and ensuring risks to people were safely managed, for example, supervising people whilst they were using the cooker.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The service worked in multi-disciplinary teams and with other health professionals in order to meet people's specific needs.
- People were supported to access healthcare in the community.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff had received training in the MCA and understood the importance of people being involved in decisions about their care.
- Where people had restrictions on their liberty, the appropriate authorisations were in place.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were supported by kind and caring staff. One person told us, "Staff are alright."
- Staff told us how much they enjoyed working with the people they supported. One staff member said, "I love [name of person]. I love working with them."
- Staff told us how caring the provider was. One staff member said, "The service is brilliant. It's the best job I could have. Everyone is so supportive."
- People's equality and diversity were respected and their likes and dislikes were clearly recorded in their care plans.

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

- People were involved in their care plans and reflective discussions were held and documented to help them to understand how incidents had affected them and those around them.

Respecting and promoting people's privacy, dignity and independence

- One member of staff described how people at the service had not always received the right level of support to enable them to live inclusive and independent lives. They explained how one person's relationship with their family had improved because of the support they had been given by the staff. They told us, "Both [name of person] and [name of person] have a voice now and are active members of their community."
- A staff member we spoke with described how [name of person] was growing in their confidence and independence. They said, "[name of person] now washes their own hair. They push their own shopping trolley and pack and unload their shopping."
- People were treated with dignity and their privacy was respected. One staff member told us, "When [name of person] is getting dressed, we leave the room."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

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

- Care plans and risk assessments were in place to show the support people needed and these were reviewed regularly. Care plans were person centred and contained detailed information about people's individual support needs and what outcomes they would like to achieve.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People had communication passports which clearly documented how people preferred to be communicated with.
- The provider was aware of the Accessible Information Standard and were able to print documents in a format that was easily understood for people using the service, for example, in easy read.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported and encouraged to take part in activities they enjoyed. One person told us, "I like to go out in better weather. I like to go shopping and to the cinema."

Improving care quality in response to complaints or concerns

- There had only been one complaint raised since the provider's registration and this had been investigated and dealt with in accordance with the provider's complaints policy.
- Staff told us they felt comfortable to raise any concerns with the manager and their concerns would be listened to and actioned.

End of life care and support

- There was no-one receiving end of life care during the inspection.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People spoke positively about the provider. One person told us, "[Name of registered manager] is brilliant, they do a good job, they are really good."
- Staff also spoke positively about the provider. One staff member told us, "They [provider] are consistent. Staff all work the same, do it by the book. The consistency is brilliant. They are a good team. There is nothing missed, if something happens, they write it down."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood the duty of candour. They told us, "Be open, transparent and honest about if there has been some kind of accident or injury. Not sweeping anything under the carpet. Send an apology, look at where it went wrong and why it went wrong."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- We saw regular audits were carried out in order to oversee the quality of the service.
- Competency checks were carried out regularly on staff in order to ensure they were providing good quality care for people.
- Staff received regular supervisions. Staff confirmed this and we saw evidence of this in records we checked.
- The provider worked in multi-disciplinary teams in order to provide effective and responsive care for people and meet their changing needs.
- The provider told us in information we received prior to the inspection, they had a Pandemic Emergency Continuity Plan which provides guidance for responding to Covid-19, Flu and other contagious diseases. This had enabled them to support people safely throughout Covid-19.
- The provider had service improvement plans in place in order to improve the quality of the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The provider carried out surveys to gain people's feedback of the service and drive forward improvements.
- Weekly evaluations were carried out with people to ensure the care they received continued to meet their needs.

- Regular meetings were held with staff in order for staff to share their views.
- A relative we spoke with told us how staff updated them regularly with any changes or concerns regarding the person's care.
- The service worked in partnership with social workers, health professionals and relatives to ensure the service people received was person centred.

Continuous learning and improving care

- Management and care staff received continuous training to ensure their learning, skills and knowledge were current to be able to support people safely.