

Dimensions (UK) Limited

# Dimensions South Hampshire Domiciliary Care Office

## Inspection report

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22 April 2022

25 April 2022

28 April 2022

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Dimensions South Hampshire Domiciliary Care Office is a domiciliary care provider. At the time of this inspection people received personal care support from the service in a variety of supported living services spread across Hampshire. The service supported people with a variety of care needs, including people living with autism and learning disabilities. Some people had very limited verbal communication skills.

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

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people and providers must have regard to it.

The service was not able to demonstrate how they were meeting some of the underpinning principles of Right support, right care, right culture.

### Right Support

More needed to be done to ensure that people were consistently supported to be kept safe. Improvements were needed to ensure medicines and risks were managed in a way that ensured the best possible outcomes. Staff needed to ensure people were supported safely to make decisions and record outcomes of best interest decisions staff supported people to have the maximum possible choice, control and independence and they had control over their own lives. Staff supported people to take part in activities and pursue their interests in their local area. Staff enabled people to access specialist health and social care support in the community.

### Right Care

Managers had not always ensured that risks faced by people had been assessed and planned for. Staff were committed to providing an individualised response to people's needs, but this was at times difficult as there were not always enough permanent staff resulting in a high use of agency staff. People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs. Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

### Right culture

People received good quality care, support and treatment because trained staff could meet their needs and wishes. People's support plans did not always reflect their needs or demonstrate that the person's care had been reviewed. Checks to ensure that records were effective and up to date were not always completed appropriately. Whilst the provider demonstrated a commitment to create a culture of improvement that provided good quality care to people, the success of this approach had been affected by changes in leadership at the service and the high use of agency staff. Staff placed people's wishes, needs and rights at the heart of everything they did. Staff ensured risks of a closed culture were minimised so that people received support based on transparency, respect and inclusivity.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to medicines, Mental Capacity Act 2005 and good governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

### Rating at last inspection and update

This service was registered with us on 10 October 2020 and this is the first inspection.

### Why we inspected

We undertook this inspection to assess that the service is applying the principles of right support, right care and right culture.

### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# Dimensions South Hampshire Domiciliary Care Office

## **Detailed findings**

## Background to this inspection

### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

### Inspection team

Two Inspectors and an 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. Two other inspectors also supported by speaking to people who use the service.

### Service and service type

This service provides care and support to people living in a 'supported living' setting, 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 five managers 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

This inspection was unannounced.

Inspection activity started on 20 April 2022 ended on 25 May 2022. We visited the office location on 20, 22 and 25 April 2022. We also attended a service user forum on the 28 April arranged by the provider.

#### What we did before the inspection

We reviewed information we had received about the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

#### During the inspection

We spoke 13 people who used the service and nine relatives about their experience of the care provided.

We spoke with 27 members of staff including four registered managers, an acting manager, assistant managers, operations director and support staff.

We reviewed a range of records. This included seven people's care records and various medication records. We looked at five 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.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.



# 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 requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Using medicines safely

- People and their relatives were happy with the support provided with people's medicines.
- Staff had received training in the safe handling of medicines. Records showed that staff had received an assessment of their competency to administer medicines in line with best practice guidance. Staff confirmed this and said they felt confident in supporting people with their medicines.
- Medicine administration records (MARs) confirmed most people had received their medicines as prescribed. However, we did see some gaps in records and a recent audit had recorded no gaps in records when there were gaps in records seen. We found no evidence anyone had been harmed by this, we could not be assured people were always receiving their medicines as prescribed. We spoke with the registered manager about our concerns. Their response was to re-do staff competencies and check their understanding and knowledge. However, there was no indications they planned to investigate the errors in more detail and identify any lessons learnt. This placed people at increased risk of harm.
- We found some improvements were required for people's medicines administration and management. For example, one person had been prescribed a topical cream with specific directions for a period of time and then a review by their GP was required. Records showed the dates did not match on the MAR chart, the cream had not been applied in line with instructions and had not been reviewed by the GP as required. Another person who had been prescribed one medicine three times a day was only being supported to have it twice a day according to their MAR records. This had not been picked up by the provider.
- Information about people's medicines was not always recorded consistently across different records. Protocols for the use of 'when required' or 'PRN' medicines were not always available or lacked information.

We found no evidence that people had been harmed however, medicines were not always robust enough to keep people safe. This demonstrates a breach of Regulation 12 (Safe care and treatment) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Assessing risk, safety monitoring and management

- People and their relatives felt the service managed risks well. One relative told us, "When they do risk assessments, they involve us." Another relative said, "During the pandemic we were kept informed, they were careful regarding germs and safety and seemed to risk assess as they were going along."
- We viewed many records across different services provided by the provider and most had information to keep people safe and were sufficiently detailed. However, one person's epilepsy support plan did not contain detailed information on their epilepsy and how to support them to manage it safely.
- People were involved in managing risks to themselves and in taking decisions about how to keep safe. Records we viewed, and staff confirmed, that people's needs were met through the use of supportive

measures.

- People had a personal emergency evacuation plan (PEEP) to support their safety during a fire.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt safe. One relative told us, "He is in a very safe environment." Another relative said, "She is very vulnerable and as she lives with two other people the small team of carers were superb during the pandemic, I can't commend them enough."
- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse.
- Staff had training on how to recognise and report abuse and they knew how to apply it.
- People and those who matter to them had safeguarding information in a form they could use, and they knew how and when to raise a safeguarding concern.

Staffing and recruitment

- We received mixed feedback about staffing levels. One relative told us, "There seems to be a staff shortage across the sector, not just Dimensions, but they are doing everything they can to retain staff." Another relative said, "I appreciate there are staffing issues, agency staff are used which does not create continuity in relationships, but everything seems ok with safety and attention to detail. It does limit how often the residents can be taken out as not many staff are car drivers but they use buses and it is good to get used to public transport."
- The service was having difficulty recruiting permanent members of staff and as a result had a high use of agency staff to cover the gaps in staffing and in one service we visited 90 % of the staff were agency staff. One staff member told us, "Recruitment is difficult, but we always seem to cover the shift or at least make it safe for the people we support." Another staff member told us, "Safe minimum staffing levels are always achieved, but there have been times that the people we support have not received all of the hours they are funded for in order to access the community."
- The service was trying different ways to recruitment more staff and any gaps in rotas was filled by long standing agency staff.
- Recruitment processes were followed that meant staff were checked for suitability before being employed by the service. This included checks with the Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Preventing and controlling infection

- People we spoke with told us their homes were clean. One relative told us, "There is no issues with cleanliness, it is a well maintained house and her personal care needs are met."
- The service used effective infection, prevention and control measures to keep people safe, and staff supported people to follow them.
- The service prevented visitors from catching and spreading infections.
- The service followed shielding and social distancing rules.
- The service admitting people safely to the service.
- Staff used personal protective equipment (PPE) effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong



- Records were maintained of accidents and incidents that had occurred. There was evidence that the provider reviewed these to ensure that appropriate action had been taken to reduce any on-going risk, and to debrief the staff involved.

# 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 requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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 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 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.

- The provider was not acting in accordance with the MCA and were not following the Deprivation of Liberty Safeguards. We spoke with some of the registered managers about applications made to the court of protection. There was some confusion about who had an application in place and if they were authorised. We saw no records that people had an application in place. We were informed that the operations director was looking at these as a group project and that it was part of a service improvement plan.
- When people needed to make an important decision, and there was doubt about their capacity to do so, staff had mostly assessed and documented mental capacity assessments. However, records of these assessments were varied, whilst some contained important detailed information, others were not always clear with some assessments incomplete or missing. This was varied and while some contained important information it was not always clear on others with some assessments incomplete or missing.
- We did see some evidence of best interests' decisions on behalf of people when they were unable to make decisions about their care to ensure it is in their best interests. However, we found that some significant decisions were being made without following legal frameworks. We spoke to the registered managers across the service and some informed us they were in place and would send these to the inspector to review remotely. We did receive some records. However, for one person there was concerns about locked doors and no MCA or best interest decision was in place to support this.

- Relatives we spoke with told us that decisions had been made in their best interest. One relative said, "When there are big decisions to be made e.g. best interest reviews, we are also involved again to ensure her best interest."

Failure to follow legal frameworks of the MCA is a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014; Safeguarding service users from abuse and improper treatment.

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

- People told us they were consulted with about their care needs. One relative told us, "They provide individualised person centred care to meet his needs, I was involved in the plan. As he uses picture symbols to communicate it helps to emphasise the personal care and he is involved in lots of activities during the day as it is important to keep him active, structured, it includes swimming, yoga, pedal sessions, music adapted, sail ability." Another relative said, "This is the first experience of her being away from home, but she needed to expand her boundaries with assisted living. She has been there since August and lives with two other residents and from day one we have been impressed with the staff who have always wanted to know her needs and help with ongoing development."

- Staff completed functional assessments for people who needed them and took the time to understand people's behaviours.

- Care plans provided information about how people wished to receive care and support. The care plans described people's needs in a range of areas including personal care, oral health and daily living activities. However, one relative told us, "Oral hygiene is not best. He has had to have a tooth out because they were not helping him to clean his teeth properly."

Staff support: induction, training, skills and experience

- Staff told us they received a supportive and informative induction that included learning about people's needs and shadowing experienced staff. One staff member told us, "I think Dimensions provides some of the best training I have received within the health and social care sector and I do feel it prepares me for my day to day duties." Another staff member said, "I think the training is suitable to carry out my job, if I want more I can undertake more."

- The training provided was largely online with practical training for manual handling and first aid for example. Records showed that mandatory training was up together.

- Staff received support in the form of continual supervision and appraisal. One staff member told us, "I receive 1:1 session with my manager on a regular basis every other month. If I need to discuss things with her in-between, then she is available to talk. I find these sessions very good." Another staff member said, "I have these with my assistant line manager monthly, they are a good way to think about what we are doing well and what I can work on in my role as it is easy to not push yourself to achieve something extra than the normal day to day, it also helps if I'm feeling a little frustrated about something I feel comfortable to use this time to get it off my chest and feel a little lighter after. It is used for discussing annual leave, sickness and how I am feeling at that time, it also had some actions on it where we run through types of abuse, Dimensions never events and CQC key lines of enquiry."

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

- People confirmed they chose what they ate and drank and could eat and drink when they wanted. Some people were supported to prepare and cook their own meals others were supported. One person told us, "Favourite food scrambled eggs and beans for breakfast. Fish (and made swimming fish movement)." Staff told us they were trying out roasted vegetables and tray bakes which they liked.

- Staff we spoke with told us they had time to spend with people at mealtimes and had completed training

on dysphagia awareness, fluid and nutrition and food safety. One staff member told us, "There is plenty of time to support the people I support to be involved in their food preparation and menu planning to ensure their choices and nutrition requirements are met." Another staff member said, "When I'm spending time with people at meal times I am always looking at what they are having and if it is healthy."

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

- People were supported to maintain good health. One relative told us, "He had a fall recently and even though it was the middle of the night they phoned an ambulance and kept us fully informed." Another relative said, "He is needle phobic and during the pandemic the staff worked closely with the G.P surgery to encourage him to have the vaccines. We are kept up to date with doctors, dentists etc and reports and results are sent to us."
- The service ensured that people were provided with joined-up support so they could travel, access health centres, employment opportunities and social events.

# 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 told us they were happy with staff and others used the thumbs up sign to communicate they were happy with staff. One relative told us, "The provision is first class, she has been at the house for four years and we couldn't be more pleased, they are caring, supportive and have been creative about getting to know her so that they get the care right as she is very dependent." Another relative said, "She has settled in very well which is a testimony to how she is being dealt with, she even recognises this as her new home, so I have every confidence."
- Staff we spoke with were passionate about the people they cared for and knew them well. One staff member told us, "I make sure the people we support are respected and recognizing their abilities and ambitions and doing nothing to undermine it. Respect their wishes and choices."
- All the interactions we observed between people and staff were positive and friendly. Staff communication with people was warm and friendly, showing a caring attitude.

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

- People were involved in their care and were enabled to make choices for themselves and staff ensured they had the information they needed. A relative told us, "He is taken out shopping for the food he likes, he has expensive taste and knows what he likes. He likes to walk around the shops, go on buses and go to church."
- Staff we spoke with told us how they involved people in their care. One staff member told us, "We make sure we talk to the gentleman explaining everything we are doing, check they are happy, making sure we respect their house, and we give them choices." Another staff member said, "One person they didn't like the day centre, as they were always just put in the sensory room. Now stays at home with lots of one to one and activities and trips out and is much happier."

Respecting and promoting people's privacy, dignity and independence

- People received kind and compassionate care from staff who used positive, respectful language which people understood and responded well to.
- Staff understood the importance of respecting people's privacy and dignity. One staff member told us, "Privacy during support is paramount to keep their dignity. Confidentiality is very important to keep someone's dignity, privacy and their respect, being aware of who is in the room listening to conversations. Supporting the people, we support to gain life skills at their ability to support their independence day to day." Another staff member said, "We make sure that we give respect to our guys at all times and cover them up and give them privacy, our guys are encouraged to be independent."

# 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

- People received individualised care which met their needs. The service worked in a person-centred way to meet the needs of people and care plans very person centred. One relative told us, "We are involved in his personal care plan and as he loves having baths his bathroom was changed to an ensuite when he moved in, so he is a happy chappy. He goes to a day centre which he loves, he goes in the car for picnics, feeds the swans and meets up with family at the seaside. He likes musicals so they are considering this."
- Care plans provided information about how people wished to receive care and support. These identified key areas of needs, such as, personal care, daily living activities, meal preparation and health issues.

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.

- Staff ensured people had access to information in formats they could understand. Pictorial and easy read information was available for people who required this.
- We observed staff talking to people and they knew their communication preferences. Records also supported this with details on how people communicated, and any vision or sight loss documented on how best to communicate.

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 to access the community and choose their activities they wished to pursue. People told us about the activities they enjoyed. Staff told us about one person who likes to play fruit bingo, growing flowers in the garden, floor skittles and made Easter cakes. We observed photos of them doing these activities. They also used thumbs up to confirm they agreed. One person had a guitar and likes to sing along with the entertainer when he comes in and has a weekly music session. Other people had annual passes for the national trust and zoos where they enjoyed seeing the animals. We discussed different animals and attractions at the zoo, which ones they liked best and what they liked to do there.
- Relatives were also happy with activities. One relative told us, "He is happy as Larry when he is doing things, he likes like going to the hydro pool. Three of the permanent staff have known him for thirty years which is great, they are brilliant, they take him out in the car, he loves traffic and journeys." Another relative

said, "I phone up to find out where he has been because he likes to go out. He does a lot of things; he likes to walk outdoors. He went to Bournemouth last Saturday, he likes bowling and feeding the alpacas." A third relative told us, "He is out at a day centre everyday nine to five. He goes walking, does voluntary work, sports and even at the weekend the staff take him out for meals etc."

- People were supported to carry out voluntary work if they wished. For one person this involved in them volunteering at The Salvation Army.
- People were supported to go to evening events. For example, one person when to an evening club where they played games with other people. A staff member told us, "[person's name] gets the opportunity to go out nearly every day. She likes to go out in the morning. Sometimes has clubs in the evening. Goes to Gateway club Thursday evenings."

#### Improving care quality in response to complaints or concerns

- People, and those important to them, could raise concerns and complaints easily and staff supported them to do so. People we spoke with had no concerns and confirmed they could speak to staff if they had any. One relative told us, "Any niggles we may have from time to time we are able to speak to the manager who is happy to talk things through, but we have no complaints."
- The provider had a complaints policy and procedure in place, which detailed the timeframes within which complaints would be acknowledged and investigated.

#### End of life care and support

- When we visited the service, nobody was receiving end of life care.

# 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 requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- People knew who the managers were, and staff told us they would be able to recognise them. One relative told us, "We are constantly speaking to the manager, she's lovely, definitely acts on concerns. The communication is very important, no problems, the manager and the carers make things good, even new carers get to know him."
- Each registered manager had several services they managed. Working alongside assistant managers in people's homes. This was a new role for staff as before the service was managed by one registered manager. Not all the registered managers we spoke with were happy having the responsibility of being a registered manager.
- One staff member told us, "I have worked with Dimensions for a long time. I find that although line managers work very hard the infrastructure is ineffective, for example I often find it frustrating with the on call service, staff not turning up and when you contact on call their answer is often call agency, well if this is a night shift myself and my colleagues that have supposed to finish at 22.00 end up staying to cover the night impacting on the next day. Senior managers need to be more supportive to line managers so they can be more involved with what's going on with the frontline staff. There are many times I personally feel undervalued by senior managers. The people we support are well looked after but that is down to the frontline staff."
- Staff we spoke with felt supported by direct management. One staff member told us, "I personally have no issue with approaching my manager I feel they respect my opinion and do come back to me with the outcome of my raised concern if there is one."
- There were a number of systems and processes in place for monitoring the quality of care. These included for medicines including looking at stopping over medication of people with a learning disability, autism or both (STOMP) and quarterly health and safety audits. However, we found these were not always effective in medicines audits. We could not see audits on care plans, and some viewed were unclear when written, last updated or reviewed. One registered manager seemed surprised that there were concerns with the care plans as they told us they would have all been completed when Dimensions took over the service in July 2019. We asked them how often they should be reviewed and they didn't seem to know.
- Provider audits were also in place to review the service's progress. Most of these were meeting expectations and some partially met with some of the problems having been managers having to help cover calls due to staffing levels. Audits viewed were not always effective as some of the concerns identified during the inspection hadn't been picked up on.

We found no evidence that people had been harmed however, systems were either not in place or robust



enough to ensure the quality and safety of the service was assessed and monitored effectively. The above evidence is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014; Good governance.

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

- People and their relatives were happy with the service. One relative told us, "We are very happy with his care. It is a caring community." Another relative said, "We see her a lot and since lock down we face time twice weekly. She sits with a member of the team which is consistent, they are reliable, conscientious and I can't fault them. They are fantastic."
- Staff were happy working for the provider. One staff member told us, "I am confident that Dimensions have good values and treats the people they support with dignity and respect. Staff are well trained and supported." Another staff member said, "I returned to Dimensions as I value the organisation very much. I love supporting people and really feeling that I can help make a difference."

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

- People and their relatives told us they were involved in the service. One relative told us, "The manager is good with communication, we are kept informed regarding her health and what she is doing e.g. when she goes to the doctor, sometimes we help out with her accounts. The wider organisation of Dimensions also keeps in contact by the Chief Executive." Another relative said, "Communication is good, we know the named person and have zoom meetings with Dimensions. We trust them, they are doing their best, they have policies in place at the local level and we believe he is in the right place."
- Staff were supported by meetings and daily handovers. Staff meetings are an open forum amongst staff and are usually held to discuss concerns about people who used the service and to share best practice. Records showed the company values, safeguarding, outcomes for people and health and safety were discussed. One staff member told us, "The organisation values are ambition, courage, integrity, partnership and respect and I have the same values as well." Another staff member said, "Monthly we are all invited to the team meeting, they are useful as it is a good time to get feedback as a team also to discuss anything staff want to check with each other around changes to a person we support or trying something to see if it will help a situation. Team meetings are also a good source of information updates from Dimension and we run through similar key points as we do in one to one meeting about signs of abuse etc."
- The services worked in partnership with the local doctor's surgeries and community health teams.

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

- There was an open and transparent culture in the service. One staff member told us, "I have always found Dimensions to be open and honest, they aren't perfect but if they make a mistake, they will admit to the mistake and do all in their power to rectify it."
- The provider notified CQC of all significant events and was aware of their responsibilities in line with the requirements of the provider's registration.
- The provider had appropriate policies in place as well as a policy on Duty of Candour to ensure staff acted in an open and transparent way in relation to care and treatment when people came to harm.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Systems were either not in place or robust enough to ensure medicines were safe and monitored effectively. This is a breach of Regulation 12 (2) (b) (f) (g) (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>Failure to follow legal frameworks of the MCA is a breach of Regulation 13 (2) (4) (b) (d) (5) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had not ensured the effectiveness of the governance arrangements to operate effective systems and processes to assess and monitor the quality of the service and to identify and mitigate risks. This is a breach of Regulation 17 (2) (a) (b) (c) (Good governance) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

