

Dimensions (UK) Limited

# Dimensions Beds, Bucks, Cambs and Luton Domiciliary Care Office

## Inspection report

Suite 2-14, Margaret Powell House  
401 Midsummer Boulevard  
Milton Keynes  
MK9 3BN

Tel: 07384215578  
Website: [www.dimensions-uk.org](http://www.dimensions-uk.org)

Date of inspection visit:  
11 January 2023  
23 January 2023

Date of publication:  
08 March 2023

## 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 Beds, Bucks, Cambs and Luton Domiciliary Care Office is a supported living service providing personal care to people as part of the support they need to live in their own homes. The service supports younger adults and older people with a learning disability and autism.

Not everyone who uses 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 consider any wider social care provided. At this inspection 43 people were receiving personal care.

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

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

### Right Support

People had a good quality of life and were fully supported to lead fulfilling lives. Personalised support plans gave clear information for staff to follow in keeping people safe, whilst enabling people to be as independent as possible

Effective systems were in place to closely monitor incidents and prompt action was taken to mitigate the risk of repeat incidents. People were fully involved in managing personal risks and in taking decisions about how to keep safe. Staff were skilled in recognising signs when people experienced emotional distress and knew how to support people to keep them safe.

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. People were supported to understand their rights and explore meaningful relationships. People knew how to raise concerns and were confident they would be dealt with properly.

### Right Care

The staff team ensured people had full access to healthcare services. People's support plans were personalised. Relatives confirmed their family members were supported to follow their hobbies and interests. One relative said, [Person] has a really good care plan in place, it includes everything we think [Person] loves doing, like swimming."

### Right culture

Staff placed people's wishes, needs and rights at the heart of everything they did. The service promoted a

culture of inclusion, diversity and equality. A relative said, "I know all the staff, I have a brilliant rapport with them. I know they do the job because of their beliefs."

People were supported to express their individuality. The staff team were caring and dedicated to the people they supported. People had the opportunity to try new experiences, develop new skills and gain independence. Staff supported people to pursue their chosen hobbies and interests and follow their cultural and religious beliefs.

People led inclusive and empowered lives because of the ethos, values, attitudes and behaviours of the management and staff. Staff ensured risks of a closed culture were minimised. People's quality of life was enhanced by the service's culture of transparency, respect, improvement 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)

This service was registered with us on 20 September 2021 and this is the first inspection.

#### Why we inspected

This inspection was prompted by a review of the information we held about this service.

#### 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 Beds, Bucks, Cambs and Luton 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

This inspection was carried out by 3 inspectors and 2 Experts by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

### Service and service type

This service 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.

### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was 5 registered managers in post that each managed individual

supported living settings across Central Bedfordshire, Buckinghamshire, Cambridgeshire and Luton.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because people and staff providing their support are often out and we wanted to be sure there would be people at home to speak with us.

Inspection activity started on 11 January 2023 and ended on 23 January 2023. We conducted site visits on the 19 and 23 January 2023.

#### What we did before inspection

We reviewed information we had received about the service since registration. 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 sought feedback from the local authority and professionals who work with the service. We used this information to plan our inspection.

#### During the inspection

We met with 8 people living in supported living settings across Central Bedfordshire, Luton and Cambridgeshire. Not everyone using the service was able to speak with us, so staff supported them to feedback using their preferred communication methods. We also received feedback from 8 relatives of people using the service.

We spoke with 9 support workers, an area locality manager, 4 of the registered managers and the operations manager. We received staff feedback via email from 3 support workers and 3 lead support workers. We reviewed the support plans and associated records for 11 people using the service. We reviewed 3 staff files in relation to recruitment and selection and a variety of other records relating to the management of the service, including policies and procedures.

# 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

- Safeguarding systems were in place to protect people from the risk of abuse. Relatives said they felt their family members safety was protected.
- Staff confirmed and records showed they received safeguarding training and knew how to recognise and report any concerns of abuse. One staff member commented "I would report any safeguarding incident by speaking to my manager or locality manager. If not, I can reach out to Safeguarding for vulnerable adults, or the local authority." Another commented "If I had a problem with a staff member, I would raise a concern to my manager. If I had a problem with my manager I could speak to HR or someone higher up. If I had a problem with the service, I could bring this up to the highest person in dimensions or contact CQC."
- Staff helped people to understand safeguarding, to recognise signs of abuse and what to do if they or others were placed or at risk or experienced any form of abuse.

Assessing risk, safety monitoring and management

- The service assessed, monitored and managed safety to ensure people lived safely and free from unwarranted restrictions. Personalised risk assessments were in place that gave clear instructions for staff to follow to keep people safe, whilst enabling as much independence as possible.
- The provider told us some people used specialised moving and handling equipment, such as profile beds, air mattresses and tracking hoists. A relative told us their family member used a , hoists to assist with transferring, they said, "I have no worries about the staff helping [Person] to move using the hoist, [Person] is very safe in their hands."
- Staff were skilled in recognising signs when people experienced emotional distress and knew how to support people to keep them safe.

Staffing and recruitment

- People and their relatives were involved in the recruitment process. One relative said, "We interviewed and chose a carer that matched our needs and was the right fit for us."
- Records showed that Disclosure and Barring Service (DBS) checks were carried out on all staff. The DBS provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- The service had enough staff available to support people to carry out their choice of day to day activities. Staff told us there were always enough staff deployed to support people's individual needs, wishes and goals. We observed during the inspection the numbers and skills of staff matched the support needs of people using the service.

Using medicines safely

- People were supported by staff who had received training on the safe administration of medicines and followed the systems to administer, record and store medicines safely.
- People received support from staff to make decisions about medicines wherever possible.
- Records showed that medicines administration records (MAR) were closely audited to ensure they were completed correctly by staff.
- Staff understood and followed the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) and ensured that people's medicines were reviewed by prescribers in line with the STOMP principles.

#### Preventing and controlling infection

- People were protected from the risk of infection. Staff were trained in infection prevention and control and had received additional training on preventing the spread of COVID-19. This included the correct procedure for putting on and removing personal protective equipment (PPE) and correct handwashing procedures.
- Staff were provided with ample supplies of PPE, such as disposable gloves, aprons and face masks.
- The provider's infection prevention and control policy was regularly reviewed and kept up to date.

#### Learning lessons when things go wrong

- Records showed that accidents, incidents and near misses were closely monitored and prompt action was taken to mitigate the risk of repeat incidents.
- Staff told us, and records showed that incidents were discussed with staff to reflect and learn from them. Lessons learned were shared within the staff team and with appropriate healthcare professionals.



# 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

- People's needs were assessed, and people and / or relatives were involved in care reviews. One relative said, "I and [Person] feel very involved and supported, what they (staff) do they do really well." Another relative said, "We have full involvement. After a stay in hospital part of [Person's] support plan was changed to accommodate their change in needs. The staff ensured I was involved in meetings with [health professional] so I knew what was going on."
- We saw that people's support plans were very personalised, holistic and reflected people's needs and aspirations.

Staff support: induction, training, skills and experience

- People were supported by staff who received training appropriate to their roles and responsibilities. All new staff were required to complete the Care Certificate and induction before they are confirmed in post. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Staff confirmed when first starting with the service they worked 'shadow shifts' alongside experienced colleagues while they got to know the people they supported.
- Staff told us, and records showed they received regular supervision meetings and annual appraisals from their line managers.

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

- People were given guidance and support from staff to eat healthily. Staff supported people to draw up their own menu plans and go food shopping. One person was diagnosed with a health condition that meant they needed to change their diet and eating habits. Over time and with lots of encouragement the staff successfully supported the person to move to eating a more varied healthy diet.
- Staff supported people where possible to prepare and cook their meals in their preferred way. One relative said, "I know one of [Person's] carers was a chef and they prepare all [Person's] food specially. They were doing lunch when we visited, it looked lovely." Another relative told us their family member received some of their nutrition and hydration through a percutaneous endoscopic gastrostomy (PEG) feeding tube, directly into the stomach. They said, [Person] is usually fed through the PEG but they (staff) also support [Person] to eat small amounts; they encourage [Person] to chew, it's how we want it as well."

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

- People were supported to attend annual health checks, and healthcare appointments, such as dental, opticians and chiropody appointments.
- Staff worked well with other services and professionals to support people to lead healthy lifestyles. One relative said, "[Person] goes to the dentist regularly and if there's any health issues the GP comes out. [Person] is non-verbal, and the staff understand them well." Another relative said, "[Person] sees the GP and dentist and chiropodist. The staff keep me informed when they have visited [Person]."
- People had been referred to receive support from specialist services. For example, the early onset dementia pathway, speech and language for safer swallowing, nutrition (PEG specialisms), cancer screening, psoriasis, occupational therapist and psychiatric input.
- The service undertook a large piece of work for 1 person which involved the gradual phasing out of the use of a tracheostomy tube because it was so specialised and bespoke that when it went out of production there were no viable alternatives. With support from the ENT team, consultant and tracheostomy nurses the staff team supported an individual to have health related tasks that are normally performed in hospital to be carried out in their home environment.

#### 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.

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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Staff empowered people to make their own decisions about their care and support. During the inspection we observed staff consistently asked people for their consent and supported them to make their own choices and decisions.

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

- The service promoted a culture of inclusion, diversity and equality. Staff received training on equality and diversity that was embedded in supporting people's protected characteristics. Staff had an awareness and appreciation for diversity, around people's culture, ethnicity, gender identity and sexual orientation.
- Relatives told us the staff cared for their family members with kindness and compassion. One relative said, "Oh my goodness, definitely they go above and beyond what is expected."
- Throughout the inspection we observed staff supported people to make choices and express their views. A relative said, "The staff adopt a holistic approach to the care they provide."
- People's support plans had communication profiles available that explained how the person communicated. For example, through using signing, Makaton, pictorial symbols, easy read, and using objects of reference, widget or gestures that were unique to each person. This helped people with limited verbal communication to make themselves understood and make choices.

Respecting and promoting people's privacy, dignity and independence

- People told us staff were friendly and caring. One person said, "I like them (staff)." Throughout the inspection we observed staff interacted with people showing warmth and kindness. A relative said, "[Person] needs full care with everything, the staff are very respectful." A staff member said, "I love my job, it's great to help people to develop their life skills and be as independent as possible."
- Staff ensured people's right to privacy was respected and information was only shared with people's consent and with relevant agencies involve in people's care and support.
- People were supported to have freedom and take positive risks if appropriate.

# 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 and / or relatives were involved in putting together personalised support plans. A relative said, "They communicate well, involve the families and discuss any plans or changes that may be needed."
- The service had set up a diversity matters group to promote and raise awareness of diversity and inclusion. This also included a diversity podcast of which one was dedicated to the international day against homophobia, transphobia and biphobia.

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

- Where possible, staff were matched from the same faith and cultural lifestyle to support people to follow their cultural and religious beliefs. One person told us staff supported them to regularly attend services at their local church.
- We were told that following the pandemic people had seized the opportunity to resume their hobbies and interests and learn new skills. For example, one person returned to a voluntary job in a local café. People returned to swimming sessions, some people learned new communication skills, of which several had learned how to use electronic tablets to be able to have video calls, with friends and families and give them more contact than before the pandemic.
- Some people had decided to stop attending day centres, this presented new opportunities for people to do things that were more individualised, giving more flexibility. For example, one person needed to travel further afield to find creative locations for their walking and outdoor activities.
- People were supported to go on holiday, including people with complex health and specialised mobility needs, staying in an adapted holiday accommodation.
- People were supported to conquer anxieties. For example, one person had anxieties around social occasions. The staff supported the person to go to the Cinema to see the new James Bond film and even attended in a tuxedo.

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.

- The service had produced an animated short film for the purposes of informing staff and improving understanding of the Accessible Information Standard.
- People's communication needs were identified and described in their individual communication profiles.

We observed staff communicated with people in their preferred way. Staff were skilled in active listening and responding to nonverbal communication.

- Some people used 'talking mats' to help aid communication. These are sets of picture cards in relation to a topic to help focus a discussion, to help the person indicate their feelings about each option. We also saw some people used widgets, visual notice boards, symbols and day planners.
- Information was available for people in easy read, visual and audio formats.

Improving care quality in response to complaints or concerns

- A complaints policy was available in an easy read version. One relative said, "I've never had to escalate any concerns to a full-blown complaint, staff listen to me and are always open to discussion, they always sort things out."
- Records showed complaints were taken seriously and investigated following the policy.

End of life care and support

- At the time of the inspection, the service was not supporting anyone who required end of life care. We saw end of life support documentation was in place, which recognised the importance of respecting people's end of life wishes.

# 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

- The service was led by 5 registered managers and their staff teams, who were committed to delivering a service that followed the service values of Courage, Ambition, Respect, Integrity, and Partnership. These values and principles were apparent in providing a service that gave people, autonomy, choice and control over their own lives.
- Relatives confirmed they had confidence in the registered managers. One relative said, "I have full confidence in [Registered manager], she is 100% dedicated and has become a big part of our families lives, she is fantastic."
- Staff told us they felt fully supported by the registered managers. One staff member said, "I feel valued and treated with fairness, the managers are supportive." Another staff member said, "I feel I am able to reach out to my manager and locality manager to discuss anything if needed. My locality manager comes into the service weekly and makes sure we all okay, asks if we have any concerns or how we are feeling, what's working well etc."

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

- The registered managers had the specialist skills, knowledge and experience to perform their role and had a clear understanding of people's needs.
- Systems and processes were in place and effective to continually assess, monitor and drive improvement of the service. The quality of care people received, and the staff support systems were closely monitored by the registered managers and the management team. A range of scheduled quality audits took place to continually monitor all aspects of the service. Meetings took place to cascade and share information regarding best practice procedures and to discuss and reflect on issues within individual services.
- The registered managers were aware of their role and responsibilities to meet the Care Quality Commission (CQC) registration requirements. Records showed statutory notifications of notifiable events were submitted promptly to CQC.

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 managers understood their duty of candour responsibility, and records showed this duty was followed by the registered managers.
- Staff knew how to follow the safeguarding procedures, including how to whistle-blow if concerns raised

with the provider were not listened to or acted upon.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider had introduced a reverse mentoring project involving people from ethnically diverse backgrounds mentoring senior leaders in the organisation around leadership and diversity issues. The provider had also launched a 'valuing you as you' commitment and a complementary film entitled 'Dimensions values me as me' that outlined the steps the provider was taking to promote equality, celebrate diversity and ensure inclusion.
- The provider had published a Mental Health Pathway resource, with a view to removing stigma and encourage staff to be open about their mental health so they can be supported in the workplace.
- Regular meetings took place with people using the service and staff and records showed suggestions and ideas were welcomed and acted upon.
- People and relatives were regularly asked about the support they received from the service and the responses were positive. One relative said, "We fill in a survey every year, to discuss what is working and what is not working. We have made suggestions which they have taken on board. For example, we asked if we could be involved in the new staff interview process and that was implemented."

Continuous learning and improving care; Working in partnership with others

- The registered managers and the staff team had strong relationships with commissioning teams, social workers, local authorities and enablement workers to achieve good outcomes for people using the service.
- The provider told us that since the impact of COVID they were now seeing a return to more usual practices in supporting people to re-establish their community links and health services. That this was having a very positive effect on people's mental and physical health and well-being. Records showed that staff had consulted timely, with health and social care professionals in response to people's changing needs.