

Dimensions (UK) Limited

# Dimensions Yorkshire & Humberside 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 Yorkshire and Humberside Domiciliary Care office is based in Sheffield city centre. The service provides home support and personal care for people with learning disabilities and complex care needs in their own home. Some people live in supported living accommodation. The service primarily supports people living in the Sheffield and Barnsley areas.

There were 138 people being supported by the service at the time of our inspection: 97 of these were through the domiciliary care service and 41 in supported living accommodation.

### People's experience of using this service:

Assessments and care plans were developed with people and relatives and people's needs and choices were paramount. There was a strong focus on people's outcomes.

Risk assessments were detailed and specific to each individual; consideration was given to people's independence.

Staff were knowledgeable about the people they supported, their preferences and their communication needs. Interactions were warm and caring.

The service had a strong vision of high-quality care and staff were committed to this.

Processes were in place to safeguard people from abuse and staff were knowledgeable about these.

Staffing received regular training and their competency was checked.

There was a strong governance framework. Managers had good oversight. Accidents and incidents were recorded, monitored and used to evaluate and improve the service.

### Rating at last inspection:

Dimensions Yorkshire and Humberside Domiciliary Care was rated Good at the last inspection (report published 10 November 2016).

### Why we inspected:

This inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received.

### Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-

inspection programme. If any concerning information is received we may inspect sooner.

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

## 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 remained safe.

Details are in our Safe findings below.

### Is the service effective?

Good ●

The service remained effective.

Details are in our Effective findings below.

### Is the service caring?

Good ●

The service remained caring.

Details are in our Caring findings below.

### Is the service responsive?

Good ●

The service remained responsive.

Details are in our Responsive findings below.

### Is the service well-led?

Good ●

The service remained well-led.

Details are in our Well-Led findings below.

# Dimensions Yorkshire & Humberside 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

### Inspection team:

The inspection was carried out by one adult social care inspector and an expert 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:

Dimensions Yorkshire and Humberside Domiciliary Care Office is a domiciliary care agency. It provides personal care to people living in their own houses and flats and specialist housing. It provides a service to adults with complex needs. This service also provides care and support to people living in a number of '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:

The registered manager was given short notice of our inspection. We did this because the registered manager is sometimes out of the office and we need to be sure they were available. We also wanted to visit people's homes in their supported living environment and wanted to gain their consent to do this.

Inspection site visit activity started on 15 April 2019 and ended on 16 April 2019. We visited the office location on 15 April 2019 to see the manager and office staff; and to review care records and policies and procedures. We visited two supported living locations on 16 April 2019 and made telephone calls to people who use the service and their relatives.

#### What we did:

Our inspection was informed by evidence we already held about the service. We also checked for feedback from the local authority and other stakeholders. We checked records held by Companies House. Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We spoke with three people who use the service and six of their relatives. We spoke with the registered manager, the interim operations director, two locality managers, and six staff.

We reviewed three people's care records in full as well as various parts of six people's care plans, six staff personnel files, audits and other records about the management of the service and the supported living environment.



## Our findings

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

Good: ☐ People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- ☐ We asked people and their relatives if they felt safe, comments from people included: "I feel safe with the staff and I do talk to them if I have a problem", and, "I trust them, I don't have any concerns, I wouldn't change anything." Comments from relatives included: "[They are] safe." "I don't have any concerns", and, "I feel my [relative] is in good hand and safe".
- ☐ Staff knew how to recognise abuse and protect people from the risk of abuse. Staff knew about whistle-blowing processes.
- ☐ The registered manager and locality managers had reported abuse to the relevant authorities when it was identified and had conducted internal investigations. Safeguarding concerns were monitored by senior managers at a regional safeguarding panel.

Assessing risk, safety monitoring and management

- ☐ Risks to people's safety was identified and assessed based on their individual needs and choices. Action to mitigate those risks whilst maintaining people's independence was taken. Records showed staff had considered the least restrictive option when doing so.
- ☐ Risks were reviewed regularly, often including advice from health professionals, to ensure people were supported to have as much control and independence as possible.
- ☐ Staff ensured information about risks to people was shared at staff handovers, and with people and their relatives, where appropriate.

Staffing and recruitment

- ☐ People received care from a consistent group of staff.
- ☐ People's needs were met in an unhurried manner and staff told us staffing levels were good. A staff member said, "Staff have a lot of patience and time for everyone living here."
- ☐ Pre-employment checks were undertaken by a central department; only fit and proper applicants were offered roles. Checks included asking for an employment history, obtaining references, and a criminal history check from the Disclosure and Barring Service.
- ☐ People and their relatives were involved in recruitment to ensure staff were compatible with the people

who they would support.

#### Using medicines safely

- ☐ Medicines systems were organised, and people received their medicine when they should. Safe protocols for the receipt, storage, administration and disposal of medicines were followed.
- ☐ Staff administering medicines were trained, received regular training updates and had their competency to administer medicines checked through a two-stage process.
- ☐ Weekly audits of everyone's medicine administration records (MAR) were undertaken.
- ☐ The service was focused on 'stopping over medication of people' (STOMP) and staff gave individual examples of how this was achieved. Management had oversight of this and ensured regular reviews were undertaken.
- ☐ The provider was running a pilot system in this area focusing on missed medications and how this could be improved.

#### Preventing and controlling infection

- ☐ Staff had access to personal protective equipment, including disposable gloves and aprons. People confirmed their use.
- ☐ The supported living accommodation we visited was clean, tidy and odour-free.

#### Learning lessons when things go wrong

- ☐ Accidents and incidents were recorded and monitored. Each incident was reviewed by the registered manager and actions taken to mitigate future risks.
- ☐ Management reviewed all accidents, incidents, near misses and never events each month and produced a detailed analysis of themes and trends.
- ☐ Areas for improvement were discussed and shared at management meetings. Lessons learnt were shared throughout the service.





## 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

Good: ☐ 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

- ☐ Care plans were developed with people and their relatives; there was a strong focus on the outcomes people wished to achieve. An initial assessment took place before the service started.
- ☐ The service recognised the importance of ensuring people's care and support was delivered in line with current good practice guidance. At the heart of care plans was people's personalities, preferences and outcomes.
- ☐ The service used an electronic recording system which ensured any changes to people's care and support needs were accurately tracked and recorded. There were plans for parts of this to be shared with relatives (where appropriate consent was sought).
- ☐ Systems were in place to ensure support needs were cross-referenced across each plan.

Staff support: induction, training, skills and experience

- ☐ People were supported by staff who had ongoing training. All staff were supported to undertake the Care Certificate. The Care Certificate is an identified set of standards that health and care professionals adhere to in their working life.
- ☐ Staff were given opportunities to review their individual work and development needs. Staff told us they were encouraged and supported to undertake additional specialised training to enhance their care and support skills.
- ☐ Staff told us they were well-supported by the registered manager; they received regular one-to-ones and appraisals.
- ☐ Staff induction procedures ensured staff were trained and knowledgeable about the people they supported. New staff, bank staff and agency workers undertook a comprehensive shadowing process with experienced staff.

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

- ☐ People were encouraged and supported to eat and drink and maintain a healthy diet.
- ☐ People were offered a wide choice of food and their individual preferences were considered.

- Where people needed support to eat and drink they received this from staff in a patient and unrushed manner.
- Regular and timely advice was sought from health professionals where people were at risk of malnutrition or had special dietary requirements.
- Staff were knowledgeable about people's likes and dislikes, how to encourage people to eat, and how to offer a good choice.

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

- The service had clear processes for referring people to other services, where needed. People's records showed communication with health professionals was effective and timely. Advice was documented and followed.
- The service had undertaken a health survey to assess people's access to regular health checks and to consider how people could be better supported to those. For example, an initiative called 'My GP and Me' was working to change the culture and attitude towards the health needs of people with complex needs.

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 with appropriate legal authority.
- People's consent to care was accurately recorded. For one person, who was unable to sign their consent, their record showed who had supported them during the care plan discussion and that this person had given their consent verbally.
- We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met and found that it was. Staff were able to give comprehensive examples of how people were supported within MCA requirements and where they involved people in day to day decisions about their care.
- The provider followed the requirements in DoLS, for those people living in supported living accommodation. The MCA and DoLS require providers to submit applications to a supervisory body. Applications under DoLS had been made and authorised, where conditions were applied to these authorisations these were being met.
- We observed, and staff told us, how people were supported to have maximum choice and control of their lives and were supported in the least restrictive way possible.



## Our findings

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

Good: ☐ 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 and their relatives provided consistently positive feedback about staff and the service. A person told us, "The staff are all right, they are caring, and they listen. They talk to me nicely and I get on with them."
- ☐ Comments from relatives included: "Best thing that ever happened, it gives me peace of mind", and, "The staff are brilliant, very good, jolly and professional."
- ☐ People's independence was encouraged. A relative told us, "[Name of person] has really developed and changed as an individual, [they are] encouraged to try new things." We observed a staff member saying, "Are you doing it now? Marvellous, well done. Hold your spoon then, darling."
- ☐ Staff spoke about people with kindness and compassion. A staff member told us, "This service is absolutely fantastic, more like a little family."
- ☐ We observed warm and positive relationships between people and staff. Staff always spoke to people at eye-level and there was a good use of gentle touch to acknowledge and encourage people.

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

- ☐ People and their relatives told us they had been involved in making decisions about their care and support needs. A person told us, "They listen to me and at my meetings we talk about health and safety and if I have any problems." A relative said, "We have lots of meetings as my [relative] has gone through a difficult time and Dimensions have been my rock and very supportive."
- ☐ Staff supported people to make their own decisions. For example, describing how people who were unable to speak chose which radio station they wanted to listen to. Or how they had worked with another person to understand the differences between breakfast cereals by showing the person the packaging and giving them a small taste to support their decision-making process.
- ☐ Another person had been supported to look at the accessibility of local shops and transport for wheelchair users, as this was important to them and supported them and others to use local facilities.

Respecting and promoting people's privacy, dignity and independence

- ☐ Staff had a genuine concern for people and were keen to ensure their rights were upheld and people were

not discriminated against in any way.

- ☐ People's right to privacy and confidentiality was respected. Care plans were stored securely.
- ☐ Staff always preserved people's dignity. A person told us, "They knock on the door and I let them in."



## Our findings

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

Good: ☐ People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- ☐ People were at the heart of their care and support plans. Plans were developed by considering people's personalities, preferences, hopes and dreams, and were written to ensure the person was supported to achieve the best possible outcomes.
- ☐ Care plans provided staff with detailed information about how to support people in every aspect of their daily lives.
- ☐ People's individual needs were identified, and these included those related to protected equality characteristics. For example, 'my support plan' recorded significant relationships, places, and routines.
- ☐ Staff were extremely knowledgeable about people's preferences.
- ☐ Activities were individually related specifically to each person. People were regularly supported to activities outside, for example, local tea-dances, attendance at football matches, and a group of people were going on a cruise holiday.
- ☐ The service followed a new 'Activate' system; a new support model aimed at reducing challenging behaviour by positive behaviour support plans and person-centred outcomes.

Improving care quality in response to complaints or concerns

- ☐ There was a complaints management system in place focused on 'ask, listen, do'. Complaints were recorded, investigated, and responded to. Complainants were asked what they wanted to happen and where appropriate an apology was offered.
- ☐ Management monitored complaints and used these to identify improvements to the service. This was shared across the service.
- ☐ The service had a leaflet called 'Facts for Families: When things go wrong – how to make a complaint'.

End of life care and support

- ☐ There was no one receiving end of life care at the time of our inspection.
- ☐ The service worked closely with health professionals to support people's health needs at every stage of their life.

The provision of accessible information:

- ☐ All providers of NHS care or other publicly-funded adult social care must meet the Accessible Information Standard (AIS). This applies to people who use a service and have information of communication needs because of a disability, impairment or sensory loss. The provider had taken steps to meet the AIS requirements and principles were understood.
- ☐ People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others, for example, in hospital passports.



## 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

Good: ☐ The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- ☐ The service had a delivery plan which included things like cultural development aiming to support people to have a louder voice, and to build a workforce that lives the values of the service.
- ☐ People, relatives and staff told us the service was very well-led.
- ☐ The registered manager and locality managers had a good understanding of their responsibilities and the registered manager acted according to duty of candour requirements.

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

- ☐ There was a registered manager in post. The registered manager had recently undertaken an interim post in the service but retained oversight of the service. A registered manager of another location was acting as the manager of Dimensions Yorkshire and Humberside Domiciliary Care.
- ☐ The registered manager was clear about their responsibilities and those of their staff.
- ☐ Good governance arrangements were in place. Senior managers received regular reports about the service, which were in place to monitor the service had been effective in identifying areas for improvement. When issues had been identified, action had been taken to make improvements. Action plans detailed how shortfalls would be addressed.
- ☐ Ratings from the last inspection were displayed.

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

- ☐ Staff told us the registered manager and locality managers had an open-door policy. People and relatives knew locality managers well.
- ☐ There was a system of regular meetings to support a good flow of information. Minutes showed staff involvement in discussions.

- Staff had opportunity to participate in regular staff forums.
- Regular surveys were completed to gain the views of people, relatives and staff. Feedback had been used to improve the service and support for people.

#### Continuous learning and improving care

- Staff were encouraged to be involved in initiatives to support their continuous learning and improve care. Staff confirmed involvement in these.
- The registered manager sought advice from other professionals, for example, the service had developed new training following consultation, for example, in postural support to improve care.

#### Working in partnership with others

- Staff described how team work was embedded throughout the service. A staff member said, "Colleagues are always helpful. There's lots of time to talk to each other, helps to gel the team."
- Staff confirmed involvement with the local community, supporting people to access the community and how people had received Christmas cards from their new neighbours.
- The registered manager described how they attended provider forums, and were involved in national care forums and care provider alliances.
- The registered manager was part of the 'community hub' in Sheffield.