

Dimensions (UK) Limited

Dimensions Dorset East 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

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.

About the service

Dimensions Dorset East Domiciliary Care Office provides care and support to people with a learning disability and autistic people. It is registered to provide personal care. At the time of the inspection the service was delivering personal care to 26 people. Most people lived in their own home, some people shared a house with one other person and one person lived with family .

CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

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

Right Support:

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

People received care and support in an environment with specialist equipment to meet their physical needs. People and their relatives were able to personalise their own space. Personalised support plans and risk assessments promoted people's choices regarding the support they required to maintain their environment. People were supported by appropriate numbers of staff who provided kind, caring, person-centred care and support. Staff communicated with people in ways that met their needs.

Right Care:

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice, control, independence and inclusion .

Support plans and risk assessments were detailed and person-centred ensuring people were supported to live full, active lives and encouraged to be as independent as possible. Support plans outlined individual ways of communicating: using body language, sounds, Makaton (a form of sign language), pictures and symbols so people could interact with staff because staff had clear guidance on how best to communicate with people. Staff understood how to protect people from poor care and abuse. Staff had training on how to recognise and report abuse and they knew how to raise concerns.

Right Culture:

There was a person-centred and positive culture within the staff team. Staff had confidence in the leadership of the service and felt the service was well led. The registered managers had developed positive working relationships with people and other organisations to ensure positive outcomes were achieved. One staff member commented, "The provider offers a personalised service for care tailored to the individual. They also offer great support towards staff."

Staff demonstrated good understanding around providing people with person-centred care and spoke knowledgeably about how people preferred their care and support to be given.

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

Rating at last inspection

This service was registered with us on 28 July 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 Dorset East 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.

Service and service type

This service provides care and support to people living in 'supported living' settings, their own homes and flats, so that they can live as independently as possible. In 'supported living' settings, 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 were five registered managers in post and one manager with a registration in process.

Notice of inspection

We gave a short period notice of the inspection because some of the people using it could not consent to a home visit from an inspector. This meant that we had to arrange for a 'best interests' decision about this.

Inspection activity started on 14 November 2022 and ended on 5 December 2022. We visited the location's service on 21 November 2022 and 22 November 2022.

What we did before the inspection

We reviewed information we held about the service and contacted the local authority. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We visited 11 people and spoke with 10 relatives about their experience of the care provided. We received feedback from 19 members of staff and spoke with the registered managers and operations director. We received written feedback from two professionals.

We reviewed a range of records. This included five people's care and support records and three people's medicine administration records. We looked at three staff files in relation to recruitment and training. We also reviewed a variety of records relating to the management of the service, including policies and procedures, audits, accident and incident records, safeguarding records and reports.

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.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people were managed. Individual risk assessments for people detailed the action staff must take to reduce the risk of avoidable harm.
- Risk assessments included any risks associated with meeting people's care needs such as: skin integrity, eating and drinking, bedrails and mobility.
- A health and social care professional told us, "Where risks and safety issues are identified, they are taken seriously and generally well-managed, including learning and feedback to staff and families."
- Risks associated with the property and environment were managed. Each person's home had a "grab pack" for staff that included information about the person, what to do in an emergency and how and when to update the provider.
- Systems and processes were in place to ensure fire safety within the home. People had personal emergency evacuation plans that were in picture accessible format.

Learning lessons when things go wrong

- Accident and incidents had been recorded and lessons had been learnt when things went wrong. A registered manager told us lessons learnt were shared in the staff team meeting with any additional training and support given.
- The provider had introduced a new electronic system to record accidents and incidents. A registered manager stated, "It tells us if we need to notify CQC, raise a safeguarding and it tells me what I need to do next. I can't close the incident until I have done all the actions and it has been reviewed by my line manager."

Systems and processes to safeguard people from the risk of abuse

- Staff knew how to recognise the signs and symptoms of abuse and who they would report concerns to both internally and externally, as they had received training.
- Staff were confident any concerns raised would be actioned by the registered manager.
- The operations manager had a safeguarding and statutory notifications log containing details of referrals made by each registered manager. During the inspection registered managers were given access to this document.
- One registered manager told us, "A briefing session on the CQC Closed Cultures publication was delivered to all staff. Our houses are so small, we are really at risk of closed culture. It is important to talk about concerns and other staff behaviour before they escalate or become accepted as normal practice."
- The provider had a regional safeguarding board which analysed themes and specific situations and shared the learning across the organisation.

Staffing and recruitment

- People were supported by staff that were recruited safely. The provider's recruitment process required staff to follow an application process including assessment of their history, character and qualifications to ensure they are suitable to work with people.
- People were involved in the recruitment process. A registered manager stated, "People we support and family members or deputies are given the opportunity to meet a new staff member before a confirmed start date can be offered."
- Staff files contained valid Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Staffing levels met people's care needs. The provider was inducting their own peripatetic staff team to reduce the amount of agency staff used and had arrangements in place for permanent staff to shadow each other when supporting different people to ensure that people were consistently supported by staff that were familiar to them.

Using medicines safely

- Medicines were managed safely and administered by trained staff. Staff followed safe procedures when giving people their medicines.
- People's medicines and any proposed changes were discussed at team meetings. Registered managers reviewed staff understanding and medication competencies.
- People had medicines guidance in place for as and when required medication. Staff told us guidance in support plans and tools to monitor how a person presented helped them to support people who were unable to communicate verbally.
- Medicines information leaflets were available in easy read format.
- Medicines were stored safely. Detailed and accurate records of stock were maintained.

Preventing and controlling infection

- Staff were trained in infection control and were supplied with personal protective equipment (PPE) to prevent the spread of infections. The operations director told us, "Strict PPE rules are followed, and donning and doffing videos were shared with staff."
- Support staff were observed to wear PPE appropriate for tasks and change PPE regularly.
- The provider's infection prevention and control policy was up to date. Staff confirmed they were able to access the most recent version of this policy.

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 were involved in ongoing assessments of their care needs. The registered managers invited people to have regular meetings where they discussed activities and achievements, as well as identifying future goals. They used a step-by-step process to plan how these could be achieved.
- People told us they received care from staff that knew them well. One person told us, "[staff member's name] is good. I go shopping and can buy what I want. They help me with arts and crafts. When they do my paperwork, they write what I did for the day and if they've given me my choices."
- Specialist health and social care professionals had been involved in assessments and planning of care. This included learning disability nurses, occupational therapists and physiotherapists. A health and social care professional told us, "The service seems to have care baked into its core, which is obviously encouraging as a care service. I would say that the staff and service users I've seen have great relationships."
- Support plans were updated with the person, their family and any professionals involved in their care.

Staff support: induction, training, skills and experience

- Care staff had the correct level of skills and training to undertake the responsibilities of their role effectively.
- The induction programme for new staff included completion of the Care Certificate. 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 sector.
- One registered manager informed us there was a focus on staff wellbeing.
- Staff spoke positively about the induction and training provided; they felt supported. One staff member told us, "I find the 1:1 useful. They tell you what you are doing good, what we want to work towards and set goals." Another stated, "I can absolutely ask for any additional training, they have supported me to do management courses as I want to progress."
- The operations director led new staff members' induction to monitor the staff members' progress and help improve understanding of the provider's management structure and expectations of staff.

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

- People's support plans outlined their food and drink preferences. Support plans identified the level of support people needed from staff to prevent malnutrition and dehydration.
- Staff encouraged people to participate actively in preparing and cooking their own meals. An example observed was when a person was asked to come to the kitchen to collect their cutlery, stir the vegetables in the frying pan and wipe the table down after their meal. Further examples of this were when people and staff communicated about what shopping was needed to make the meals the person had chosen that week.

- There was guidance in place to support people to eat safely when they were at risk of choking or needed their food to be a certain consistency. Staff demonstrated they understood how to support people with this.

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

- People had health profiles which detailed how they communicated, including how they showed they were in pain.
- Staff understood when to escalate any concerns with people's health to a healthcare professional. A staff member explained who they contacted if a person was unwell or needed specialist equipment such as bed rails or air mattress, to help ease pressure areas.
- Staff made referrals to health professionals such as the GP, speech and language therapist and dietitian, for example, where a person's needs had changed or where they had lost weight unexpectedly.
- Staff worked closely with other visiting health professionals to ensure people had specialist input to their care when needed. An example included support from district nurses to monitor wounds and support with PEG (percutaneous endoscopic gastrostomy) tube feeding.

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

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

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

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

We checked whether the service was working within the principles of the MCA, 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.

- People's consent to care and treatment was obtained and recorded in their care records.
- Assessments included consideration for any advance decisions or known wishes. The registered managers had obtained evidence of lasting power of attorney or deputyships. Copies of these documents were held electronically with people's care records.
- The registered managers spoke knowledgeably about people's individual capacity to make decisions and understood their responsibilities for supporting people to make their own decisions. Staff received training in the principles of the MCA.
- People's care records continued to identify their capacity to make decisions, for example the service had recently requested the GP to review a decision regarding covert medication for a person.

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; Respecting and promoting people's privacy, dignity and independence

- People told us staff were kind to them. People who did not use words to communicate appeared content in the company of staff and a relative commented, "Staff are kind and caring and have [person's] best interest at heart."
- Staff knew people well and were focused on respecting their personal preferences. A staff member told us, "[Person] does not like to go to church, before their dad died, he would come and give a sermon. Now we say 'The Lord's Prayer' each night which [person] is happy with and joins in. It is printed next to the bed for staff who may not know the words."
- Support plans set out what people could do for themselves, and staff understood people's abilities well. People had social stories and visual timetables to plan tasks such as laundry, spending money and visits to health professionals to increase their control and independence around these tasks.
- Staff were observed to follow best practice when supporting people with transfers. This included offering reassurance, waiting for consent to commence care, ensuring equipment was being used correctly and being patient with people.
- People told us staff were kind to them. People who did not use words to communicate appeared content in the company of staff and a relative commented, "Staff are kind and caring and have [person's] best interest at heart."
- Equality and diversity training was a mandatory part of the staff induction and all staff had completed it.
- Staff understood the importance of helping to maintain people's privacy and dignity. They provided examples of when they did this, which included asking permission to enter the person's bedroom and respecting what times people wish to be supported with personal care.

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

- The service considered people's and relatives' views and used these to make decisions about care.
- Changes to a person's support plan were documented, a new copy placed in the person's home and electronic copy updated. Support plans and care records could be seen by any permitted family members.
- A registered manager told us, "There is always discussion with all team members about what we are going to do and how we will do it when a person's needs change. Any updates to the support plan are agreed, which I remind all staff is a legally binding document." Another registered manager advised, "[Person] has had the same advocate for a number of years, the advocate visits annually. We can contact them any time, the service is there if ever we need their support."

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; End of life care and support

- People's support plans detailed their support needs and how they wanted these to be met. The focus of the service was person-centred.
- Staff had access to people's care records and communication book on the electronic care planning system. This meant staff had the most up to date information. Staff spoke knowledgeably about people's needs and care preferences.
- People were given the opportunity to discuss their end of life care needs and wishes. At the time of inspection, the service was not caring for anyone approaching end of life.

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.

- Support plans included a section detailing "how I like to communicate, the best way for you to communicate with me". This provided staff with detailed instruction to provide personalised care.
- People's preferred methods of communication were shared with health and social care professionals when required. For example, when people required admission to hospital they had a picture accessible profile.

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 and relatives gave mixed feedback about activities following the COVID-19 pandemic.
- People's activities were being reviewed on an individual basis. For example, a staff member told us, "Now that the pandemic is over, [staff member] is going to come with me to risk assess [person] to use the swimming pool again. We have asked the physiotherapist to come back and assess the [person] when they are in the swimming pool."
- Registered managers had shared success stories and celebrated with people using the service. Success stories included creative ways to maintain relationships. An example was a successful application for funding to make adaptations to a person's property, for a new front door and ramp to allow the person to have a social visit from a friend who used a wheelchair.
- One person proudly showed off the furnishings that they had chosen and their relative stated "[Person's]

favourite colours are reflected in the furniture; the chair in one colour and the sofa another."

Improving care quality in response to complaints or concerns

- The service had a complaints policy and procedure. People and their relatives knew how to make complaints should they need to. One relative stated, "I have no complaints. I would speak to the manager if I did." Another relative told us, "We do unannounced visits; we can go in and out and say what we think."
- The complaints process included details of how to appeal a decision, contact details for the local government and social care ombudsman and CQC.
- The registered managers were transparent when sharing details of a recent incident, causing them to consider ways to improve care quality. There was an investigation of this incident as correct procedure had not been followed, with a review of action taken to reduce likelihood of recurrence.

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

- There was a positive culture across the service. Staff interacted with people in a kind and considerate manner, treating them with dignity and respect. One person told us, "I am involved in my plan, I tell them what I want and they do it."
- A registered manager told us, "Our teams are led by Dimensions values: ambition, courage, challenge situations. Staff speak up, one staff member challenged a hospital discharge decision about whether a person we support would be resuscitated or not. They showed integrity because the person we support is at the centre of everything."
- Staff said of the management of the service, "I am supported and a Registered Manager responds to any issues. And if they couldn't find a solution, they would find someone that can", "I feel that I have a voice and that I am listened to", and "I feel proud to be employed to work here because I feel like it gives me a good sense of achievement."
- People and relatives praised the communication: "I get a photo from staff sometimes when they are going on an activity", "The staff do listen and act" and "There is good team work and good communication."

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

- The provider understood the requirements of the duty of candour. This is their duty to be honest and open about any accident or incident that had caused or placed a person at risk of harm.
- The registered managers understood CQC requirements, in particular, to notify us, and where appropriate the local safeguarding team, of incidents including potential safeguarding issues, disruption to the service and serious injury. This is a legal requirement.
- The provider informed us that all people supported by Dimensions Dorset East Domiciliary Care Office and their relatives were made aware of the provider's commitment to preventing 'never events'. A 'never event' is a preventable event that should never happen to a person using the service, if any risks to the person's health and wellbeing are identified and support plans are followed.

Continuous learning and improving care

- Quality assurance systems were operating effectively. Auditing and monitoring systems were robust. This gave the registered manager and the provider oversight of the service.
- The registered manager and assistant locality managers undertook a series of audits to ensure the service

was safe and responsive to people's needs. These included support planning, food and fluid intake, activities, and medication.

- Actions from audits were included on an electronic monitoring system that tracked whether tasks had been completed and improvements to the service made.
- Staff understood their roles and responsibilities. A professional fed back, "I've observed personal centred support, the carers know the client very well and were supporting [name] for many years."

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

- People were involved in the running of the service. People using the services from Dimensions Dorset East Domiciliary Care Office were invited to team meetings with their allocated support staff, where they had the opportunity to share their views and opinions.
- A relative told us, "There is a monthly zoom meeting with staff to check if all is going well." Another confirmed they had received feedback questionnaires to complete.
- The registered managers were represented at the local care provider forum, where they had the opportunity to share best practice and learn from the experiences of others to help develop the service.
- The registered managers stated they had good relationships with health professionals and described how they had worked in partnership to provide people's treatment. For example, for one person their vaccination was administered in their own home by a nurse not wearing uniform to help prevent the person experiencing any emotional distress.
- A health and social care professional said, "Dimensions Dorset East Domiciliary Care Office are a care service which I feel very confident in."