Dimensions (UK) Limited

Dimensions London 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?	Outstanding

Summary of findings

Overall summary

This inspection took place on 16 and 17 February 2016. We gave the provider one days' notice that we would be visiting their head office. We gave the provider notice as we wanted to make sure the registered manager was available on the day of our inspection. This was our first inspection of this service since it moved to another office. At the last inspection in January 2014 at the previous address, the service was meeting all the standards we looked at.

Dimensions London Domiciliary Care Office provides support and personal care to people living either in their own flat or in supported living projects where some amenities are shared. There were approximately 69 people using the service at the time of our inspection.

There was a registered manager in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

We identified some outstanding elements in the way the service was run and how people who used the service were involved in providing feedback on and assessing the quality and safety of service provision.

The service had taken a creative approach to the way it involved people in monitoring the quality of service provision. We saw how this approach had led to improved outcomes for people using the service and improvements to their care.

The registered manager ensured that people using the service and their representatives were at the centre of the quality assurance process and we saw that their views were encouraged and acted on.

The vision and values of the service were understood by management and staff and were imbedded into the day to day running of the service.

Staff were supported and their views about the quality of service were also encouraged and acted on within a framework for continuous improvement.

People told us they were well treated by the staff and felt safe and trusted them.

Staff could explain how they would recognise and report abuse and they understood their responsibilities in keeping people safe.

Where any risks to people's safety had been identified, the management had thought about and discussed with the person ways to mitigate risks.

The service followed robust recruitment procedures to make sure that only suitable staff were employed.

People who used the service and their relatives were positive about the staff and told us they had confidence in their abilities. Staff told us that they were provided with training in the areas they needed in order to support people effectively.

Staff understood that it was not right to make choices for people when they could make choices for themselves and people's ability around decision making, preferences and choices were recorded in their support plans and followed by staff.

People told us they were happy with the support they received with eating and drinking and staff were aware of people's dietary requirements and preferences.

People confirmed that they were involved as much as they wanted to be in the planning of their care and support. Support plans included the views of people using the service and their relatives.

People and their relatives told us that the management and staff were quick to respond to any changes in their needs and support plans reflected how people were supported in accordance with their current needs and preferences.

People told us they had no complaints about the service but said they felt able to raise any concerns without worry.

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. People told us they felt safe with and trusted the staff who supported them.

Where any risks to people's safety had been identified, the management had thought about and discussed with the person ways to mitigate risks.

Staff had undertaken medicines training and were aware of their responsibilities in the safe management of medicines.

Is the service effective?

Good

The service was effective. People were positive about the staff and felt they had the knowledge and skills necessary to support them properly.

Staff understood the principles of the Mental Capacity Act (2005) and told us that all the people that currently use the service had the capacity to make decisions about their support needs.

Staff we spoke with had a good understanding about the current medical and health conditions of the people they supported.

Is the service caring?

Good

The service was caring. People told us the staff treated them with compassion and kindness.

Staff understood that people's diversity was important and something that needed to be upheld and valued.

Staff demonstrated a good understanding of peoples' likes and dislikes and their life history.

Is the service responsive?

Good

The service was responsive. People told us that the management and staff listened to them and acted on their suggestions and wishes. They told us they were happy to raise any concerns they had with any of the staff and management of the agency.

Is the service well-led?

Outstanding ☆

The service was well-led. There were outstanding elements to the way the service was managed.

This was because the service had taken a creative approach to the way it involved people in monitoring the quality and safety of service provision which had led to improvements to people's care.

We saw there was a strong commitment to learn from past incidents and other health and safety matters in an open and transparent way.

The vision and values of the service were understood by management and staff and were imbedded into the day to day running of the service.

Staff were supported and their views about the quality of service were encouraged and acted on within a framework for continuous improvement.

Dimensions London Domiciliary Care Office

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection was undertaken on 16 and 17 February 2016. We gave the provider one days' notice that we would be visiting their head office. We gave the provider notice as we wanted to make sure the registered manager was available on the day of our inspection. The inspection visit was carried out by one inspector.

After our visit to the office we met with six people who used the service. We also spent time observing interactions between people and the staff who were supporting them in communal areas of the supporting living project we visited. We wanted to check that the way staff spoke and interacted with people was having a positive effect on their well-being. We talked to four people using the service and seven relatives over the phone. The face to face and telephone interviews were carried out by two inspectors.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the completed PIR and previous inspection reports before the inspection. We also reviewed other information we had about the provider, including notifications of any safeguarding or other incidents affecting the safety and wellbeing of people.

We spoke with 10 staff who supported people and the registered manager.

We looked at eight people's support plans and other documents relating to their care including risk assessments. We looked at other records held by the agency including meeting minutes as well as health and safety documents and quality audits and surveys. After the inspection we requested a number of

documents form the provider including the results of the latest survey of people using the service.

Good

Is the service safe?

Our findings

People told us they liked the staff and felt safe with them. People's comments included, "I feel safe where I am" and "I am safe."

Relatives told us they had no concerns about safety and that they trusted the staff. A relative told us, "It's lovely down there. [My relative] is well looked after." Another relative commented, "My son has a key worker; he's very good."

Staff could explain how they would recognise and report abuse. They told us and records confirmed that they had received training in safeguarding adults. Staff had also received training in personal safety when lone working. Staff understood how to "whistle-blow" and were confident that the management would take action if they had any concerns. Staff were aware that they could also report any concerns to outside organisations such as the police, the local authority or the Care Quality Commission.

Staff knew the procedure to follow if the person they were supporting became ill or had an accident. Staff told us they had completed a first aid course which gave them more confidence in dealing with any emergencies. All staff undertook a welfare assessment to ensure they were safe to work alone and at night.

Before people were offered a service, a pre assessment was undertaken by the registered manager or locality managers. Part of this assessment involved looking at any risks faced by the person or by the staff supporting them. We saw that risk assessments had been undertaken in relation to people's mobility, risk of falls, nutrition and road safety. These risk assessments were integrated into the person's support plan. Each support plan detailed the level of involvement the person had in looking at their own safety.

Where risks had been identified, the management had thought about and discussed with the person ways to mitigate these risks. For example, one person wanted to self-administer their own medicines. The locality manager had discussed this with the person and healthcare professionals. Although it was decided that the person could not self-medicate all their medicines it was agreed that some medicines were safe to self-administer with a degree of staff supervision. This enabled the person to have an improved degree of autonomy in their own risk taking.

Risk assessments were being reviewed on a regular basis and information was updated as needed. Risk assessments had been signed by the person using the service or their representative. People using the service and their relatives confirmed that risks to their safety had been discussed with them. The registered manager told us all staff were informed of any changes in a person's care needs or risks and staff confirmed they were kept updated. Staff were aware of the identified risks that the people they supported faced as well as the action needed to mitigate these risks whist maintaining people's independence as far as possible.

Staff did not raise any concerns with us about staffing levels and told us that they had enough time to carry out the tasks required and that they would inform their manager if they felt they needed more time to complete complex tasks or any additional tasks. People who lived in supported living units had 24 hour staff

support. One person told us, "I've got a button. If I'm worried I'd press it. The staff come." Additional staff support hours were agreed by the agency and the placing authority.

We checked five staff files to see if the service was following safe recruitment procedures to make sure that only suitable staff were employed at the agency. Recruitment files contained the necessary documentation including references, criminal record checks and information about the experience and skills of the individual.

We saw that the agency carried out checks to make sure that staff were allowed to work in the UK. The registered manager told us the organisation's HR department had recently attended training in people's right to work in the UK which included identifying potentially fraudulent documents. The recruitment process for the agency included a written language and numeracy test as well as interviews by people using the service and their relatives. The registered manager told us that the agency was currently reviewing all staff criminal record checks to ensure they were up to date and in line with current best practice guidelines. Staff confirmed that they were not allowed to start work at the agency until satisfactory references and criminal record checks had been received.

Staff had undertaken medicines training and were aware of their responsibilities in the safe management of medicines. We checked records in both supported living units we visited in relation to the receipt, administration, storage and disposal of medicines and found this was being managed appropriately.

Audits of medicines took place on a regular basis and had recently identified a higher than average rate of errors. As a result, further training was provided to staff and their competency to manage medicines was observed. The registered manager told us that as a result of improved auditing of medicines and staff training, the number of medicine errors had reduced. People told us they were satisfied with the way medicines were managed. One relative told us, "They have been helping [my relative] with medication for years and there has never been any issues."

Good

Is the service effective?

Our findings

People who used the service and their relatives told us they had confidence in the staff who supported them. People's comments included, "They know what they are doing" and "They are good at their job, so caring."

Staff were required to attend mandatory training as part of their induction. Staff told us they were provided with training in the areas they needed in order to support people effectively and safely. They told us that this covered safeguarding adults, food hygiene, moving and handling, equality and diversity, infection control and the management of medicines. We saw relevant certificates in staff files we looked at.

In addition to the mandatory training, staff also undertook service specific training such as autism awareness or dementia training depending on the particular needs of the people they supported. The registered manager told us that training was discussed in staff meetings and extra, service specific training needs was identified through direct observations, spot checks and staff supervisions. Staff confirmed that they could discuss any training needs in their supervision.
Staff were positive about the support they received in relation to training. One staff member commented, "I've had a lot of opportunities to do training and I've done extra training over and above the mandatory training."

Staff confirmed they received regular supervision. Spot checks and observed competencies were also part of the staff supervision system. Staff told us that the spot checks undertaken were a good way to improve their care practices. They also told us that the management praised them when they saw good practice which they said was reassuring and supportive. One staff member told us that supervision was a positive experience. They said, "[My manager] gives me a lot of support and I get a lot of compliments and I get praised."

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.

Staff understood the principles of the MCA (2005) and told us they would always presume a person could make their own decisions about their care and treatment. They told us that if the person could not make certain decisions then they would have to think about what was in that person's "best interests" which would involve asking people close to the person as well as other professionals and advocates. Staff understood that people's capacity to make particular decisions could fluctuate and that any restrictions that were agreed must be carried out in the least restrictive way.

People told us that staff always asked for their permission before carrying out any required tasks for them and did not do anything they did not want them to do. One relative told us, "I can't fault the care at all. They

don't force him to do anything he doesn't want to."

There was information incorporated into people's support plans so that the food they received was to their preference. Where appropriate and when this was part of a person's care package, details of their dietary needs and eating and drinking needs assessments were recorded in their support plan and indicated food likes and dislikes as well as any food requirements as a result of a cultural or religious need.

People told us they were happy with the support they received with eating and drinking. A person told us, "If I like anything they make it for me. They listen to me." A relative told us, "When [my relative] was first admitted he couldn't feed himself. He's been supported and encouraged by the staff and now he can."

We saw that, when required, people had been assessed by the speech and language therapist (SALT) and their diet changed accordingly. For example, where people were at a higher risk of choking because of swallowing problems, they were provided with a soft, blended diet.

Where the agency took responsibility for organising people's access to healthcare services and support, we saw that records were maintained of appointments made and attended to GPs, dentists, optician and chiropodists. A relative told us, "When [my relative] went into hospital they stayed with him until the early hours because they know him well and his needs and knew the hospital staff didn't. When [my relative] was discharged they did a full review of his needs and looked him over from top to bottom."

Support plans showed the provider had obtained the necessary detail about people's healthcare needs and had provided specific guidance to staff about how to support people to manage these conditions. A relative commented, "My [relative] has a PEG [percutaneous endoscopic gastrostomy] and they manage it well. I see them flushing it and that."

Staff we spoke with had a good understanding about the current medical and health conditions of the people they supported. They knew who to contact if they had concerns about a person's health including emergency contacts.

Good

Is the service caring?

Our findings

People told us they liked the staff who supported them and that they were treated with warmth and kindness. Comments about the staff were very positive and included, "They care about [my relative] and do their best for him," "I love them they are nice" and "Every member of staff is actively nice and good."

People confirmed that they were involved as much as they wanted to be in the planning of their care and support and this level of involvement was documented in each person's support plan. Support plans included the views of people using the service and their relatives. People told us that staff listened to them respected their choices and decisions. One person had written the following in the most recent quality survey, "I like going out every day in the car, and I am happy that most days I can go out and I am happy I can choose my clothes what I want to wear and I am happy that I can choose the food I like to eat."

All the staff we spoke with had undertaken training in equalities and diversity and understood that racism, homophobia or ageism were forms of abuse. There was a diversity lead in the organisation who took particular responsibility to inform and promote different cultural events each month. There were regular newsletters which gave staff and people using the service information about diversity issues such as LGBT history month.

Staff gave us examples of how they valued and supported people's differences. They told us that it was important to respect people's culture and customs and gave us examples in relation to food preparation and preferences.

The registered manager told us that people had access to advocacy services both in general matters and as part of the MCA legislation.

Staff told us they enjoyed supporting people and demonstrated a good understanding of peoples' likes and dislikes and their life history.

People confirmed that they were treated with respect and their privacy was maintained.

Staff gave us examples of how they maintained people's dignity and privacy not just in relation to personal care but also in relation to sharing personal information. Staff understood that personal information about people should not be shared with others and that maintaining people's privacy when giving personal care was vital in protecting people's dignity. In the most recent quality assurance survey, people were asked about the things they were happy about. We saw the following comments, "I like the staff, the nice food they cook for me, the dignifying way they treat me and above all the care, the love they show me" and "Dimensions employed staff who understand my cultural needs."

Good

Is the service responsive?

Our findings

People using this service and their relatives told us that the management and staff were quick to respond to any changes in their needs.

We saw from people's care records and by talking with staff that if any changes to people's health were noted by staff, they would contact their manager and report these changes and concerns. Relatives told us they were kept up to date with any issues. A relative commented, "We are very close with the manager and speak to her every week. A person using the service told us, "We get good support from the staff. They keep us updated with what is going on."

A locality manager gave us an example of how the agency had responded to the changing needs of people they supported. They told us that a group of older people in a supported living project had been there for a number of years and staff realised that they were starting to have difficulty using the stairs. As a result, the agency worked with the local authority to create a 'moving on' plan to a bungalow which was more appropriate for people's changing needs. The locality manager told us that this move happened over six months to ensure a gradual and planned change took place.

People told us they enjoyed the activities that were organised for them. Comments included, "[My relative] likes long walks and drives and they take him out all the time," "They take my son to the cinema and make sure he has things to do" and "I am happy about staff supporting in the community on my outings. I am happy that staff understands me well and work to enhance my life."

Each person had a support plan that was tailored to meet their individual needs. Support plans reflected how people were supported to receive care in accordance with their needs and preferences.

We checked the care plans for five people. These contained a pre-admission document which showed people's needs had been assessed before they decided to use the agency. People confirmed that someone from the agency had visited them to carry out an assessment of their needs. These assessments had ensured that the agency only supported people whose care needs could be met. The registered manager told us that if someone's assessed needs were too complex a service could not be offered.

People's needs were being regularly reviewed by the agency, the person receiving the service, their relatives and the placing authority, if applicable. Where these needs had changed the agency had made changes to the person's care plan. We noted that information in these plans was detailed and covered three separate folders. We asked a staff member if this was too large and they told us, "People deserve a big care plan. It's their life and it's showing us how to support them fully."

People told us they had no complaints about the service but said they felt able to raise any concerns without worry. Comments included, "I've never made a complaint but I know what to do," "There is nothing to complain about" and a relative told us, "We've got no complaints and would never consider moving him."

We asked people who they would raise any complaints with they told us they could speak to any of the staff or management. One person told us, "No complaints, if worried I'd talk to staff."

We saw from detailed records that complaints received had been investigated by the registered manager and had been resolved to the complainant's satisfaction. The registered manager told us that they encouraged people to express their views about the service and that they saw complaints as part of the quality monitoring process.

We also saw a number of very positive compliments that had been sent in to the agency.

Outstanding ☆

Is the service well-led?

Our findings

People using the service, their relatives and staff were very positive about the registered manager. One staff member told us, "She is very supportive, firm but fair." Other staff commented that the registered manager was, "good at leading," "good at coming up with solutions", "approachable" and "shared the values of the organisation."

The service had taken a creative approach to the way it involved people in monitoring the quality and safety of service provision. This approach had led to a number of outstanding outcomes for people using the service and improvements to their care. This included a forum for people using the service called, 'Everybody counts'. These local groups met every three months, then a representative from the group and a locality manager attended a national forum.

We saw that any issues which arose were incorporated into the services' continuous improvement plan. For example, the registered manager told us that one outcome from the forum had been to ensure the service recruited the "right staff" which had led to people using the service being directly involved in staff recruitment. We saw that the representatives brought both individual issues to the forum as well as wider issues for discussion.

The agency employed a person with a learning disability in their quality assurance team. This person attended quality monitoring visits with other team members or carried out individual spot checks as required. This had helped the quality assurance team to look at the quality of services from a different perspective.

The registered manager told us that a further two people with a learning disability were being recruited to the team so more quality spots checks could take place as this practice had proved very successful.

It was clear from discussion with the registered manager that their ethos and the ethos of the provider was to ensure that each service was, "Always moving forward." One person we spoke with told us. "It is well run."

There was a 'family charter' which encouraged people to have regular contact with their family if they wanted to. One relative told us, "We are really grateful for the care [my relative] receives. We get good support from the staff and manager."

People confirmed that their views were sought and taken on board. Comments included, "We've been asked to fill in surveys about the service in the past," "I have filled in a satisfaction form once or twice" and "They do ask us for feedback."

The registered manager audited and monitored health and safety issues at the service. These checks on safety were part of regular compliance visits and each project had a designated health and safety representative. This representative attended a regional and national forum every three months. The registered manager told us that the regional and national forum had recently trialled the use of a number of

different emergency evacuation equipment to make sure the agency provided the most appropriate one.

We saw there was a strong commitment to learn from past incidents and health and safety matters including accidents and incidents, safeguarding outcomes, complaints and 'never events'.

'Never events' were situations identified by the agency and the family and friends forum that should never happen to anyone who used the service.

These 'never events' were also accessible in pictorial form for those people who had difficulty reading complex sentences. The 'never events' that were agreed included being injured by equipment that was not safe, choking on food and agreeing that no one should come to harm as a result of being given the wrong medication. We saw that this approach they had taken had been embedded into their practice and was monitored as part of the services on-going quality monitoring process.

When we visited a supported living project we saw that the registered manager was well known to the people living there and it was clear they had built up a good relationship with everyone. One person told us, "We do see the manager all the time." The registered manager told us they visited all the projects within the service regularly and observed staff practice to ensure staff interacted with everyone in a friendly, professional and positive manner.

Staff told us that they were aware of the organisation's visions and values. These included ambition, respect, courage, integrity and partnership. They told us that care for people was 'person centred' and focused on the individual. They told us that they must treat people with dignity and respect and always strive to achieve better standards. Throughout our inspection, and visits to the two supported living projects, we saw management and staff putting these values into practice.

One staff member told us, "We are here to give them the best possible life they can have. They deserve to have the best and live their life to the full." When we discussed these visions and values with the registered manager and management team it was clear that these values were shared across the service. We saw that these had a positive effect on people's wellbeing. People told us, "Staff are nice. I'm happy" and "I'm happy with everything."

There were a number of initiatives being introduced at the service in order to improve people's experience and increase their wellbeing. These included working with a university on a study into breaking bad news to people with learning disabilities. The registered manager told us that this included training managers and assistant managers in this sensitive subject. Another project was also underway with another university looking at improving outcomes for people with behaviours that challenge the service.

There had been a recent project which encouraged and empowered people to vote. We saw from a recent newsletter that this initiative had been successful. One older person, had voted for the first time which had been celebrated on social media.

Staff told us they liked working for the agency. They told us they felt involved in making suggestions for improvements and that the registered manager took on board these suggestions. Staff told us that there were good opportunities for career development and a number of staff confirmed that they had been promoted within the organisation.

As well as regular team meetings a national staff forum took place every three months and a yearly staff survey provided management with an update about how well the agency was supporting staff. In the last

survey in 2015, 75% of staff surveyed thought the organisation was putting its values into practice and 63% of staff said they would recommend Dimensions as a good place to work. A relative told us, "The quality of staff is excellent."

A staff member we spoke with told us about a suggestion they made and how this had been put into practice. Another staff member, commenting on the last staff survey told us that, "A few things changed." We saw that the results and suggestions for this survey feed into the agencies' continuous improvement plan. Staff turnover was low and people told us they received a consistent service from the same staff. One relative commented, "The staff are stable. They have been there a long time."

The provider had instigated a number of initiatives to further support staff including a group for staff with Dyslexia and an employee assistance programme.