

Dimensions (UK) Limited

Dimensions Luton Domiciliary Care Office

Inspection report

Disability Resource Centre
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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?	Requires Improvement ●

Summary of findings

Overall summary

About the service

Dimensions Luton supports people who live in supported living services located in Bedfordshire, Hertfordshire, Cambridge, and Buckinghamshire. The service was supporting 76 people with the regulated activity of personal care.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

We found some shortfalls with how the service was being monitored and assessed by the registered manager and the provider.

People's relatives felt confident that people were safe in the care of staff and the service. There were good processes and systems in place to protect people from the potential risk of abuse and respond to incidents. People had risk assessments and care plans which guided staff about how to meet people's needs. There were sufficient staff to support people and respond to their needs. People received their medicines. People's mood controlling medicines were being managed in a way to reduce the use of these. Staff knew how to promote good hygiene in people's homes.

Professionals spoke highly of the staff in terms of their knowledge and motivation to keep people healthy. Relatives were confident that people's health was monitored carefully, and GP's and other health professionals were contacted when it was needed. There were good plans to enable staff to support people who had complex needs when eating and drinking. Staff were knowledgeable about what people liked to eat and drink.

Staff were satisfied about the training they received. They felt supported by their line managers and felt comfortable about seeking direction and raising issues with them. Specialist training was provided when this was needed. Staff knew how to promote choices for people.

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.

Relatives felt staff were caring and respectful with people. Staff had a good understanding about the

importance of forming caring relationships with people and to involve them in their day to day care.

Care was arranged so people's needs were met by a regular group of staff who knew them well. People saw regular staff to promote people's wellbeing and their need for routine. Staff supported people to fulfil their interests.

The service was making plans with people in regard to some aspects of their end of life needs, but these did not always include people's wishes and wants at this part of their lives. We made a recommendation about this.

People would be asked their views in their yearly reviews. However, these were often late, and the service had not considered other ways of gaining people's views of their care. Reviews often lacked details about people's experiences or future goals. We made a recommendation about this.

There was a good culture in the staff team who spoke about putting people first and supporting them to live happy lives.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

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

Rating at last inspection

The last rating for this service was good (published 20 May 2017).

Why we inspected

This was a planned inspection based on the previous rating.

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

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?

Requires Improvement ●

The service was not always well-led.

Details are in our well-Led findings below.

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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 Care Act 2014.

Inspection team

This inspection was carried out by one inspector and an assistant inspector.

Service and service type

This service provides care and support to people living at 43 '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

We gave four days' notice. This was because we needed people's permission to call them. It is also a large service, so we needed to make arrangements for accessing people's records.

Inspection activity started on 12 November 2019 and ended on 25 November 2019. We visited the office location on 20 November 2019.

What we did before the inspection

We contacted the quality assurance teams of three different local authorities and spoke at length with them about their experiences and professional views of the service. We reviewed the information the registered manager and provider must send us by law about the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

Most people were unable to talk with us. We spoke with two people, 18 people's relatives, eight members of staff, two locality managers and the registered manager. We looked at recruitment checks of three members of staff, staff training records, complaints, and people's care records.

After the inspection

We continued to look at people's records which we requested to be sent securely to us, this included records of medicines, assessments, reviews and care plans. In total we looked at 15 people's records. Team meeting records. A sample of compliments. We requested feedback from six health and adult social care professionals, we received feedback from three professionals.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Staff and locality managers had identified some recent financial safeguarding concerns through their auditing systems. They took appropriate and timely action. They had also learnt from these situations and put other systems in place to try and protect people from abuse in the future.
- Staff were clear about what abuse could look like. They knew what they must do to respond to this.
- People's relatives told us they believed people were safe. One person's relative said, "Oh yes I do [think relative is safe]."

Assessing risk, safety monitoring and management

- People had risk assessments in place which identified the risks people faced.
- Staff had care plans to follow which guided them about how to promote people's safety.
- There were detailed plans in place and monitoring systems which promoted people's safety who were living with complex health needs.
- Accidents and incidents were reported to the management team and the registered manager checked the outcomes where appropriate.

Staffing and recruitment

- There were safe recruitment checks in place to ensure people were safe around new staff.
- People's relatives told us people saw regular staff. They said this had been an issue in the past, but it had now improved and stabilised.
- One relative said, "[Name of person] has moved and they [management] have gone out of their way to give [person] the same team of staff." Another relative said, "[Person] has regular staff, it's worked out so much better."

Using medicines safely

- People were supported to receive their medicines in a safe way. One person said, "Yes, [staff takes it] out of cupboard, given on a plate, and take it myself." A person's relative told us, "Yes, they [staff] give [name of person] their medication and [person] takes it themselves. They [staff] go with [person] to get their prescription."
- Staff told us how they ensured people had their medicines as prescribed. Medication Administration Charts were completed in full.
- Staff followed good practice guidance about administering mood controlling as required medicines. The management team looked at ways of supporting people so mood controlling medicines were not always needed. One member of staff said, "[Name of person] came to us with these meds, we recently returned

them to the pharmacy because they were out of date, we never used them, because we didn't need to."

Preventing and controlling infection

- People's relatives commented on how clean people's homes were.
- Staff received training in promoting good hygiene.
- Staff told us what they did when they were supporting people with personal care and with food preparation to promote a hygienic environment.

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.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant people's outcomes were consistently good, and people's relatives confirmed this.

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

- People had assessments in place which looked at their physical and social needs. People's mental well-being was being assessed and checked at the service. Best guidance was being followed to look at why people behaved in certain ways to promote a better day to day life for them.

Staff support: induction, training, skills and experience

- New staff had a period of induction when they worked with more experienced staff. All the staff we spoke with felt their inductions prepared them for their new role.
- Staff received training to understand the needs of the people they supported. Health professionals gave bespoke training to staff about people's complex needs to ensure their needs were fully met.
- Staff felt the training was effective. Although some felt refresher training could be made more interesting.
- We saw records which showed staff received competency checks during their inductions and work. A professional commented on how effective staff worked. They said, "I cannot speak highly enough of the manager and the team who supported [name of person]. They [staff and locality manager] are phenomenally person centred, brave, consistent and competent."

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

- Managers responded when some people struggled to eat and drink in a safe way. Food health specialists were contacted to assess these people's needs. Plans were in place to ensure staff supported people in a safe way when they ate and drank.
- Staff could tell us what people liked to eat and drink. Staff were also helping some people to have a healthier diet. We were told about one person who now initiated healthy choices themselves without staff prompting them.
- One person's relative told us, "They [staff] assist [relative] with their cooking, they are very good."

Staff working with other agencies to provide consistent, effective, timely care

- We were told by some managers how staff were working with health professionals to support some people's needs.
- We saw records which showed health and social care professionals were involved in people's care.

Supporting people to live healthier lives, access healthcare services and support

- One person's relative told us, "No concerns about [person's] health, [person] has lost weight and is healthy now." Another person's relative said, "If we need to take [relative] to the surgery they [staff] come with us."

- Staff told us how they promoted people's health. They told us what they did when people were unwell.
- There were plans in place to support people to engage with health professionals when they were reluctant to do so.
- A specialist health professional spoke positively of how staff and the management team responded to and monitored people's complex health 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 when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff told us how they supported people to make their own decisions. With people who had communication difficulties staff told us how they had learnt to understand what people were asking and communicate back to them.
- People had mental capacity assessments carried out when needed. Best practice guidelines were being followed to explore and promote people's best interests.
- One person received their medicine covertly, which means these were hidden when administered by staff in food or drinks. The appropriate best interest processes were followed to ensure it was in the person's best interest to have their medicines in this way. However, their care plan and staff knowledge about this needed further developing.

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.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant people were supported and treated with dignity and respect.

Ensuring people are well treated and supported; respecting equality and diversity

- People's relatives spoke well of the staff who supported people. One person said about a regular staff member who supported them that they were nice. One relative said, "They're [staff] lovely, [name of member of staff] treats [relative] as if they are their mum." Another person's relative said, "On the whole the staff are a caring group."
- The service had received many compliments from people's relatives who praised the management team and staff for how they supported their relatives.

Respecting and promoting people's privacy, dignity and independence

- People's relatives believed staff promoted their relatives' independence. One relative said, "[Name of person] helps me now with drinks, when [person] visits me." Another relative said, "They [staff] do push them to do more for themselves."
- Staff talked about how they supported people to do what they wanted. They gave examples of working with people to encourage their independence with daily life.
- Staff told us how they promoted people's privacy. Staff commented on respecting people's homes. One relative told us, "They [staff] do respect [relative's] space." Another relative said staff were, "Very respectful."

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

- Most people the service supported had communication challenges and had complex needs requiring one to one care and support from staff. Staff explained how they were led by what people wanted to do.
- We saw some examples of people being involved in the planning of their care.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. 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 had detailed assessments in place and care plans which outlined their preferences. People's interests and what was important to them were identified in these assessments.
- Care was arranged so people saw the same staff and new staff were slowly introduced alongside their regular staff. The staff and the management team understood the importance of continuity of care to meet people's mental wellbeing and social needs.
- Having a regular staff group met people's needs for consistency, routine, and enabled them to form connections with staff. One relative said, "This makes [relative] feel happy and safe." Another person's relative told us, "[Name of relative] won't accept new staff. One member of staff has been there for ten years."
- Plans were made, and incidents were reviewed to consider how to try and reduce people's frustrations or behaviour which challenged others.
- Reviews had been completed. These had involved staff, relatives and professionals.
- We were shown an example of how one locality manager was trying to work more creatively to involve people in the review of their care. they were exploring ways to make reviews interesting for people and to demonstrate their experience of their care.
- Despite this, we noted that often people had delays in receiving their 12 month review. A challenge for the service due to people's communication needs, was how they checked people were happy with their care. There was no plan in place to respond to this issue.

We made a recommendation that the service sought best practice guidance about how they could check on a regular basis people's views of their care.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People had communication plans in place which explored in detail people's communication needs and how staff were to engage and communicate with them.
- Staff were able to tell us about people's communication needs. Staff believed they had been supported to get to know how people expressed their voice.

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

- We were shown records which showed staff supporting people to do things which they enjoyed and to follow their interests. One person's relative said, "They [staff] are good at taking [relative] out and giving them choices of where they want to go."
- Staff spoke about how they supported people to follow their interests and what gave them pleasure.
- We saw in some people's records that plans were being made about introducing certain activities and events to promote people's interests and hobbies. Developing social goals for people were not routinely developed for people with evidence to support this work.

Improving care quality in response to complaints or concerns

- There had been one complaint raised about the service. The registered manager had responded to this. However, there were missed opportunities to evidence their investigations, learn from what happened to prevent reoccurrence.

End of life care and support

- Some end of life planning had been completed for some people. The plans which were in place lacked details about people's wishes and wants for their final days.

We made a recommendation for the registered manager to seek best practice guidance about how to meaningfully plan for this part of people's lives.

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.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the service management was not always consistent. There were some shortfalls with the management of the service which had not been identified by the registered manager and provider.

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

- Most people could not communicate their views about the care they received. The leadership of the service had not considered how they should address this issue. Reviews were late and new goals were not identified or developed further so people's progress could be monitored.
- Some staff worked long days supporting people who lived on their own. Some of these people struggled to engage with staff. Staff told us it was sometimes a challenge to fill the day and make it a person-centred experience for individuals. This issue had not been identified before. We were not aware this had a negative impact on individuals, but it had the potential to do so.
- Key competency checks for staff did not evidence how the assessor had reached their conclusion of the member of staff being competent.
- A complaint had not been investigated in a robust way. It had been upheld, but no lessons had been learnt or further checks completed to ensure the concern did not happen again.

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

- There was a positive culture among the staff team. Staff and managers spoke positively of how they supported individuals to lead happy lives.
- Plans were being made to support individuals to reduce the occurrence of behaviour which challenged others without the use of mood controlling medicines.

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

- When reviews took place people's relatives and their professionals were involved.
- Some staff said they gave suggestions about making improvements about the service. Questionnaires had been sent out to staff to seek their feedback about the service.

Working in partnership with others

- We were sent information which showed the service working with other organisations.

