

Dimensions (UK) Limited

# Dimensions East Anglia Domiciliary Care Office

## Inspection report

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Date of inspection visit: 17 June 2015  
Date of publication: 07/08/2015

### 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	

### Overall summary

Dimensions East Anglia Domiciliary Care Office is a registered community based adult social care service providing personal care to people living in a range of accommodation including supported living schemes and people living on their own. The agency provides support

and care to people who have a learning disability in in Norfolk, Suffolk and Essex. The last inspection took place on 24 July 2013, during which we found the regulations we looked at were being met.

There was a registered manager in post. A registered manager is a person who has registered with the Care

# Summary of findings

Quality Commission (CQC) 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 2008 and associated Regulations about how the service is run.

People were safe as staff were knowledgeable about reporting any abuse. There were a sufficient number of staff employed and recruitment procedures ensured that only suitable staff were employed. Risk assessments were in place and actions were taken to reduce these risks. Arrangements were in place to ensure that people were supported and protected with the safe management of medicines.

The CQC is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS applications were being made to ensure that people's rights were protected. Staff were supported and trained to do their job.

People were supported to access a range of health care professionals and they were provided with opportunities to increase their levels of independence. Health risk

assessments were in place to ensure that people were supported to maintain their health. People had adequate amounts of food and drink to meet their individual likes and nutritional and hydration needs.

People's privacy and dignity were respected and their care and support was provided in a caring and a patient way

Sufficient numbers of staff were available and the appropriate checks had been completed to ensure they were suitable to carry out their role. People's hobbies and interests had been identified and they were supported to take part in a range of activities that were meaningful to them. A complaints procedure was in place and complaints had been responded to, to the satisfaction of the complainant. People could raise concerns with the staff at any time.

The provider had quality assurance processes and procedures in place to improve, if needed, the quality and safety of people's support and care. People and their relatives were able to make suggestions in relation to the support and care provided and staff acted on what they were told. There were strong links with the external community. A staff training and development programme was in place and procedures were in place to review the standard of staff members' work performance.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Staff were aware of their roles and responsibilities in reducing people's risks of harm.

Sufficient numbers of staff were available and the appropriate checks had been completed to ensure they were suitable to carry out their role.

People were supported with their medicines as prescribed.

Good



### Is the service effective?

The service was effective.

People's rights had been protected from unlawful restriction and unlawful decision making processes.

Staff were supported to do their job and a training programme for their identified development was in place.

People's health and nutritional needs were met.

Good



### Is the service caring?

The service was caring.

People's rights to privacy, dignity and independence were valued.

People were involved in reviewing their care needs and had access to advocacy services.

Good



### Is the service responsive?

The service was responsive.

People were actively involved in reviewing their care needs on a regular basis.

People were supported to pursue activities and interests that were important to them.

Good



### Is the service well-led?

The service was well-led.

Robust procedures were in place to monitor and review the safety and quality of people's care and support.

People who used the service, relatives and staff were involved in the development of the agency, as there were arrangements in place to listen to what they had to say.

Good



# Dimensions East Anglia 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 was planned to check 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 announced inspection took place on 17 June 2015. The provider was given 48 hours' notice because the location provides a domiciliary care service and the registered manager is sometimes out of the office supporting staff or visiting people who use the service and we needed to be sure that they would be in. The inspection was carried out by two inspectors.

Before the inspection we looked at all of the information that we had about the agency. This included information from notifications received by us. A notification is information about important events which the provider is required to send to us by law.

During the inspection we visited the services office, spoke with nine people who used the service and four relatives. We also spoke with the registered manager, three locality managers, seven care staff and four healthcare professionals. We looked at seven people's care records and records in relation to the management of the service and the management of staff. We observed people's care to assist us in our understanding of the quality of care people received.

# Is the service safe?

## Our findings

We saw that people's individual risk assessments had been completed and updated. These risk assessments included areas such as moving and handling, nutrition and when people were out in the community. We observed staff supporting people safely by following the information within that person's risk assessments. This showed us that staff took appropriate steps to minimise the risk of harm occurring.

The staff had access to the contact details of the local safeguarding team and safeguarding information was available in the agency's office. Safeguarding training had been provided for staff and refresher training had been given annually and staff confirmed this to be the case. Evidence of staff's up to date ongoing training was seen in the training records held in the agency's office. Staff that we spoke with demonstrated that they were aware of their safeguarding responsibilities and would not hesitate in reporting any incident or allegation of abuse. The registered manager had effectively dealt with safeguarding concerns and there was evidence of correspondence and investigations to resolve concerns that had been raised.

Staff told us that they were confident that if ever they identified or suspected poor care standards or harm they would have no hesitation in whistle blowing. Whistle-blowing occurs when an employee raises a concern about a dangerous or poor practice that they become aware of. Staff said that they felt confident that they would be supported by the registered manager to raise their concerns. One staff member said, "We are a good team if there was any bad practice this would be reported to the manager and acted upon without any hesitation or delay."

We saw the medicine administration records (MAR) of people that we visited had been accurately completed. The level of assistance that people needed with their medicines was recorded in their support plan. The registered manager and locality managers regularly audited the MAR sheets to ensure records were being safely and accurately maintained. Medicine training sessions were provided and refresher training was given annually and staff we spoke with confirmed this.

Staff had annual competency checks made by the locality manager to ensure they safely administered medicines, these were held in the services office. The registered manager confirmed that additional medicine administration training would be given to staff whose competency identified improvements were required.

Satisfactory recruitment checks were carried out by the provider's personnel department in conjunction with the registered manager and locality managers. This was confirmed by records we saw and staff that we spoke with. Staff told us that their recruitment had been dealt with effectively.

We saw that there were sufficient numbers of staff to meet people's needs. This included being able to assist people whilst at home and to accompany them where needed to attend appointments and be able to go shopping. Staff we met told us that there was sufficient staffing available to be able to assist people with their care and support needs in their home and when accessing the community. We saw that the registered manager monitored staffing levels and where people's needs changed additional staff were rostered where necessary.

# Is the service effective?

## Our findings

Our observations and discussions with staff showed that they were knowledgeable about people's individual support and care needs. Staff confirmed that they had undertaken training and had an understanding about the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards. The Care Quality Commission (CQC) monitors the operation of Deprivation of Liberty Safeguards which applies to care services. The registered manager had a good understanding of when an application was needed to deprive someone of their liberty.

Staff confirmed that they had received an induction and had completed other training since starting their job role. Staff said that they enjoyed and benefited from a variety of training sessions. They told us that they were supported to gain further qualifications. One member of staff told us that they were completing a diploma in health and social care to expand on their skills and knowledge of people and their care needs. Training was monitored by the locality manager and registered manager and staff we spoke with confirmed that they were informed of dates when they would need to refresh or update their training.

Staff confirmed that they received regular supervision sessions and told us that they felt well supported by the registered manager, locality managers and their staff colleagues. Staff also confirmed that they received an annual appraisal to monitor their development, performance and work practices.

One person we spoke with said, "Its brilliant and I am really happy living here and the staff help me sorting out my meals and cooking" People were assisted by staff with the preparation of drinks and meals where required. People told us that staff assisted them with cooking and shopping. People's dietary needs were assessed and any associated risks were incorporated into their care plan. Staff told us that people were assisted to seek advice from nutritionists and dieticians whenever their dietary needs changed.

People had regular appointments with health care professionals and these were recorded in the daily records. One relative told us that, "The staff always contact a doctor if my family member is unwell." We spoke with a continuing healthcare manager and they were positive about the support being provided by the agency. They told us that they worked closely with the staff teams and reviewed and discussed changes and issues regarding people's care and support.

# Is the service caring?

## Our findings

People we spoke with were positive about the care they received and one person said, “The staff are really helpful and assist me in my flat and help me with budgeting and cooking”. One relative told us that, “There is a lovely atmosphere and it’s brilliant – the staff are really kind and caring.” Relatives of people we spoke also told us that they were encouraged to be involved in reviews of their family members care and support where appropriate. Relatives said that communication was very good with staff at the agency. They told us that they felt involved in their family members care and were always kept informed of any changes or events by the registered manager and members of care staff.

Observations in the two supported living schemes that we visited showed that there were friendly, caring and warm supportive relationships in place between staff and people using the agency. People’s independence was encouraged and staff supported people to make choices about their lives. The atmosphere in the supported living services we visited was calm and cheerful and people were being assisted by members of staff in an attentive and unhurried way. We saw staff assisting people with their lunch in an inclusive, sensitive and unhurried manner; they offered a choice of meals and drinks.

People were seen to be comfortable and at ease with the staff who supported them. We saw that staff helped people, when needed, in a kind and prompt way. We saw staff assisting one person with their lunch and arranging a trip for people going out for a walk in the local park. People

were encouraged to undertake domestic tasks independently such as putting laundry away and were supported to organise shopping trips for their evening meal. We found that assistance was given in a fun and caring way. One relative told us that, “Staff have been really excellent and I am really happy with the support my family receives.”

Staff we spoke with talked with a great deal of warmth and affection about the people they were supporting. One member of staff, “I really love my job and every day is different.” We saw staff speaking with people in a kind and caring manner whilst assisting them. We saw that staff knocked on people’s bedroom doors and waited for a response before entering to preserve the person’s privacy and dignity.

Each person had a key worker who helped to assist and monitor the person’s care needs on a daily basis. Daily records showed that people’s support needs were monitored and that any significant events that occurred were recorded. Some documents in support plans we looked at had been produced in a pictorial format where required. This showed us that the provider gave people information in appropriate formats to aid their understanding.

The registered manager told us that local advocacy services were available to people as required. People had family members who acted in their best interest. Relatives that we spoke with said that they had regular contact with the agency and had been involved in the planning and reviewing of their family members care and support.

# Is the service responsive?

## Our findings

People we spoke with told us that they had the opportunity to be involved in hobbies and interests. One person told us that, "I go out a lot during the week and enjoy going bowling." We saw that people had been out shopping, going for walks and visiting the local town during the day. People had access to vehicles and staff assisted them to regularly go on day trips, attend medical appointments and visit local towns. There were enough staff on duty to be able to provide both support to people in their own homes and to be able to accompany people in attending their hobbies and interests in the local community. One person told us that, "I go out with staff to visit cafes, shops and other places I like." This showed us that people had opportunities to go out in the community and take part in their social interests.

Assessments included the person's background, care needs, their likes and dislikes, weekly/daily routines and significant family and professional contacts. Care records showed that people's health care needs were documented and monitored including information from medical appointments. Where necessary, referrals were made to relevant health care professionals if there were any medical/health concerns. A relative told us that they were always made aware by staff of any health care concerns regarding their family member.

We saw that care records gave staff detailed information to enable them to provide people with individual care and support, whilst maintaining their independence as much as possible. People were assisted to take part in daily living tasks and were encouraged to make choices including meals and places they wished to visit in the local community. One person we met told us that they were looking forward to going on a holiday that they had chosen and planned.

There were detailed guidelines for staff to follow so that they were able to safely assist with their assessed needs and support requirements. Staff we spoke with confirmed this to be the case. Examples included assistance with personal care, shopping, social activities, daily living routines, assistance with medicines and preparation of

meals. Daily notes that care staff had written, described the care and support that had been provided. Care plans were up to date and had been regularly reviewed and highlighted where care and support needs had changed. Staff confirmed that the support plans gave them sufficient information so that they could provide the required care and support.

Our observations showed that staff asked people about their individual choices and were responsive to that choice. Staff told us how they engaged with people who were unable to communicate verbally to make choices. Staff told us that this was done by using pictorial aids and/or understanding what a person's body language and facial expressions were telling them. We observed that staff took time to assist people with their choices in a cheerful and attentive manner.

The services complaints procedure, including timescales for responding to complaints, was displayed in a pictorial version to aid people's understanding. One person told us that "I can always talk to the staff if I ever have any worries." Relatives we spoke with said that they knew how to raise concerns and that staff were always willing to listen to their views and responded to any concerns they raised. One relative said, "I can always raise any issues and I feel listened to."

People's care and support plans, as well as their regular reviews of care, were signed by the person's documented next of kin where necessary. Relatives we spoke with confirmed that they were asked to be involved in these reviews and told us that these review meetings had given them an opportunity to comment on the current care and support of their family member. One relative told us that they were regularly contacted when there had been any changes to their relatives care and support needs.

We saw that care records gave staff detailed information to enable them to provide people with individual care and support, whilst maintaining their independence as much as possible. People were assisted to take part in daily living tasks and were encouraged to make choices including meals and places they wished to visit in the local community.

# Is the service well-led?

## Our findings

People who use the service and their relatives were asked for their views about their care and support and their views were acted on. People told us that they had regular contact with members of the services' management team. Some people we met were unable to tell us their opinion of the support provided but observations showed that there was an open and enabling atmosphere in place to help people express themselves so they could be assisted effectively. People we spoke with expressed their satisfaction with the agency and did not raise any concerns about the care and support that was provided to them. One person said that, "I can always speak to the staff about anything I am not sure about or any worries I have."

There was an open team work culture within the service. Staff told us they enjoyed their work and working for the service. Staff told us that they felt the agency was well managed and felt supported by the registered manager and locality managers. One member of staff said that, "Morale is very good and we work really well as a team." All the staff we spoke with were aware of their role in reporting any concerns or incidents of poor care practice in accordance with the service's whistleblowing policy. They told us they would be confident in reporting to their manager or external agencies about any concerns about or had witnessed any poor care practices.

People, relatives, visitors and staff were provided with a variety of ways on commenting about the quality of the care provided. The summary of the annual survey 2015 included positive comments about the care and support

provided. Opportunities regarding fundraising, barbecues and access to advocacy services had been highlighted as areas to improve the quality of the service. There were also opportunities for people to raise concerns in 'tenant meetings' and recent minutes of a meeting in one of the supported living schemes confirmed this.

Incident forms were looked at by the registered manager and locality manager. Any actions taken as a result of incidents were documented as part of the agency's on-going quality monitoring process to reduce the risk of the incident reoccurring. This showed us that the provider had systems in place to monitor the quality of service being provided at the agency.

We were told by the registered manager that the agency had signed up to the 'Driving up Quality' code which is a national initiative to improve the quality of services for people with learning disabilities. We saw minutes of a meeting regarding 'Driving Up Quality' which had been attended by people using the service, their families and staff from the agency.

The registered manager and locality managers, who oversee the day to day management in the supported living schemes, undertook audits regarding people's financial records and medicine administration. Regular audits of the service included; care and support, staffing and records to ensure that people were receiving an effective service. We saw any areas for action were highlighted and an agreed action plan was put in place to deal with any concerns or shortfalls. Examples including updates needed regarding; risk assessments, staff training and policy updates.