

Dimensions (UK) Limited

Dimensions Derby 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 inspected this service on 21 October 2016. This inspection was announced. This meant the provider and staff knew we would be visiting the service's office before we arrived. This was the first inspection since the provider's registration on the 13 March 2014. This service supports adults with a learning disability to live in the community. Some of the accommodation was within a supported living setting, other support was provided to people living with their family or alone. There were 14 people in receipt of personal care at the time of this inspection visit.

The service had a registered manager in post. 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 2008 and associated Regulations about how the service is run.

People were protected from the risk of harm because identified risks were managed safely. The provider had completed safe recruitment practices. The staff understood what constituted abuse or poor practice and people were supported to take their medicines as needed. People were supported by staff that received the training and support they needed to develop their skills. Staff felt listened to and were happy to raise concerns.

People were supported by a consistent staff team that knew them well and promoted their independence. People were supported to make their own decisions because staff understood people's preferred communication method. When people were unable to consent they were supported in their best interest.

The delivery of care was tailored to meet people's individual needs and preferences. People's needs were assessed and support plans were developed with them so that they could be supported in their preferred way. People were supported to maintain a diet that met their dietary requirements and preferences and were supported to use healthcare services. People were enabled to develop and maintain hobbies, interests and employment within the local community to promote equality and integration.

People knew how to complain and information was provided to them in an accessible format to support their understanding. There were processes in place for people to express their views and opinions about the service provided and to raise any concerns they had. Quality monitoring checks were completed by the provider and when needed action was taken to make improvements. The provider sought the opinions from people who used the service to bring about change. People knew who the registered manager was and they understood their responsibilities around registration with us. Staff felt listened to and were happy to raise concerns.

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 were supported to keep safe, take their medicines as prescribed and risks to their health and welfare were assessed. Where actions were needed to minimise risks, this was documented in people's care plans and implemented. People were supported by staff that were suitable to work with them and their needs and preferences were met as there was enough staff available to them.

Is the service effective?

Good ●

The service was effective.

People were supported by staff in their best interests when they were unable to make decisions independently. Staff were skilled, confident and equipped to fulfil their role, because they received the right training. People were supported to eat and drink enough to maintain their nutritional needs. Individual's health was monitored to ensure any changing needs were met.

Is the service caring?

Good ●

The service was caring.

There was a positive relationship between the people that used the service and the staff that supported them. People liked the staff and the staff knew them well and understood their likes, dislikes and preferences. People were supported in their preferred way to promote their independence and autonomy. People were supported to maintain their privacy and dignity and to maintain relationships with their relatives and friends.

Is the service responsive?

Good ●

The service was responsive.

People's individual needs and preferences were central to the planning and delivery of the support they received. Staffed worked in partnership with people to ensure they were involved in discussions about how they were supported. The complaints

policy was accessible to people and they were supported to raise any concerns.

Is the service well-led?

The service was well led.

People were encouraged to share their opinion about the quality of the service to enable the provider to identify where improvements were needed. Staff understood their roles and responsibilities and were given guidance and support by the management team. Systems were in place to monitor the quality of the service provided and drive improvements.

Good ●

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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 inspection visit took place on 21 October 2016 and was announced. The provider was given four days' notice because the location provides a supported living and domiciliary care service and we needed to be sure that someone would be available at the office. We also needed to arrange to speak on the telephone to people as part of this inspection and to speak with other people on the day of our visit. The inspection visit was carried out by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience did not attend the office base of the service or visit people at home, but spoke by telephone with people and the relative of a person who used the service.

We checked the information we held about the service and the provider. This included notifications the provider had sent to us about significant events at the service and information we had received from the public. We also spoke with the local authority that provided us with current monitoring information. The provider had completed 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 used all of this to formulate our inspection plan.

We spoke with 10 people who used the service, one relative and four members of care staff. We also spoke with the service administrator, the registered manager and the two assistant locality managers that supported the registered manager. We did this to gain people's views about the care and to check that standards of care were being met.

We looked at the care records for three people. We checked that the care they received matched the information in their records. We also looked at records relating to the management of the service, including quality checks and staff files.

Is the service safe?

Our findings

People and the relative we spoke with, told us they felt safe with the staff that supported them. One person said, "All of the staff are nice, I don't have any concerns about them. The staff give me good support; I get on with them all." Another person told us, "I feel safe with the staff that support me."

Staff we spoke with knew and understood their responsibilities to keep people safe and protect them from harm. They were aware of the signs to look out for that might mean a person was at risk. Staff knew the procedure to follow if they identified any concerns or if any information of concern was disclosed to them. One member of staff told us, "If I had any concerns I would contact the office or the out of hours number." Staff we spoke with confirmed they had received training to support their knowledge and understanding on how to keep people safe and recognise abuse. One member of staff said, "We have training in safeguarding and whistleblowing, it's important that we understand our responsibilities and how to protect and support people. We have access to an external number that we can anonymously contact as a whistleblower if we need to." Whistle blowing is the process for staff to raise concerns about poor practices.

People's safety was maintained by the staff that supported them. We saw there were a variety of risk assessments in place to direct staff on how to minimise risks to people. For example one person was at risk of choking, the information in their care plan directed staff on how to minimise this risk, by ensuring the person's food was provided in bite sized pieces and that staff were within visual range of the person when they were eating.

We saw that plans were in place to respond to emergencies, such as personal emergency evacuation plans. The plans provided information on the level of support a person would need in the event of fire or any other incident that required their home to be evacuated. We saw that the information recorded was specific to each person's individual needs. The records showed that fire evacuation procedures were undertaken with people on a three monthly basis. This showed us the provider had proactive measures in place to minimise risks to people's safety.

The staffing levels were determined according to the needs of each person and the activity they were undertaking. For example some people had staff support on a 24 hour basis, with a staff member sleeping in overnight. None of the people or the relative that we spoke with raised any concerns regarding the staffing levels in place and everyone confirmed they were supported by the staff as needed. One person told us, "If I go on a day trip I have staff support, I am quite independent but I get the support I need from the staff." People that did not receive support on a 24 hour basis confirmed that their support staff stayed for the agreed length of time at each visit. People confirmed they knew the staff that supported them well. One person told us, "I know them as I have the same staff." Another person said, "I have regular staff." This demonstrated there was consistency in the support that people received.

The provider checked staff's suitability to work with people before they commenced employment. Staff told us they were unable to start work until all of the required checks had been done. We looked at the

recruitment checks in place for three staff. We saw that they had Disclosure and Barring Service (DBS) checks in place. The DBS is a national agency that keeps records of criminal convictions. The staff files we saw had all the required documentation in place. Some people that used the service were involved in the interview process. On the day of our visit interviews were being held and we saw that one person that used the service was part of the interview panel. They told us, "I enjoy it, I have my own questions that I ask and I am asked for my opinion about the person after the interview." We saw from the recent newsletter that people were encouraged to be part of the interview process. Information within the newsletter included asking people, their families and current staff members to contact the management team if they would like to attend interviews and be involved in the selection of new staff.

We looked at how staff supported people to take their medicines. Some people that we spoke with confirmed that they had support from staff to take their medicines. One person told us, "The staff help me to take my tablets." Another person said, "I take insulin, I do it myself but the staff always check with me that I've done it." We saw that assessments were completed to determine if people needed prompting to take their medicine so that staff could support the person according to their level of need. For those people who required support, a medicines administration record was kept in the person's home and we saw that staff signed when people had taken their medicine. We saw that there was a protocol in place for staff to administer medicines that were taken 'as required' and not every day. This provided staff with clear guidance on when 'as required' medicines should be given.

Is the service effective?

Our findings

People's needs were met and their well-being and independence promoted by staff that had the necessary skills and training. People we spoke with confirmed that they were happy with the support they received from staff. One person told us, "The staff know me and what support I need. I think they are all very good at their job." Another person told us, "The staff have helped me a lot; I think they are very good." Staff told us they received the training they needed to support people. One member of staff told us, "A lot of the training is e-learning; we get email reminders if any training is due. If we need training in a specific area, such as epilepsy we just let the manager know and it's organised, training such as epilepsy would be classroom based." Another member of staff said, "I think the training is very good and keeps us up to date." We saw that the manager assessed staff's understanding of the training they received. For example in the office questions were put up on the wall for staff to answer when they came into the office, such as how staff ensured people were safeguarded and what was meant by duty of candour, we looked at the comments written by staff and saw that they had a good understanding and knowledge in these areas.

Staff told us their induction included attending training, shadowing experienced staff and reading care plans. Staff confirmed that they were provided with ongoing monitoring and support by their line managers. One member of staff said, "Supervision happens regularly and it's good, it's nice that you can state what you feel in an open and honest way. It's done very professionally but in a relaxed way. I am asked about my development, working relationships and any issues. I think this is good as there is a lot of lone working in this job." The registered manager confirmed that staff received supervisions sessions throughout the year and an annual review of their performance was undertaken. This demonstrated that staff received the support, training and guidance needed to support people effectively.

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 people 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. People told us and we saw that they were involved in discussions about care. One person said, "I have a key worker and they go through all my paperwork with me, to check I agree with everything and that it's up to date." We saw that information was provided to people in an accessible format, such as pictures and symbols that they understood. This supported people to make decisions about the care they received. The information in people's assessments and support plans reflected their capacity and when they needed support to make decisions. A decision making agreement document was in place that directed staff on the level of support each person needed. We saw that when people were unable to make decisions, they were made in their best interests with the involvement of people that knew them well along with the relevant health professionals.

Some people were supported by staff to purchase and plan their meals. One person said, "I am supported with planning my meals for the week." Another person told us, "The staff support me with shopping and

cooking, I choose what I want to eat." Information in people's support plans showed us that staff supported and encouraged people to maintain a healthy balanced diet. The support plans we looked at included an assessment of people's nutritional requirements and their preferences. We saw that people's dietary needs were met and that specific diets were followed in accordance with their support plans.

People were supported to access health services and all appointments were recorded. One person told us, "If I am unwell the staff call the doctor and attend appointments with me." We saw that when people were not comfortable accessing health care services, interventions were put in place to support them. For example one person was being visited on a regular basis by a community nurse. This was to support the person in getting to know the nurse and to enable health care professionals to monitor this person's health. We saw that people had a health action plan and a hospital passport which provided support staff and health care professionals with information about their health needs. This included information on the level of support the person needed with healthcare appointments and their preferred communication method. This was to ensure people could be supported in an individualised way when accessing health care services.

Is the service caring?

Our findings

We met with three people and the staff that supported them. People appeared comfortable and the staff demonstrated a good understanding of their needs and treated them in a respectful and caring way. People told us they found the staff likeable, approachable and caring. One person told us, "The staff are friendly; I get on with them all." Some people required minimal staff support and were able to go out independently. Other people required a higher level of support but were encouraged to maintain as much independence as possible. One person told us, 'I'm very independent but the staff walk with me to unfamiliar places, as I get a little scared.'

People told us that staff supported them to maintain their dignity. One person told us, "I don't like eating in front of people in case I have an accident so they leave me to eat alone but check afterwards if I am ok."

When required some people accessed the services of an independent advocate to support them in decision making. Advocacy is about enabling people who have difficulty speaking out to speak up and make their own, informed, independent choices about decisions that affect their lives.

People were supported to maintain relationships with people who were important to them. We saw that information was provided within person centred plans about people that were important in the person's life and their involvement. One relative told us, "The staff always keep me informed and listen if I have any points." This showed us that people were supported by people that were important to them and their views were taken into account by the staff team.

Is the service responsive?

Our findings

People confirmed that the support they received from staff met their individual needs. One person told us, "Staff support me really well. I have three jobs, one is visiting people in other areas that are supported by dimensions staff and asking them if they are happy with the support they get. A member of staff comes with me and I ask the questions and they write down what they say. I really enjoy it." Another person told us about a job they had and said, "I love it, it's a brilliant job and it helps other people." Staff worked in partnership with people to ensure they were treated as individuals with their own interests, values and preferences. Information was provided about each person regarding their likes and dislikes, what was important to them, what was important for them and how best to support them. Where possible people were supported by staff with similar interests and hobbies to the people they supported. This was done to further enhance the experiences that people received by working with staff that had a common interest.

Information in the most recent newsletter that we looked at was about an achievement party held in September. This was hosted by the people living in one of the supported living services with support from staff. Everyone that used the service was invited and asked to write down their greatest achievement so far this year and certificates were awarded to each person by the registered manager. We saw that people enjoyed the party. One person said, "I really enjoyed the party, the best bit was meeting everybody." Another person told us about their achievements, they said "I have been doing a voluntary job as a health checker. This is about checking that people with a learning disability that live independently are getting health checks like the dentist. I have now been offered a paid job which I am really pleased about." This demonstrated that people were supported to lead a life that was based on their choices and encouraged them to develop their skills.

People were supported by staff that had the relevant information required to support them. We saw that people retained copies of their key support documents in their own homes and these were available to the staff who worked with them. This ensured staff had access to current information to ensure that people were supported properly and safely. The support records we looked at had been signed by people to demonstrate their agreement.

People told us they were involved in reviewing the support they received. One person told us, "I was at my care review; I say something and the staff write it for me." Another person told us, "I have a meeting review every year." We saw that person centred reviews were undertaken with people each month to look at what was working for them and what was not working for them. This information was gathered from a learning log that staff completed after supporting a person. This enabled staff to assess if the support was successful and enjoyed by the person and if not to look at alternatives. This ensured people were supported to do things they enjoyed and were comfortable with.

People confirmed they would feel comfortable telling the manager or staff if they had any concerns. One person told us, "I have been given information about how to make a complaint but I haven't needed to do that." Another person said, "I would tell the manager if I wasn't happy about something, she is nice but I

could tell any of the staff." A complaints procedure was in place and this was included in the information provided to people when they started using the service. This information was provided in a pictorial format to support people. We saw a system was in place to record the complaints received and the actions taken and outcome.

Is the service well-led?

Our findings

People and their relatives told us that they felt the service was managed well. Comments included, "I think the manager is very good and the staff know what they're doing." People knew who the manager was and said, "She is approachable and easy to talk to." And "The manager is nice." People and their relatives told us they felt listened to by the management team. One person told us, "They ask me what I think about my support and listen to what I say."

We saw that people were encouraged to express their views through satisfaction questionnaires, person centred reviews and meetings. We saw from the results of the last questionnaires that actions were taken on areas where improvements were identified. For example some people said they didn't know how to make a complaint and actions were taken to address this by the registered manager, who discussed this with everyone that used the service, to ensure people felt confident to raise any concerns.

Newsletters were sent out every three months to people to inform them of events and to promote integration in the wider community. For example we saw that people were informed about council meetings and equality and diversity meetings which people that used the service were encouraged to take part in.

Staff confirmed they were supported by the management team. One member of staff told us, "The manager is a God send and the assistant managers are really nice, they are only a phone call away if we need them." Another member of staff told us, "It's a great team with good communication and on line rotas for us to see. There is always someone available if you need them." Another member of staff said, "I enjoy the job, every day is different and the management support is very good."

Regular audits were undertaken by the management team to check that people received good quality care. Monthly audits covered any incidents and accidents, health and safety and medicines management. We saw that key records such as people's support records, risk assessments, environmental checks of people's homes and health and safety checks were undertaken on a regular basis. The provider also monitored staff's professional development and support. Regular consultations regarding staff support was undertaken with people that used the service. An internal quality team also supported the registered manager in driving improvement. We saw that any required actions had been addressed.

We saw annual audits of the office were also undertaken which checked the security of the office and confidentiality systems in place. We saw that all staff had undertaken training regarding data protection and a policy was in place regarding this. We saw that information kept at the office base ensured only authorised persons had access to records. All information relating to people that used the service and the staff team was kept securely. The manager understood the responsibilities of their registration with us. They had reported significant information and events in accordance with the requirements of their registration.