

Dimensions (UK) Limited

# Dimensions Real Focus

## 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?	Requires Improvement ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

This inspection took place on 30 and 31 May 2017 and was announced. This was the first inspection of this service since it was registered in January 2015.

The service provider, Dimensions (UK) Ltd, has 70 locations registered with the Care Quality Commission. Their statement of purpose states that "REAL Focus is our intensive programme of Positive Behaviour Support to help children and young people with autism and Asperger's syndrome develop their life skills and independence."

Dimensions Real Focus offers personal care and specialist support to people who have a learning disability and autistic spectrum condition. The specialist support is positive behaviour support and Applied Behaviour Analysis (ABA). At the time of this inspection there were seven people receiving this service. They were all over 18 and no children were receiving a service at that time. The service was provided to people in their own homes which included living with family or in supported living.

There was no registered manager at the time of this inspection. The manager had applied for registration and this application was in progress. 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.

Staff provided a safe service. Risks to people's safety were assessed and managed. Each person had one or two staff to support them at all times to keep them safe and enable them to go out when they wanted to.

People received person centred support from well trained staff. Staff were suitably qualified and provided with the training needed for the role. Staff felt supported by the management team.

People had good support with their health, behaviour, wellbeing, leisure activities, eating and drinking. They were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice. Where physical intervention is used this was carried out in a planned way using least restrictive methods and reviewed regularly by suitably qualified ABA supervisors.

Staff supported people to go out and do the things they enjoy as well as helping them with learning new skills and with their personal care. Senior staff monitored people's progress in terms of their behaviour and learning new skills.

People's families were involved in planning their support. However, we have made a recommendation that the service reviews its response to concerns in a more centralised way so this can be monitored by the

provider. This is because some professionals and relatives said the service was not always responsive in a timely way.

The provider monitored the quality of the service regularly and there was ongoing improvement. There was a plan in place for developing the service and this was reviewed regularly by senior staff.

## 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. Staff understood how to safeguard people. Risks to people's safety are assessed and carefully managed. Staff knew the company's whistleblowing policy. Staffing levels were one or two staff for each person. People received safe support with their medicines. Staff followed good infection control practices.

### Is the service effective?

Good ●

The service was effective. Staff were trained for the job and provided with specialist training and ongoing support. Staff supervision was regular. People received effective support with eating, drinking and their health. The service had a good understanding of the Mental Capacity Act and Deprivation of Liberty Safeguards.

### Is the service caring?

Good ●

The service was caring. People were supported by staff who formed good caring relationships with them. The service worked hard to ensure staff were compatible with the person they supported.

### Is the service responsive?

Requires Improvement ●

The service was not consistently responsive. Concerns were not treated in the same way as complaints as they were not recorded in a central record to enable the provider to have an overview. Some relatives and professionals thought the service was not always responsive quickly enough when they contacted them.

Staff planned person centred support and people were supported to take part in the activities they chose. The senior team worked hard to ensure staff who knew the person provided a responsive and consistent service to them.

### Is the service well-led?

Good ●

The service was well-led. The provider had good oversight of the

quality of the service and was supportive to the management team. Regular audits of quality were carried out and there was ongoing improvement. The management team had a good knowledge of what was going well and what they could improve and kept detailed records of progress.

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# Dimensions Real Focus

## 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.

The inspection took place on 30 and 31 May 2017 and was announced. The provider was given a few days' notice because the location provides a domiciliary care service and we needed to be sure someone would be available to assist with the inspection.

The inspection was carried out by two inspectors. One visited the office for a day and met with the management team and spoke with staff and professionals. The other inspector spoke with families of people using the service.

Before the inspection we reviewed all the information we held about the provider including a provider information return. 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.

The seven people using the service were not able to speak with us so we contacted a relative and a professional who knew them well to speak on their behalf. We had feedback from three relatives and four professionals who worked with people using the service.

The manager was not available during the inspection. We met with the Senior Behaviour Analyst and the two Applied Behaviour Analyst (ABA) supervisors. We spoke on the phone with the Regional Managing Director. The service works with five people in London and two people in Margate. Dimensions Real Focus call their staff Behaviour Therapists. We spoke with five Behaviour Therapists, (three who work in London and two who work in Margate) and a service manager on the phone. We also had contact with a locality manager in Margate.

We carried out pathway tracking where we read the risk assessments, support plans and records of service

provided for four people, and checked with relatives and professionals whether the plans were being followed in practice.

We looked at staff rosters, training and supervision records, concerns and complaints, and quality assurance records.

## Is the service safe?

### Our findings

People using the service were unable to talk to us. We spoke to relatives and professionals who knew them on their behalf. Relatives of people using the service thought they were safe with staff from Dimensions Real Focus. Their comments included, "He is safe when he is with the carers," "Yes he is safe with the staff" and "I'm happy he is safe."

Staff were trained in safeguarding people. At the time of this inspection staff were not providing a service to children but the provider assured us that all staff who worked with children would be provided with safeguarding children training before working with them.

The provider had a whistleblowing policy for staff to use if they had any concerns about poor practice and the policy was emailed to staff so they knew what to do if they had any concerns.

Each person using the service had risk assessments which staff had read and signed to say they understood them. There were detailed risk assessments for all aspects of health and safety, such as medicines, use of kitchen, fire safety, risk of choking, hot water, and being safe in the community. People who had Pica (a condition where people eat non-food items) had a separate plan to guide staff on how to keep them safe, for example, keeping their home free of dirt and dust and how to prompt them to spit out unsafe items. Each person had their own individual risk assessments and behaviour support plan. These advised staff how to support the person safely and how to respond to unsafe behaviour and to teach alternative behaviour.

The Senior Behaviour Analyst told us that, due to complex needs, all seven people needed some level of physical intervention at times to keep them safe. Staff received training in positive behaviour support and kept records of the techniques they used in incident reports. Records were made of all incidents of challenging behaviour which were then analysed by ABA supervisors to look for causes and to advise staff on how best to support the person.

Dimensions had a list of "Never Events" which they were committed to never happening. This includes "No one we employ should work with people with challenging behaviour without the correct training." We saw that staff had been provided with suitable training.

Some staff members told us they thought that there needed to be more staff employed. For the week of the inspection the service was not able to provide all the support requested by two families of people using the service. Due to people's autistic spectrum condition and complex needs it was not appropriate to send staff who did not know them to work with them. The provider was fully aware of this concern and senior staff said they were trying to recruit more staff who had a background in working with people with autism and/or a psychology degree. There was active recruitment in progress at the time of the inspection. Some staff were able to work with several people but the majority of staff belonged to a team providing a service for one or two people.



Safe recruitment practices were followed to ensure staff employed were suitable for the role, including references and Disclosure and Barring checks (checks of criminal records). Relatives of people using the service were also involved in the recruitment and helped to choose suitable staff. One relative told us, "I personally vet staff before they work with my son to check they are suitable."

Staff who supported people to take their prescribed medicines had training in medicines management so people received their medicines safely

Staff completed online training in infection control practices and the provider supplied them with personal protective equipment as needed to provide personal care to people. There was an infection control policy that advised staff on safe practices in people's homes.

## Is the service effective?

### Our findings

The Senior Behaviour Analyst and two ABA supervisors trained the staff team. They were well qualified to do so as all three had a master's degree in ABA and had worked with children and adults using ABA prior to this job. Staff completed Team Teach training before starting work with people. The Team Teach approach was used by the service. This approach was based on a risk reduction approach, involving de-escalation strategies, diversion and as a last resort physical intervention. At the same time, staff taught people new skills and developed positive working relationships with them. New staff also completed an induction programme based on the care certificate which is a nationally recognised training.

As well as the training provided online and in the classroom, staff received onsite training by working with ABA supervisors in people's homes. The supervisors supervised approximately ten staff each and were also available to them if they had any queries about how to work with a person or carry out a programme. Staff said they felt well supported by their ABA supervisor. Their comments included, "I feel supported" and "I can phone or text any time I have a query and get a quick answer." They said that staff worked well as a team led by an ABA supervisor.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this are called the Deprivation of Liberty Safeguards (DoLS). 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 were being met. Senior staff were knowledgeable about the MCA and DoLS. Copies of people's DoLS were on their files in the office. Staff followed proper processes to ensure important decisions were made in people's best interests where they did not have mental capacity to make a decision for themselves.

Staff supported people with eating and drinking. Each person had a "my meals and safer swallowing" plan which gave detailed guidance on how to support them to eat safely. Some people were working on eating smaller mouthfuls or other targets to improve safe eating and reduce the risk of choking. Staff worked with families to ensure people had a suitable diet.

Staff supported people with their physical and mental health needs. They went with some people to their health appointments and for those people who lived independently staff ensured they kept records of appointments and outcomes. Staff had good knowledge of people's individual health conditions and the type of support they needed.

Professionals told us that staff worked well with them and followed their recommendations.

## Is the service caring?

### Our findings

Relatives of people using the service and professionals involved with them told us that staff had formed good caring relationships with people. Comments included; "They are absolutely caring", "The staff intuitively know him and understand him", "They respect his privacy and dignity as much as they can" and "Staff are caring and kind - if they weren't I would get rid of them!"

The service used a values based recruitment process where they recruited staff who demonstrated compassion and empowerment.

Dimensions used a one page profile for each person using the service and also for staff members including senior managers. The profile included 'what people like and admire about me' and 'what's important to me and how to support me well.' This helped to match staff with people. Two of the seven families using the service had written the job descriptions of staff supporting their son and met staff beforehand to see if they were compatible to support the person with their interests.

Two of the three relatives we spoke with said that staff encouraged people to become more independent; "They do as much as they can to get him to do as much for himself as he can" and "Now he can prepare his own breakfast and he could not before."

Two families said they were happy that staff were caring and had good relationships with the people they worked with but thought that they could do more work on helping the person they worked with learn to communicate better.

We saw that some people had communication programmes where staff were teaching them communication skills so they could better make their needs known and not have to behave in a way that challenged the service. One person had been taught to say "No" so that they could let staff know when they did not want to do something. Another person was learning to recognise a visual timetable to help them understand what was going to happen that day. People had opportunity to make their own choices and decisions every day. One relative said, "He always has choices, every single day."

Care records showed that staff tried to respect people's privacy and dignity including when out in public. Staff supported people with their religious and cultural needs where necessary respecting the traditions in people's family home.

## Is the service responsive?

### Our findings

People using the service received support according to their individual needs. Four people received 24 hour support and three received support for a few hours a day. Each had a detailed support plan designed to meet their individual needs. The types of support people received included personal care, going out to their preferred activities, being supported to attend college, and teaching programmes for independence skills and ABA.

Staff supported people to take part in a range of leisure activities depending on their interest, to try and ensure they led a good quality of life. The majority of people using the service had support from two staff at all times to meet their needs.

Clear records were kept of the progress people made in learning new skills and the level of prompting they needed. The ABA supervisors would then evaluate the teaching programmes in order to help people learn. The type of skills people were learning included making breakfast, getting dressed, communication skills and behaving safely in public.

The two people living in Margate had their own staff team and local manager to oversee the service and the Senior Behaviour Analyst visited regularly to devise and review their support programmes.

One relative said they were fully involved in every aspect of planning their son's support but another said they had never seen their son's risk assessment or support plan. We passed this information on to the relevant manager who agreed to contact this relative straight away.

There had been no formal complaints recorded in the last year. However we saw that there had been concerns raised by relatives and professionals. Although there was written evidence that the senior team had responded to concerns with emails and/or meetings with relatives, there was no central record to show that the provider was aware of the concerns raised and had responded appropriately. Dimensions' policy was to treat concerns the same way as complaints. The Regional Managing Director and the Senior Behaviour Analyst informed us the day after the inspection that they planned to keep central log of all concerns raised and their response.

The overall feedback from three of the four professionals involved with people using the service was that the service was good quality, but did not always respond quickly enough to concerns and requests for information. Two of the three relatives we spoke with also said managers did not always respond to them in a timely way.

There were occasions when the service to a person was not provided if a staff member was sick at short notice. This could cause difficulties as the person could be waiting to go on a planned outing with staff. Another person was not always receiving all the hours they would like. A professional told us that one person had been waiting for more hours. This meant that the service was not always able to be responsive. We recommend that the service review its practice in relation to working with others and responding to

concerns and complaints, to follow the provider's policies and best practice.

## Is the service well-led?

### Our findings

Dimensions Real Focus is a specialist service overseen by Dimensions' regional managing director. The manager of the service was supported by a Senior Behaviour Analyst and two senior ABA supervisors who were responsible for training staff in ABA and positive behaviour support, devising the support packages and day to day management of the support packages through planning staff rotas, liaising with families etc. All three were involved in visiting where people live and reviewing their support programmes.

The ABA supervisors were on call and available to staff if they needed advice and support which staff told us was helpful and reassuring. They also worked regularly in people's homes to support staff and lead by example. They audited daily records of support provided and ensured that staff were following the agreed support plan. One of the ABA supervisors told us they met with the team of staff providing care to one person regularly and others communicated by email to ensure there was an overview of the person's support. All staff met together a few times a year.

Professionals and families did not always know who was in charge and who to go to with specific issues. The regional managing director said they planned to review the management structure of the service which would make responsibilities of each person clearer to everybody.

The provider carried out quality audits of the service. We saw two audits carried out within the last twelve months and the management team had acted on the recommendations in the audits to make ongoing improvements. We saw that the manager and Senior Behaviour Analyst had visited the house in Margate where two people received a service regularly and that a quality audit had been carried out there. All recommendations had been acted on. There were good quality assurance processes in place.

We spoke with the local manager in Margate who had a good knowledge of the staff and of people's needs. These two people were in the process of moving to a new house and the manager and staff team were supporting them with this change including consultation with their families.

The service audited care records and assessed the quality of the support provided by using graphs to evidence progress towards goals.

There was no registered manager in the service. The previous registered manager had left and there was an acting manager who had applied to the Care Quality Commission for registration. This was in progress but the manager was away from work at the time of the inspection so was not able to complete the registration process. The regional managing director and another operational manager were supporting the management team in the manager's absence. They notified us as required.

The service was striving to continually improve. Senior staff had a good overview of what was going well and what they wanted to improve. They had recently created new posts of "service manager" to act as senior behaviour therapists in each team which had been reviewed and staff said was working well as this meant there was an additional level of support for staff. There was a service development plan which included

plans to increase staff training. The service planned to introduce the 'Dimensions Activate' model of care. This was an evidence based, outcome focused way of working with people which increases meaningful activity and lowers challenging behaviour. Dimensions won an award for 'Dimensions Activate' in 2015 for innovation and quality, the "Innovative Quality Outcomes Award." This service already had some elements of Dimensions Activate such as positive behaviour support and task analysis for teaching skills and was planning to implement more.