

Dimensions (UK) Limited

# Dimensions Wakefield 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

Dimensions is a domiciliary care agency which provides personal care to people in their own homes. At the time of our inspection there were 32 people using the service.

At our last inspection we rated the service good.

There was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

People told us they felt safe.

We saw evidence of a robust medicine management in place and staff were trained and competent in this area to ensure all policy and procedures were followed.

People and their relatives told us they were happy using the agency and felt the staff had the right training to be able to support them with their care needs.

Individual risks to people's safety were known by staff. Accident and incidents were reported and robust in looking at any lessons learnt.

Staff had regular opportunities to update their skills and professional development. Staff demonstrated an understanding of the Mental Capacity Act (MCA) 2005.

People 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 supported this practice.

Staff were motivated and worked well as a team, with effective support from one another and from the management team. Staff had supervisions and an annual appraisal as well as team meetings. We saw documentation to support this.

Care records contained clear information covering all aspects of people's care and support and staff had a caring approach to working with the people who used the service.

There was a clear management structure so that all staff knew their roles and responsibilities. There was an open and transparent culture in which staff felt valued and able to approach the registered manager.

Further information is in the detailed findings below.

## 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 remains Good.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

the service remains Good.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Good ●

The service remains Good.

# Dimensions Wakefield 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.

Our comprehensive inspection was announced. We gave the provider 48 hours' notice of our inspection as we needed to be sure someone would be in the office to speak with us. Inspection activity began when we attended the office on 19 December 2018. We spoke to people, relatives and staff on 19, 20 and 21 December by telephone. The inspection was carried out by one inspector.

Before the inspection we reviewed the information, we held about the service, including past inspection reports and notifications about incidents which the provider is required to send us. We also contacted other bodies such as the local authority, safeguarding teams to ask if they held any information about the service. We did not receive any information of concern.

We did not send a provider information return (PIR) before this inspection. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with three people and three people's relatives by telephone, and six members of staff. We visited the office and spoke with the registered manager. We looked at two people's care records including medicines administration records and daily notes, five recruitment files and other documentation relating to the running of the service.

## Is the service safe?

### Our findings

We spoke with people and their relatives who told us they or their relative felt safe. One person said, "Yes I do feel safe, if I didn't I would speak to someone." A relative told us, "Yes [name of person] is safe. I know [name of person] is well looked after by staff. It is much better now. We are introduced to staff." Another relative told us, "Yes I know [name of person] is safe the staff do their best."

We saw background checks were thorough, including checking employment references, identity and contacting the Disclosure and Barring Service (DBS) before staff began working in the service. There were enough staff to meet people's needs safely. We found the registered manager and staff understood how to safeguard people against abuse, and their responsibilities to report any concerns. One member of staff said, "I would not hesitate to speak out if I suspected abuse or anything to be honest."

Relatives and people we spoke with told us staff arrived on time, and if there were any delays they were contacted and told about these. One relative told us, "Yes they will ring up." We saw there had been three missed calls since the last inspection in 2016. These had been investigated and lessons learnt. Safeguarding and the care quality commission had been notified of these. Relatives told us calls were attended by regular staff, meaning people were familiar with staff who came to their home. Relatives told us this was a reason why they believed the service was safe and staff knew them well. One relative said, "It's nice having the same staff coming as they get to know [name of person] really well and know there little funny quirks."

Care plans contained information about risks associated with people's care and support, and environmental risks. We saw staff continued to have access to clear guidance to show how these risks could be minimised safely. We saw accident and incidents had been appropriately assessed and records showed this. The registered manager told us they would look for any patterns in relation to these.

## Is the service effective?

### Our findings

Everyone we spoke with said staff offered choices and communication was very good. One person told us, "I let them [ staff] know what I want to do." Another person said, "Staff I have that support me are really good they know my preferred communication and they use this."

We looked at records which showed staff were provided with relevant and up to date training to support them in their roles, including a comprehensive induction which included the Care Certificate. This is a national training standard for people working in care. Other training included, Makaton, end of life, equality and diversity, moving and handling, person-centred care and safe medicines handling.

We saw records of regular supervision of new staff during their induction, which included a period of shadowing more experienced colleagues. Staff continued to have supervision meetings during their employment, and records showed these were meaningful conversations covering areas such concerns about people who used the service, challenges with the role and any additional training staff may wish to have. Staff told us they felt they had the right skills to support the people and really enjoyed their job. One person said, "Yes they know what they are doing." A staff member said, "It's not like to work, I really enjoy spending time with people and making a difference."

People we spoke with said staff provided good support with meals where this was required. One person told us they were supported to make healthy options." One staff member said, "Some staff like cooking some don't but we all support people in their home to make meals which they enjoy."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We saw people were encouraged to make their own decisions.

Staff were aware of what the mental capacity was and how they ensured people had choices. One staff member said, "We make sure people make as many choices as possible for themselves, if I had a concern about people making an unwise decision I would speak to my manager."

## Is the service caring?

### Our findings

People and their relatives told us they were well cared for and staff respected their privacy and dignity. One person said, "Yes they are lovely, most of them." Another said, "Yes I really like all my carers that support me. I have a few that come." Another person said, "They are like family." A relative told us, "They support us as well. I feel they are part of our family."

People and their relatives told us staff supported and encouraged their independence. One person said, "I like to go out and they support me with this. I am more independent now than I thought I would ever be. I do cooking as well."

People told us staff respected their privacy. One person said, "I like my own privacy sometimes. They make sure I have that." A member of staff said, "I like my own privacy so I respect there's. I close the doors and shut the curtains. It's just respect isn't it."

We saw and people told us they were involved in their care. We saw support plans were put together with the person involved. People's cultural needs were respected in all areas of their support plans, for example, in identifying the gender of staff that provided personal care and general support. People's preferred routines were presented in detail, meaning staff had access to information to ensure care and support was delivered in ways which the person preferred. Relatives told us they were involved in their relatives care and support throughout.

## Is the service responsive?

### Our findings

Records showed people had their needs assessed before they started using the service. This ensured the service could meet the needs of people they were planning to provide a service for. The information was then used to complete a more detailed support plan which provided staff with the information to deliver appropriate care. We looked at how people who used the service, their families and other professionals had been involved in the assessment and support plan development. We saw clear guidelines of how people were supported by staff.

We looked in detail at the support plans for two people. Staff were aware of the support plans and could describe the care needs provided for the people who they supported. The support plans included how to communicate with people and their preferred individual needs. These enabled staff to support people how they chose to be supported. People told us they were involved in the planning process. One person said, "Yes I am involved." A relative told us, "Yes I am involved throughout [name of person] life."

People and their relative told us they were free to do what they wanted to do, and if they needed anything then staff would support them. One person said, "I tell them what I want." A relative told us, "My relative goes out when they like, they go to the theatre, pictures and shopping. They communicate with staff to tell them what they would like to do and go."

The service had systems in place to deal with concerns and complaints, which included providing people with information about the complaints process. People who used the service said they would tell a member of staff if they were unhappy. The service had received 22 complaints since the last inspection. These had been dealt with appropriately. One relative told us, "If there have been any issues, I talk to the manager. These then get dealt with." The service had received 30 compliments from a selection of people, relatives, outside professionals and staff.

## Is the service well-led?

### Our findings

There was a registered manager in post when we inspected the service. 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 and their relatives told us they were very happy with the service they received. One person said, "I would not be able to go and do things I enjoyed if I didn't have someone there with me." Another person said, "The staff are lovely, they are very funny and that's what I like." A relative told us, "Staff are fantastic, they are a part of our family really." Another relative said, "We had issues before around getting the right staff for [name of person] as their needs are really complex. We have the right staff now."

Without exception, all the people and staff we spoke with said they would recommend the provider to look after their loved ones. One person said, "Yes, I would recommend them I have had no issues."

We found the registered manager had a clear vision for the service, which included maintaining quality of the service. They told us, "I know all my staff and people well. We work as a team."

We looked at the arrangements in place for quality assurance and governance in all areas. Quality assurance and governance processes are systems which help providers to assess the safety and quality of their services. We saw the registered manager checked people's care plans risk assessments and daily logs to ensure they were up to date and completed to a good standard. We saw any actions identified were transferred on to the computer system for discussion with individual staff.

The registered manager continually checked the staff training records to make sure staff training was up to date and staff were equipped to carry out their role and responsibilities and any training needed was booked. The agency also had management meetings which looked at safeguarding/ missed calls, complaints, health and safety, call monitoring and any issues still outstanding from the previous meeting. These had who was responsible and a deadline to be completed by. We saw evidence of these completed in the allocated time.

The registered manager also told us spot checks were carried out regularly to ensure staff were fulfilling their role properly and people who used the service were satisfied. We looked at some records of spot checks and saw where actions were identified these were addressed to ensure continuous improvements in the service provision.

Surveys for people, relatives and staff had just been sent out and these were due back in January 2019. There had not been a survey since the last inspection in 2016. However, everyone we spoke with told us they could speak to anyone at any time.