Dimensions (UK) Limited

Dimensions Hertfordshire Domiciliary Care Office

Inspection report

Smug Oak House
Drop Lane, Bricket Wood
St. Albans
AL2 3TX

Tel: 07384215578

Date of inspection visit:
06 October 2022

Date of publication:
18 November 2022

Ratings

Overall rating for this service	Good

Is the service safe?	**Requires Improvement**
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 expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service
Dimensions Hertfordshire Domiciliary Care Office is a domiciliary care agency providing personal care to 24 people at the time of the inspection.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

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

Right Support
Care plans focused on people's strengths and started to build on people's goals and long term aspirations.

Staff supported people with their medicines in a way that promoted their independence and achieved the best possible health outcome, however there was further development needed to the, 'as and when required' medicine protocols.

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.

Staff supported people to play an active role in maintaining their own health and wellbeing and enabled people to access specialist health and social care support in the community.

Right Care
The provider did not ensure staff met the government guidance when adhering to safe infection prevention control practices.

The provider made sure that there was enough skilled staff to meet people's needs and keep them safe, as well as ensuring their met best practice guidance. Staff had training specifically for learning disability and autism and this was something that the provider planned to continue developing.

Staff understood how to protect people from poor care and abuse. The service worked well with other

agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

Right Culture
Professionals spoke highly about the responsiveness of staff, however they felt that the communication with the management needed to improve.

Staff felt supported and the management team were always available. The registered manager had a good understanding of their responsibilities towards people they supported and had passion in delivering person-centred care.

The provider had quality assurance systems in place, which ensured they were capturing the good practices as well as where improvements were needed.

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

Rating at last inspection and update
This service was registered with us on 01 September 2021 and this is the first inspection.

Why we inspected
This inspection was the first inspection since the location was registered.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up
We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 not always safe. Details are in our safe findings below.	**Requires Improvement**
Is the service effective? The service was effective. Details are in our effective findings below.	**Good**
Is the service caring? The service was caring. Details are in our caring findings below.	**Good**
Is the service responsive? The service was responsive. Details are in our responsive findings below.	**Good**
Is the service well-led? The service was well-led. Details are in our well-led findings below.	**Good**

Dimensions Hertfordshire Domiciliary Care Office

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 Health and Social Care Act 2008.

Inspection team
The inspection was completed 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.

Service and service type
This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Registered Manager
This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there were two registered managers in post.

Notice of inspection
We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection
We reviewed information we had received about the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection
We spoke with three people and eight relatives about their experience of the care provided. We spoke with 14 members of staff including the registered manager, operations manager and care workers. Not all people who used the service were able to talk with us and they used different ways of communicating including using Makaton, gestures and their body language. We adapted our communication styles by using sign language, as well as making observations of people's responses to communicate with them.

We reviewed a range of records. This included care records and medication records. We looked at four staff files in relation to recruitment, and a variety of records relating to the management of the service.

Requires Improvement

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Preventing and controlling infection

- We were not assured that the provider was using personal protective equipment (PPE) effectively and safely. We observed staff were not wearing appropriate PPE when supporting people. When speaking with the managers about this and they were unaware of the current government guidance. This meant people were not protected from the risk of infection.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems in place to ensure people were supported safely. The registered managers made sure there was a consistent approach to safeguarding matters, which included completing a detailed investigation and sharing the learning with staff, following any incident.
- Staff were knowledgeable and understood what abuse meant and were able to talk through the steps they would take to ensure people were safe. One staff member said, "If I notice bruises or injuries on a person that I support, I will first of all try calm the person down by gently talking to the person and reassuring the person that everything will be okay. I will try to find out what happened, contact the emergency service if severe, contact my line manager and make proper documentation of all event as it occurs and then follow the dimension guidelines on incident reporting."
- A relative told us the service provided a safe support for their family member and one person said they felt safe. A relative said, "Yes [relative] is perfectly safe, where he lives is safe and I think [relative] is well supported by the service"

Assessing risk, safety monitoring and management

- Risk assessments detailed how to manage identified risks, whilst providing the least restrictive level of support. This meant people were able to remain as independent as possible.
- People were encouraged to be involved in managing their own risks. Where risks emerged, staff were proactive in managing these. For example, prompt health professional involvement enabled staff to be confident about the best ways to manage situations where themselves or the people they supported

needed help with health involvement or involvement for their mental health support needs

Staffing and recruitment

● People were supported by a staff team who were matched with each person to ensure they had the right skills and personalities. This involved people being part of the interview process to select the best candidate for them.

● Staff said they felt there was enough staff to keep people safe. We observed people being supported when they required it and did not need to wait for their needs to be met.

● The provider operated a robust recruitment process. Appropriate checks were undertaken to help ensure staff were suitable to work at the service. A disclosure and barring service (DBS) check and satisfactory references had been obtained for all staff before they worked with people, along with references, Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

● Care plans were detailed and identified support needs in relation to the ordering, storage and administration of medicines. This also included regular reviews of medicines. The service worked alongside health professionals to reduce medicines no longer required and to implement non-drug therapies and practical ways of supporting people instead.

●Staff received training to administer peoples' medicines safely. The registered manager undertook competency assessments, once staff had completed their training, to ensure safe practice.

● The registered manager checked medicines were documented clearly and accurately on medication administration record (MAR) sheets. Where discrepancies occurred, this was investigated.

Learning lessons when things go wrong

● Staff were involved in sessions where staff, professionals and management were able to share information and look at ways to support people in a positive way.

● Staff said they were open about all safety concerns and comfortable with reporting incidents and near misses, in order to learn from these.

Good

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
- Assessments highlighted people needs and their desired outcomes. Where needed, referrals to external agencies were made.
- Staff were knowledgeable about people they were supporting and were proactive in learning ways to offer support in a way that was best for them. This enabled people to have a good quality of life.

Staff support: induction, training, skills and experience
- People received support from staff who were trained and had supported them for a long period of time so were aware of people's needs. Staff received specific training relating to people's health and well-being.
- The provider met best practice when supporting people with learning disability and autism and had ensured they continued to develop the training for staff.
- Relatives and staff felt they had the right training and skills for the role. One relative said, "Yes definitely, the regular carers are amazing. We have an assumed position of trust with them now because it's been so good for so long." A staff member said, "I receive very good training and refresher course to successfully do my role."

Supporting people to eat and drink enough to maintain a balanced diet
- Staff spoke about how they ensured people had choice and control of what they ate every day. Mealtimes suited the preference of the person.
- Dietary needs and requirements were identified in care plans and staff had a good understanding about this.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
- Staff and the management team worked well with professionals for the benefit of people. Care staff reported any concerns they had about people's health and wellbeing to management, who in turn ensured relatives were contacted if appropriate, and external professionals involved if needed.
- Where professionals were involvement staff ensured people were included in the discussions as well as if appropriate being open with relatives. For example, staff worked closely with a person in conjunction with health professionals to ensure they had a successful procedure in hospital.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

● For people that the service assessed as lacking mental capacity for certain decisions, professionals and people that knew the person well made the decision in their best interest.
● Staff understood the principle of the Mental Capacity Act and how it related to their role. One staff member said, "People who have a disability have the right to make their own decisions where possible and support someone to make their own decisions. This affect my job because I have to ensure that the person I support is given the right to make decisions, but also encourage them to make choices that will help improve their quality of life. For example, giving two choices of meals so they can enjoy a hot meal; asking them if would like to go out for coffee and respecting if they choose not to go."

Good

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

● We observed staff being kind and respectful. A relative said, "Absolutely [staff are kind], I'd be lost without them. [Relative] assesses staff quickly and tests them so we know he likes them too." Another relative said, "They (staff) are exceptional. The way he is looked after, his appearance, he is so well looked after, and he is so happy to see them. They are invaluable."

● Staff showed commitment when speaking about people they supported. There found examples of staff demonstrating a great understanding of people's support needs, likes and dislikes, but also showed passion about why they wanted to do their role. One staff member said, "This role progressed throughout the years and I found that the biggest reward I got was making other people feel happier and knowing I had made a difference to someone's life. Supporting people to live their own lives the best possible way they can regardless of ability or anything else and to be happy is what makes me want to do my job."

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

● Staff listened and acted promptly when people and relatives spoke about changes, they wanted to make to the support.

● Staff encouraged and empowered people to become independent and there was a clear balance in making sure people had control of their lives as much as possible, but also family views were respected.

● Staff and the management team were trained and looked at ways to reduce any communication barriers. However, there was feedback that this could be improved where people used sign as their first language there were times where people could not express their immediate needs. The management team took this on board and were looking to ensure staff had the skills to support people.

Respecting and promoting people's privacy, dignity and independence

●We observed staff having a close and trusting relationship with people they were supporting. Staff were able to notice when people were in discomfort and anxious and made sure they supported them to feel more comfortable.

● People were supported by staff who wanted to encourage people to have choice and control and develop their independence.

Good

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

Meeting people's communication needs
Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.
●Communication plans were developed with partner agencies which meant staff had guidance in how to communicate effectively.
● The provider had systems in place for accessible information as well as training staff to use key communication tools. However, further consideration was required to ensure people had full access to all information about their care, in an accessible format to ensure they had their voice heard all the time.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences
● People's care plans were comprehensive and identified key information to support people in the way that was important to them. These were detailed with regards to people's preferences, likes and dislikes. People's goals were captured, however further consideration was needed in capturing people long- term aspirations.
● Staff were supported to meet the needs of people through liaising with external health and social care professionals and accessing additional training and development.
● Relatives felt they were able to take part in shaping the support people received. One relative said, "We're very involved in planning, it did used to be reviewed each year but not recently. It could probably do with a refresh, but everything is working well. We are very satisfied, and his core care team know how to care for him."

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
● The registered manager told us support was provided to follow people's interests and found ways to involve people in events in a way that was comfortable for them. For example, the provider had set up listening events where they brought people together to build relationships.
● Staff supported people to have regular contact with their family. This was through the use of technology and face to face visits.
● People were being encouraged to build on their independence. One relative said, "[Relative] loves cooking but has very poor hand eye coordination and is fearful of heat. [Relative] will get nervous and clumsy so you need to encourage them with the process and help them through the steps slowly. So, they started off

asking to tidy up and put away – staff are generally really good. Another example is washing and personal care as [relative] needs lots of prompting and support, [relative] wants to be independent but needs some prompting."

Improving care quality in response to complaints or concerns

● Any complaints received by the service were recorded and followed up appropriately, in line with the provider's procedure.

End of life care and support

● The management team explained that since registering the service, they had not provided end of life support. However, had a procedure in place that in the event this would happen staff would be trained and they would seek support from different professionals and work alongside people and their relatives, to ensure they had a dignified death, in line with their preferences.

Good

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The management team gave people and relatives the opportunity to talk about how they wanted to improve the support they received. These were listened to and action taken.
- Staff gave feedback through individual face to face meetings with the management team and surveys. Where improvements were highlighted, it was at times unclear if these actions had been completed. One staff member said, "My manager and I usually speak on a daily basis, if not every other day, as we have to communicate a lot regarding the services and managing rotas."

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

- The registered manager had a good understanding of people they supported and had a passion for wanting to deliver person-centred care.
- Staff reported a positive ethos in the service and knew they could go to the management team for advice and support. One staff member told us, "The management team is very supportive, I get to meet with my registered manager regularly and I feel that I can contact them if I have any questions or need support. We also have regular team meetings."

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

- The registered manager had quality assurance systems in place and these systems were reliable and effective to identify what improvements were needed. For example, where there were areas of improvement within the services, these were filtered through to actions, but also shared amongst the wider service to share learning.
- The management team had a service improvement plan where they had detailed key improvements made following audits. This was continuously adapted as they obtained feedback from people, professionals or as a result of an internal audit.
- The provider ensured they were keeping up to date with topics that were important for shaping a good service. For example, the management team had recently spoken about closed cultures and how they needed to ensure they educated staff on this.
- The provider had regular contact with the registered manager, staff, people and relatives to gain feedback.

● Relatives and staff on the whole gave positive feedback on the responsiveness of the management team. , Some relatives however, felt that communication could improve and in some areas the service could be managed more effectively. One relative said, "I don't think it is really well managed, at one stage I met the [registered] manager but after that it was just staff." Another relative said, "Communication without a doubt (needs to improve), general things like making sure there is a standard of maintenance in the house. Things aren't acted on, they seem to listen, but nothing happens as a result." We discussed this with the registered managers, and they were able to reassure us, they considered actions needed to improve in these areas.

Working in partnership with others

● The registered manager gave examples of how they had regular input from other professionals to achieve good outcomes for people.

● Professionals we spoke with told us that when they had involvement in the service, they witnessed staff having the right values and were kind and caring. However, they felt at times there was a lack of engagement from the management team and communication could be improved.