



Inspection Report on

Dimensions Cymru- Blaenau Gwent

**The Beacon Centre
Harrison Drive St. Mellons
Cardiff
CF3 0PJ**

Date Inspection Completed

02 November and 04 November 2021

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About Dimensions Cymru- Blaenau Gwent

Type of care provided	Domiciliary Support Service
Registered Provider	Dimensions Cymru Limited
Registered places	0
Language of the service	English
Previous Care Inspectorate Wales inspection	This is the first inspection under the Regulation and Inspection of Social Care (Wales) Act 2016
Does this service provide the Welsh Language active offer?	This is a service that is actively working towards the 'Active Offer' of the Welsh Language

Summary

Care staff know people well and the service values them as individuals. People's care and support is designed in consultation, which takes into account their wishes, preferences and goals for the future. People have active lives and do things that they enjoy and look forward to. Most care plans and risk assessments detail how people like to receive support, but further oversight is required to ensure all assessments are in place and risks are mitigated. Health is monitored and reviewed, also additional specialist advice is sought when needed. Care staff communicate in ways people understand. The workforce is well trained and receive support to ensure they have the skills and knowledge to perform their role. The responsible individual (RI) maintains governance and oversight of the service through robust quality assurance systems and processes. However, further improvement is required to ensure the quality care report is produced at least six monthly and the format revised in accordance with guidelines.

Well-being

People receive quality care and support from a service that promotes people's voice and participation. Some people and their representatives contribute to the care plans and review meetings to influence how they like to be supported and plan goals for the future. Dimensions Cymru arrange regular event meetings for people to share their views about the service they receive which can help to make improvements. The RI actively seeks the views of people when they visit the service, this enables people to get involved. People are actively encouraged to raise concerns which we saw had been appropriately acted upon. We observed positive engagement and interactions which people benefited from.

People are protected from abuse and harm. Staff receive regular safeguarding training and understand how to report concerns. Most of the care plans and risk assessments are up to date to enable staff to develop effective ways of supporting people whilst reducing risk. However, this needs to be further improved. There is good access to health services and monitoring. There is appropriate authorisation when a person has been appropriately deprived of their liberty to keep them safe from harm but copies should be available in the person's home. The environment has been appropriately adapted to meet each individual's need to keep them safe from harm. Care staff follows good practices to manage infection control.

People are supported by a service that has a clear management structure and systems and processes. Care staff we spoke with are, overall, complimentary of the service and feel valued and supported. The care staff are trained to understand people's needs and receive regular supervision for the role they perform. We further found that the RI demonstrates an active presence through visits to each service. There are many different systems in place which informs the RI of the quality and effectiveness of the service but this needs to be strengthened in relation to care documentation. Policies and procedures are in place for staff to follow but a few documents require some updating. We noted some events in the service had not been appropriately reported to the regulator. People receive information about the service which is adapted to make it easy to read and understand. The statement of purpose reflects a clear vision, values and ethos for the service which we found the service provides consistently.

Care and Support

People are well informed about the service. We found that people are given information which outlines what they can expect to receive from the service and how to raise a concern. All information is available in a format that reflects the needs, age and level of understanding for whom the service is intended. The service provider is currently developing a service agreement to include the terms and conditions of the service. We conclude that the statement of purpose accurately describes the service people receive.

People have control over their day to day life. Care documentation show that people are consulted about how they like to receive support and what matters to them. They are encouraged to make decisions about their day to day life and the environment they live. We saw people had personalised their space which gives them a sense of belonging. We observed care staff encouraging choice and promoting independence. The service helps people to remain in regular contact with family and friends. This included the use of information Technology and visits as government guidelines permitted during the Covid-19 pandemic.

Person centred care plans are tailored to people's care needs, abilities and preferences of each individual. People are encouraged to develop life skills such as, meal preparation and maintaining their environment. We found a few care plans and risk assessments required updating to meet people's personal outcomes. Although monthly and three monthly reviews are undertaken, this did not identify the need to update the care plans and risk assessments. This can lead to people receiving incorrect care and support which increases the risk of harm.

Risk management plans are in place that promote positive risk taking and give people the opportunity to develop strategies and skills to reduce risks and harmful behaviours. This also includes how to safely evacuate an individual in the event of a fire.

We found some daily care records are basic and other care information is not fully complete in some cases. Records did not always capture the good support we observed which enhanced people's day. The service provider assured us that they will further improve the reviewing and auditing systems. Where there is incorrect information people can be at risk of incorrect care being delivered. Care staff we spoke with understood people's needs and preferences. We observed positive approaches and interactions with people which was based on trust and friendship.

People maintain their health and well-being. Records show that people access a wide range of health care services to monitor and support people with their health. We saw that any health concerns are promptly identified and actioned to ensure that people receive the right support and intervention at the right time. There are effective infection control arrangements in place which care staff follow but the policy requires further revision.

Leadership and Management

There is clear governance and oversight of the service to ensure people receive a quality service. The responsible individual (RI) regularly visits the services to gain people's views and takes action to address any issues. People we spoke with told us that the RI and the management team are visible, approachable and supportive. Some comments include *"We often see the RI and they have such a lovely way with people"*, and *"There is open transparent communication between management and staff"*. We found that there is robust systems in place to monitor the quality and effectiveness of the service which keeps the RI informed. These records include safeguarding referrals, concerns and accident and incidents. However, there needs to be improved management oversight and auditing of care documentation and the consistent completion of daily records. The RI produced some quality care review reports which evaluated the quality and safety of the service which is shared with the service provider. However, this should be consistently undertaken at least six monthly and the current format requires further revision in line with guidance. The manager of the service is well supported by the RI and for the role they perform.

There are clear underpinning policies and procedures to support managers and care staff to achieve the aims of the service. But, we identified further revision is required with a few documents. Policies and procedures are easily accessible for care staff to follow. There is appropriate authorisation when a person has been deprived of their liberty to keep them safe from harm. But we found there are no copies available and the provider has not informed the regulator. This also included other events that were reportable in line with the regulatory requirements.

People are protected from harm as recruitment procedures are being followed but some improvement is required. Records show that all recruitment checks are undertaken prior to the commencement of their position and they hold a current registration with Social Care Wales. There is a safeguarding policy in place and care staff understood the different types of abuse and how this should be reported. All staff receive safeguarding training.

People receive support from care staff that are well supported and trained to understand their needs. Some care workers told us that they are always treated with respect by all levels of the management team. The records show that care staff receive regular supervision and their performance is evaluated on an annual basis. We saw that over half of the workforce employed at Dimensions Cymru is qualified for their role and there is a rolling qualification programme in place. Also, the care workers are appropriately trained for their role and receives specific training when required to better understand and respond to the people they support. Care staff told us *"The training with the company is good and people receive a full induction"*.

People are able to share concerns and have their voice heard. People using the service and care staff told us that they feel confident to raise any issues with the RI and management. We saw that concerns are acted upon in accordance with the complaints policy and effectively monitored to identify any patterns and trends. Regular engagement takes place to seek the view of people. Their feedback is valued and evaluated to inform the future shaping of the service. We found that some people and their representatives are given the opportunity to contribute to their review meeting to discuss their personal outcomes and aspirations for the future, but this should be more consistent

Summary of Non-Compliance

Status	What each means
New	This non-compliance was identified at this inspection.
Reviewed	Compliance was reviewed at this inspection and was not achieved. The target date for compliance is in the future and will be tested at next inspection.
Not Achieved	Compliance was tested at this inspection and was not achieved.
Achieved	Compliance was tested at this inspection and was achieved.

We respond to non-compliance with regulations where poor outcomes for people, and / or risk to people's well-being are identified by issuing Priority Action Notice (s).

The provider must take immediate steps to address this and make improvements. Where providers fail to take priority action by the target date we may escalate the matter to an Improvement and Enforcement Panel.

Priority Action Notice(s)

Regulation	Summary	Status
N/A	No non-compliance of this type was identified at this inspection	N/A

Where we find non-compliance with regulations but no immediate or significant risk for people using the service is identified we highlight these as Areas for Improvement.

We expect the provider to take action to rectify this and we will follow this up at the next inspection. Where the provider has failed to make the necessary improvements we will escalate the matter by issuing a Priority Action Notice.

Area(s) for Improvement

Regulation	Summary	Status
80	Responsible Individual to produce a quality care review report at least six monthly to assess, monitor	New

	and improve the quality and safety of the service. Report to be revised in accordance with the regulatory guidance.	
8	Improved management oversight to ensure all care documents are regularly updated when there are changes in people's needs and daily records are fully complete and accurate	New
15	Personal care plans and daily records are updated when there are changes in people's needs and records are fully complete and accurate	New
60	The service provider to inform CIW about events in the service which includes misconduct of staff and when a deprivation of liberty safeguarding (DOL's) application has been submitted. Copies of the DOL applications should be made available at the service.	New
20	Each individual to have a signed copy of a service agreement relating to their care and support	New

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