

Dimensions (UK) Limited

# Dimensions 3 Tensing Close

## Inspection report

3 Tensing Close  
Fareham  
Hampshire  
PO16 7QE

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13 December 2017

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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

This inspection took place on 13 December 2017 and was unannounced.

This was the first inspection of the service following a change in provider in November 2016.

3 Tensing Close is a 'care home'. People in care homes receive accommodation and personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

3 Tensing Close accommodates three people with a learning disability in one adapted building. The care service has been developed and designed in line with the values that underpin the Registering the Right Support CQC policy and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

There was a registered manager in place. 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 safeguarded from avoidable harm. Staff adhered to safeguarding adults procedures and reported any concerns to their manager and the local authority.

Staff assessed, managed and reduced risks to people's safety at the service and in the community. There were sufficient staff on duty to meet people's needs.

Safe medicines management was followed and people received their medicines as prescribed. Staff protected people from the risk of infection and followed procedures to prevent and control the spread of infections.

Staff completed regular refresher training to ensure their knowledge and skills stayed in line with good practice guidance. Staff shared knowledge with their colleagues to ensure any learning was shared throughout the team.

Staff supported people to eat and drink sufficient amounts to meet their needs. Staff liaised with other health and social care professionals and ensured people received effective, coordinated care in regards to any health needs.

Staff applied the principles of the Mental Capacity Act 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. An appropriate, well maintained environment was provided that met people's needs.

Staff treated people with kindness, respect and compassion. They were aware of people's communication methods and how they expressed themselves. Staff empowered people to make choices about their care. Staff respected people's individual differences and supported them with any religious or cultural needs. Staff supported people to maintain relationships with families. People's privacy and dignity was respected and promoted.

People received personalised care that meet their needs. Assessments were undertaken to identify people's support needs and these were regularly reviewed. Detailed care records were developed informing staff of the level of support people required and how they wanted it to be delivered. People participated in a range of activities.

A complaints process ensured any concerns raised were listened to and investigated.

The registered manager adhered to the requirements of their Care Quality Commission registration, including submitting notifications about key events that occurred. An inclusive and open culture had been established and the provider welcomed feedback from staff, relatives and health and social care professionals in order to improve service delivery. A programme of audits and checks were in place to monitor the quality of the service and improvements were made where required.

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 was safe.

People were protected against abuse by staff who understood their responsibility to safeguard people. Risks associated with people's needs were assessed and action was taken to reduce these risks.

Medicines were managed safely.

The provider's recruitment process ensured appropriate checks were undertaken to ensure staff suitability to work with vulnerable adults.

Staffing levels were based on individual needs.

Systems were in place to ensure that ongoing learning took place when there were concerns.

### Is the service effective?

Good ●

The service was effective.

People were always asked for their permission before personal care and support was provided. Where needed people's ability to make decisions was assessed in line with the Mental Capacity Act, 2005 (MCA).

Staff received supervisions, appraisals and training to help them in their role.

People were supported to ensure they received adequate nutrition and hydration.

Staff worked well as a team and people were supported to maintain good health and had access to appropriate healthcare services.

### Is the service caring?

Good ●

The service was caring.

People were supported by staff who were kind, caring and supported their independence.

People were involved in decisions about their care and the home.

People's privacy and dignity was respected and maintained.

### Is the service responsive?

Good ●

The service was responsive.

Staff understood people's needs and responded appropriately when these changed.

People were provided with appropriate mental and physical stimulation.

There was a process in place to deal with any complaints or concerns if they were raised.

### Is the service well-led?

Good ●

The service was well led.

System were in place to ensure a quality service was being provided and develop further.

Staff felt supported and confident to raise concerns with the manager who they felt would take all necessary action to address any concerns. The provider's values were clear and understood by staff.

People, their families and staff had the opportunity to become involved in developing the service.

# Dimensions 3 Tensing Close

## **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.

This inspection took place on 13 December 2017 and was unannounced. The inspection was undertaken by one inspector.

Prior to the inspection we reviewed the information we held about the service, including statutory notifications submitted about key events that occurred at the service. We also reviewed the information included in the 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.

During the inspection we spoke with three staff, including the registered manager. Some people using the service were unable to speak with us, therefore we observed interactions between staff and people using the service. We reviewed one person's care records and sampled one other person's records, plus staff records such as supervisions. We reviewed medicines management arrangements and records relating to the management of the service, including policies and procedures.

All information requested during the inspection was sent to us promptly.

# Is the service safe?

## Our findings

Whilst people did not specifically tell us they felt safe their interactions and relationships with staff were friendly and comfortable. People laughed and joked with staff and the atmosphere was relaxed.

Staff safeguarded people from avoidable harm. Staff had received training in safeguarding adults. They were knowledgeable in identifying different types of abuse and were able to describe signs and symptoms that a person may be being abused. Staff recorded and reported any concerns they had, including any bruising as well as changes in a person's behaviour so appropriate action could be taken. Staff were aware of how to report to the local authority safeguarding team and whistleblowing procedures were in place if required. At the time of inspection there were no ongoing safeguarding investigations.

Staff supported people to manage and reduce any risks to their safety. This included risks at the service and in the community. Many of the people using the service were not aware of the risks and dangers in the community and required assistance from staff to ensure their safety. This was planned and provided.

Staff had reduced the risks to people's safety at the service. This included the environment. Whilst people were independently mobile, staff provided supervision for those with additional risks when mobilising, for example, in regards to people with visual impairments particularly when moving around the home, ensuring items were not left on the floor.

Restrictors were in place on all windows and regularly checked to protect people. Hot water temperatures were regularly checked and work was undertaken to adjust the temperature if they were above the recommended safe temperature. There were risk assessments in place in regards to the environment, for example when staff were cooking and for when people accessed sharp knives.

Staff were aware of the process to follow if there was an incident or accident at the service. All incident records were reviewed by the registered manager, and support was amended for example additional staff support provided. This enabled the staff to minimise the risk of recurrence. The staff discussed any incidents to identify any learning for the individual involved or for the service as a whole.

There were sufficient staff to meet people's needs. There was a core number of staff during the day, however, this increased according to people's routines and what activities they were participating in. All of the people using the service needed support from staff in the community and most were funded for allocated one to one support, and this was scheduled in the rota. One member of staff was on duty at night (sleeping) to ensure support was provided 24 hours a day. Additional support was available on call if staff needed advice or in the event of an emergency.

Safe recruitment practices were followed, although no new staff had been recruited since the home's registration in November 2016. Recruitment checks included obtaining references from previous employers, checking people's eligibility to work in the UK and undertaking criminal record checks. These checks help employers make safer recruitment decisions and help to prevent unsuitable people from working with

vulnerable adults.

Medicines were stored securely and at safe temperature. Accurate records were maintained of medicines administered and we saw that people received their medicines as prescribed. Regular stock checks were undertaken, and the checks we undertook on the day of the inspection showed all medicines were accounted for. Protocols were in place instructing staff about when to give people their 'when required' medicines and staff were able to explain to us the behaviour people showed which may indicate they were in pain so pain relief could be provided. There were systems in place to ensure safe disposal of unused medicines.

Staff followed best practice to prevent and control the spread of infection. Staff had received training on infection control. They were aware of what equipment to use when cleaning different parts of the service and were aware of the importance of keeping different cleaning equipment separate. Staff ensured people had allocated items for personal care so there was no cross contamination. On our visit the service was clean with no odour.



# Is the service effective?

## Our findings

Staff and the manager knew people well. They spoke warmly of the people they cared for and were readily able to explain people's care needs and individual personalities. Throughout our visit we saw people's needs were met. Staff provided the care and support people required. People indicated to us they liked living at the home, "That's our summer house and we go there in good weather."

Staff told us they "Really enjoyed" working at the service and that they were "Ready to learn new things". Staff stayed up to date with good practice guidance and any changes in legislation. Staff had the knowledge and skills to undertake their role and regularly refreshed this through completion of training courses. From training records we saw staff were up to date with the provider's mandatory training and had also completed additional courses in relation to people's specific needs. This included in regards to learning disabilities, autism, and supporting people who displayed challenging behaviour. The provider and registered manager had systems in place to support staff with completion of the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. It aims to ensure that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. However, this had not been required as newly employed staff had previous experience of working in a care setting and had National Vocational Qualifications in health and social care.

Staff received regular supervision and an annual appraisal. These systems gave them the opportunity to reflect on their performance and to obtain advice and guidance about how to further improve their practice and support people using the service.

Staff supported people to eat and drink sufficient amounts to meet their needs. Staff regularly weighed people and supported them to maintain a healthy balanced diet. Staff were aware of people's dietary requirements and if there were risks associated with eating for example, by choking and how this was risk being reduced.

Staff liaised with health and social care professionals to ensure effective care and support was provided to people. Staff supported people to have regular reviews with their social care team and provided regular feedback to people's allocated social workers.

Each person had a health action plan which was regularly updated outlining their healthcare support needs. We saw in people's records they had attended their annual health check with their GP and also had access to other primary care services. Staff supported people to their health appointments, including any specialist appointments they required. Staff followed advice provided by healthcare professionals and kept a record of any changes in behaviour. Relatives told us staff kept them up to date with any changes in a person's health and fed back the outcome of healthcare appointments.

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.

Staff adhered to the principles of the Mental Capacity Act 2005 (MCA). People's consent was obtained prior to providing care. Where people did not have the capacity to consent, best interests' meetings were held with the health and social care professionals involved in a person's care and their relatives where appropriate. We saw an example of this regarding an operation one person needed.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager had applied for DoLS authorisation for those they had assessed as requiring assistance in the community in order to maintain their safety. They were aware of when these authorisations lapsed and arranged for people to be reassessed, the registered manager was in liaison with the local authority to try and get these reviewed.

Staff were aware of the need to ensure people were involved as much as possible and supported to make as many decisions as they were able to. Where possible people were asked to give their consent and this was recorded. Throughout the inspection we observed consent being sought on regularly for all activities such as where people wanted to spend their time, and what they wanted for their lunch. Staff were seen to respect people's choices. Most staff had received training in the principles and operation of the Act and were able to tell us about people's rights to take risks when they had capacity.

Staff were aware of the need to treat people as individuals and respect their beliefs and lifestyle choices. The manager and staff were aware of equality and diversity issues. We could see that people were receiving care and support which reflected their diverse needs in respect of the seven protected characteristics of the Equality Act 2010 that applied to people living there which included age, disability, gender, marital status, race, religion and sexual orientation. This information was appropriately documented in people's care plans where needed. We saw no evidence to suggest that anyone who used the service was discriminated against and no one told us anything to contradict this.

3 Tensing Close is a large family home. The service was well maintained and decorated. There was a lounge and kitchen for people to use as and when they wish. We observed people navigating around the home independently and easily locating their bedroom and the communal areas. Each person's bedroom was personalised and provided en-suite bathroom facilities. There were resources and sensory stimulation for people to use at their leisure.

# Is the service caring?

## Our findings

The service had a warm and vibrant atmosphere where people were encouraged to share their views and opinions. People told us they were happy living at the home. Comments included, "I am very happy here" and "It's great" and "Love it." Staff told us, "We are really good at all areas but I think we are really good in caring for people."

Staff treated people with kindness, respect and compassion. Some people at the service had difficulties in communicating verbally. Staff were aware of people's communication methods and how they communicated their needs, wants and wishes. Staff were also aware of how people communicated if they were in pain and were aware of what it meant when people displayed behaviour that could challenge others.

We observed staff responding promptly to people's requests for assistance and regularly approaching people to check whether they were happy and comfortable and whether there was any assistance they required. Staff were aware of what made people happy and we observed people smiling when interacting with staff. Staff were aware of what may upset people and provided emotional support when required.

People were empowered to make as many choices as they were able to, about the care and support they received. Staff were aware of people's preferences and their daily routine. Support was provided in line with this and there was detailed information in people's care records about how they liked to be supported and what was important to them. Staff explained how they supported people to make choices.

Staff supported people to explore their preferences and supported their individual needs. This included in regards to their religion, culture and developing and maintaining relationships. Staff supported people to practice their faith for example being supported to attend church weekly and enabling people from the church to visit.

People were encouraged to maintain relationships with friends and family members. Staff regularly communicated with people's family members and always welcomed relatives to visit the service. Staff accompanied people and supported them to go on holiday, for one person this fulfilled a dream of going on a plane. The member of staff completed this journey with a person, partly paid and partly as a volunteer.

Staff respected people's privacy and dignity. We observed discreetly supporting people with their personal care and this was delivered in the privacy of their bedroom or bathroom. Staff respected people's need to spend time on their own and gave them the space to do so, whilst being available as and when people wanted company.

Informal resident meetings took place every day, where people could decide on activities and meals. These were recorded in daily records and handover records.

The registered manager told us they were not aware of the accessible information standard. However, they

told us that they could produce easy read and large print versions of information for people if needed.

## Is the service responsive?

### Our findings

People were able to make choices and staff respected their decisions. On the day of our inspection we saw people chose how they spent time during the day and the activities they engaged with. People said, "I decide how I spend my days and what time I get up or go to bed." Staff explained that it was important for people to have choice and control over their lifestyle.

People received personalised care. Staff were well informed about people's needs. Many of the people using the service had been living there for many years. There was a stable staff team which had enabled them to get to know people in depth and understand their needs and how they liked to be supported.

People's care records provided detailed information about their needs and how they were to be supported with their personal care, their physical and psychological health, finances and social needs. We saw risk management plans fed into the care planning process to ensure people remained safe whilst their needs were met. Care plans were regularly reviewed and updated in line with any changes in people's needs or health. Detailed records were kept for any specific health needs. For example, eating and drinking a record was kept documenting all food and fluid to ensure people received a well balanced diet and any weight loss could be monitored.

Staff supported people to engage in a wide range of activities and to try new things. We saw people had a busy weekly programme of activities which including regular scheduled activities as well as ad hoc sessions where people choose what they wanted to do during those times. We saw the activities included those relating to daily living skills, such as food shopping, as well as physical exercise, leisure activities, sessions to support their health and attendance at day centres.

A complaints process was in place. Staff were able to describe the behaviour people showed if they were upset or unhappy and told us they would support the person to explore what was upsetting them so it could be addressed. Staff said they felt comfortable speaking to the registered manager if they had any concerns or wished to raise a complaint and were confident that any concerns raised would be taken seriously and appropriately dealt with. There had been no complaints since the service was registered in November 2016.

We discussed end of life care with the registered manager as this had not been included in the current care plans. They said this would be reviewed when the care plans were moved to the new electronic system in 2018.

## Is the service well-led?

### Our findings

The registered manager had been at the service since its registration in November 2016. One staff member told us "She's brilliant. A lovely manager. Really supportive and she's hands on. She's really helpful." The registered manager was aware of their registration responsibilities and submitted statutory notifications about key events that occurred at the service as required.

An inclusive positive culture had been developed at the service. Staff we spoke with felt able to express their opinions, felt their suggestions were listened to and felt able to contribute towards service delivery and development. The staff told us the registered manager was "hands on" and there was a team approach towards supporting people. The registered manager said, "We've got a really good team."

People were unable to provide verbal or written feedback to staff about their experiences of the service. Staff used their knowledge of people and observations of their behaviour to identify what they enjoyed and if they were upset or worried. Relatives and other health and social care professionals were asked to express their views of the service through completion of an annual satisfaction survey. The results of the first survey since registration had not yet been analysed.

The provider had systems in place to review, monitor and improve the quality of service delivery. This included a programme of audits and checks, reviewing medicines management, quality of care records, support to staff and environmental health and safety checks.

Staff had signed to confirm they had read the provider's policies and procedures. From speaking with staff we identified their knowledge was up to date with good practice.

The manager shared a business improvement plan with us showing how they were going to develop the service, part of the plan included the possibility of moving the service towards supported living.

The registered manager and provider worked with other agencies. This included the local authority and clinical commissioning groups who funded people's care. The registered manager kept representatives from the funding authorities up to date with people's care and support needs and where there were any changes in their health. Staff informed the funding authorities about how funded one to one support was used. The registered manager also liaised with other departments at the local authority in order to support people and their staff, including the safeguarding adult's team and through accessing learning and development opportunities.