

## Encompass (Dorset)

# Sandhills

### 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?

Outstanding ☆

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Sandhills is a supported living service that provides support and personal care to nine people in two flats in a converted house. There is a separate office to the two flats. Each flat has a shared kitchen, dining area, bathroom and lounge. The service was previously registered with CQC as a care home and changed to a supported living service in April 2019.

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

Relatives and professionals said this was an exceptional service that really had the best interests of people at its heart. They described the support people received service as outstanding. The exemplary values of the service promoted people's independence and meant they lived meaningful, fulfilled lives. There was a very strong ethos to support people to develop skills in all aspects of their lives and be included as valued members of the community.

People received a personalised service from friendly, supportive staff. People said they really liked the staff and enjoyed being with them. Staff knew people's needs and preferences very well. Relatives spoke highly of the staff team and registered manager and said they made sure people had enjoyable experiences and a happy and varied social life.

The responsive care and support people received had a positive impact on their lives. There was an emphasis on personalised, meaningful activity that was based on people's interests and experiences. People took part in activities both at home and in the local community.

People were encouraged to make their own decisions and staff understood how people communicated their choices. Staff made sure that people were treated with dignity and respect and in a way that was free from discrimination.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

People were supported to have maximum choice and control of their lives and staff assisted them in the least restrictive way possible and in their best interests; the policies and systems in the service supported

this practice.

Staff received core and specialist training and support to assist people in the right way with their individual preferred lifestyles.

Staff praised the culture of the registered manager and staff team. They were all committed to providing high quality, person-centred support for people to be able to live purposeful lives.

There had been significant improvements in the way the service was managed. The provider had addressed the previous shortfalls in the overall governance of the service.

The service was well led by a registered manager that was approachable and respected by the people, relatives, professionals and staff. There were robust quality assurance systems in place to drive improvement and ensure the home offered a safe, effective, caring and responsive service.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was requires improvement (published 21 March 2018). This rating was whilst the service was a care home. This rating was whilst the service was a care home and the shortfalls related to heating and hot water management issues. We have used the previous rating to inform our planning and decisions about the rating at this inspection.

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

#### Why we inspected

This was a planned inspection based on the previous rating and the date of the change of services provided.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection programme. If we receive any concerning information we may inspect sooner.

## 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.  
Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.  
Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.  
Details are in our caring findings below.

### Is the service responsive?

Outstanding ☆

The service was exceptionally responsive.  
Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.  
Details are in our well-Led findings below.

# Sandhills

## 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 Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector.

This service provides care and support to people living in two 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### 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.

Inspection activity started on 29 November 2019 and ended on 4 December 2019. We visited the office location on 29 November 2019.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and clinical commissioning group (CCG). We used all of this information to plan our inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the

service and made the judgements in this report.

#### During the inspection

We met and spoke with seven people who used the service. We spoke with seven members of staff including the registered manager and support workers. During the office visit we also spoke by telephone to two professionals who regularly visit the service.

We reviewed a range of records. This included two people's care records and their medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We received feedback via our website from one person and by email from a relative. We telephoned three relatives for feedback and received email feedback from three professionals involved with the service. We continued to seek clarification from the registered manager to validate evidence found. We looked at training data, quality assurance records, compliments and other information the registered manager sent us.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Requires Improvement under the previous registration. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

At our last inspection we identified improvements were needed in the heating and hot water supply at the service. Immediate action was taken following the inspection to address these shortfalls. Since the last inspection the service has changed to a supported living service and the previous care home has been converted to two flats. The responsibility of the building maintenance is now the responsibility of the housing provider and does not come under the remit of CQC. However, the heating and hot water systems were fully functioning in both flats. There were robust systems in place for reporting any maintenance issues to the housing provider.

### Assessing risk, safety monitoring and management

- Personalised risk assessments were in place, they considered risks in the environment as well as any risks to the person. People were supported to take positive risks such as, accessing the community with support, trying new activities and preparing and cooking meals. Regular reviews made sure any changes in risk to people were identified and actioned promptly.
- Some people had positive behaviour support plans in place. These were up to date and in line with best practice. A relative told us the positive way staff supported their family member meant they were trying new experiences and said, "By far the best she's been in years."

### Systems and processes to safeguard people from the risk of abuse

- People were very relaxed with staff and those who were able to, told us they felt safe. Relatives told us they felt their family members were safe.
- The provider had effective safeguarding systems in place. Staff had been trained, knew how to identify abuse and were aware of how to report it.

### Staffing and recruitment

- There were enough staff to meet people's needs, people were supported by a well-established team of staff that knew them well.
- The service had a recruitment process and checks were in place. Staff files contained appropriate checks, such as references, health screening and a Disclosure and Barring Service (DBS) check. The DBS checks people's criminal record history and their suitability to work with people in a care setting.

### Using medicines safely

- People received their medicines safely. Staff members had been trained in the safe administration of medicines and were assessed as competent before supporting people.
- People had changed to a local pharmacy so they could have a more personalised service. This meant they

were able to have more independence with some aspects of their medicines management.

- The provider had systems in place for investigating any potential medicine errors.

#### Preventing and controlling infection

- People were supported by staff to keep their homes clean and hygienic.
- Staff understood how to prevent and control infection. They used safe practices and protective equipment to do this.

#### Learning lessons when things go wrong

- Accidents and incidents were recorded electronically and analysed weekly by the both the registered manager and provider. This meant that they could identify trends and make changes.
- Learning was shared through staff meetings, discussions and handovers between staff. Staff told us they felt they were kept up to date and communicated well together.



# 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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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

- The provider worked closely with other care professionals to make sure people's physical, emotional and social needs were fully assessed before they began to use the service.
- People were offered personalised transitional arrangements to make sure their placement was successful for them. Social work professionals confirmed the service worked well with people supporting them to make the transition in to using the service.
- Staff had clear guidance about how to support each person.

Staff support: induction, training, skills and experience

- Staff told us that they felt supported and received appropriate training and supervisions to enable them to fulfil their roles.
- Staff received core training as well as specific training to meet people's individual needs. For example, diabetes, positive behaviour support and autism training.
- There was a clear induction programme for new staff to follow which included shadow shifts and practical competency checks in line with the Care Certificate. The Care Certificate is a national induction for people working in health and social care who have not already had relevant training.

Supporting people to eat and drink enough to maintain a balanced diet

- People were fully involved in deciding their own menus and assisted with preparing meals within their abilities. People in each flat had decided to plan and cook their main meals together. They took it in turns to do the shopping with each person choosing how to do it. For example, one person did not like going food shopping, so they did their weekly shop online.
- Staff understood people's dietary needs and ensured that these were met. Where nutritional needs had been assessed clear guidelines were in place and staff followed these. For example, one person needed to have their drinks thickened and we saw staff followed the SALT (Speech and Language Therapy) plan in place.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- Staff worked closely with health care professionals to make sure people received the right support in a coordinated way.
- People were supported with any healthcare needs and to attend appointments when necessary.
- We received positive feedback from health and social care professionals about working with the service to ensure people's health needs were met.

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 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 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 and found they were.

- There was a clear rights based approach to supporting people to make decisions.
- People's consent was sought before staff supported them.
- Records relating to people's capacity showed how any decision had been made and who was involved.
- The service involved people, relatives and relevant care professionals in any decisions made in people's best interests.

# 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.

At the last inspection this key question was rated as Good. At this inspection this key question has now remained the same. 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

- People were treated with kindness, respect and compassion. This was reflected in the feedback from people and relatives. One person said, "I'm quite happy with it here, I think the care I am getting is fine and can't wish for anything better, can't think of anything I'd want to improve." A relative told us, "He loves it. Lovely atmosphere they are all really caring."
- People were supported by a stable staff team which helped them to develop positive relationships. Staff knew people's life histories, individual preferences and wishes.
- Relatives said staff were very caring and compassionate. Relatives also said that staff would go above and beyond what they expected from the service. For example, when people moved out of the service whilst it was being converted to flats, staff packed people's belongings and helped them to move to temporary accommodation in their own time.
- Staff received training on equality and diversity and the registered manager told us the importance of respecting diversity and supporting people's religious and cultural needs. Staff were respectful about the people they supported and their beliefs and choices.

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

- People and their relatives told us the service involved them in developing and reviewing their care plans and their views were respected.
- Every effort was made to ensure people could take part in making decisions around their care. Where people communicated differently their circle of support, which could include relatives, friends, advocates and professionals, were involved and consulted.
- The service had arranged for independent advocates to be involved for significant decisions where the person needed impartial support to do so.

Respecting and promoting people's privacy, dignity and independence

- Staff spoke about people in a respectful way and care records were positive about people's abilities.
- People were encouraged and supported to do tasks for themselves in their own flat. One person had started to mop their own floor after many years of not showing any interest of being involved in keeping their home clean.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has improved to Outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The service was exceptional at providing a personalised, bespoke service that focused on positive life experiences for the people who used it. For example, one person became distressed during winter months in anticipation of a certain type of weather. Staff had looked and tried lots of different ways of reducing this person's significant anxiety. They found that use of a weather app this reduced their anxieties about possible bad weather. Staff then supported the person to place a laminated picture of what the weather was going to be in the kitchen for the person to see as a reminder. The registered manager told us there had been a significant reduction in the person's anxieties and behaviours that may challenge since the person was able to check and see what the weather would be.
- People were developing new skills and independence. For example, one person had started phoning the local pharmacy to order their next month's medication. They were very proud of this and told us they phoned and said, "Its [first name] I want to order my medication". The staff team and pharmacy then confirmed if the prescription was correct.
- Staff had supported one person to use technology to promote their independence. This person was also using the smart speakers and artificial intelligence to operate their music, television and to be able to empty their own rubbish by the use of sensor bins. This person showed us how they chose their music and used the sensor bin. The registered manager told us this had significantly reduced the times the person was getting upset and frustrated and the person was much happier and proud of what they were able to do for themselves.
- People were involved in recruiting their own staff teams. A group of people sharing a flat had decided what questions they wanted to ask prospective staff members. They also played an active part in making decisions about who was recruited. One person told us, "I sat down and asked the question 'why do you want to work here'. I helped with interviews and I thought [staff name] was good and should work here."
- Staff gave us examples of how this move to a more personalised service had a positive impact on individuals. One person who was anxious and reluctant to have their eyes tested had been slowly introduced to the local opticians by just popping in regularly to say hello. This gradual introduction resulted in the person having their eye tested at the opticians for the first time.
- People's care plans were written in a highly personalised way, which gave clear direction and guidance for staff and reflected people's individual preferences and focused on people's strength's allowing them to maintain and develop as much independence as possible.

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 ethos of the service was to support people with a learning disability to build on their strengths and aspirations, helping them to gain skills, make friends and be included as valued members of the community.
- People were supported to find their role as valued members of the local community. For example, the local community had a recycling project where items that could not be routinely recycled were taken to the local school to be collected. One person liked to do this weekly and had started to pick up the recycling from frailer and older members of the community who could not take it to the local school.
- One person struck up friendships with the congregation of a local church group whose choir came to sing at people's flats. They now attend events and weekly church services independently with the support of the congregation.
- Local community groups also visited individuals in their homes through the initiatives of the staff team. For example, a local rescue charity regularly visited people with rabbits. A volunteer called a person by phone once a week for a chat, as they did not have any family members.
- Staff were very committed to supporting people to be part of the community. People were seen very much as part of the town's community and had developed genuine friendships with local people. People used a local independent supermarket and café and people often went for coffee and to eat there. The café staff had embraced people and wanted to make sure they were welcomed. For example, they provided people with blended meals to meet their specialist diets, so they were able to have meals out the same as everyone else.
- People told us they liked to fundraise for charities and help out with community fundraising activities. Staff often supported people at local community events in their own time. For example, during the inspection staff were supporting people to fundraise and have stall at the local community Christmas event.
- People were encouraged to develop and maintain relationships. Relatives told us communication was excellent, they felt involved in how their family member was supported and were included and kept updated by staff and the registered manager.
- One relative told us staff were responsive and made sure a person's important relationships were maintained. They said, "As an example, when my father was unwell and unable to visit [person], the home arranged for [person] to be taken over to my father every weekend for a couple of hours and then collected again, which meant a lot to my father."

#### Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Each person had a detailed communication plan in place that described whether they used words, gestures, sounds, pictures, Makaton and how staff needed to support their communication.
- Staff constantly explored new ways of improving people's communication. Some people had previously lived in long stay institutions, so did not use known ways of communicating such as using PECs (Picture Exchange Systems) or Makaton (a type of sign language). One person who did not use words had started to make choices about how they wanted to spend their time by searching for and using photos from the internet. Staff supported this by helping the person with the internet searches of photographs based on their interests and previously successful activities.
- Another person was registered blind and staff had introduced smart speakers to announce reminders for them and so they and other people could increase their independence through controlling music, television and their environment by using artificial intelligence.

#### End of life care and support

- People had been sensitively supported to make decisions about their end of life care. Where possible people had been involved in compiling their end of life plans. Details included where they would like to spend the last days of their life, who with and any specific requests they may have for this time.
- Staff had recently supported one person at the end of their life. The person had complex health needs, was approaching the end of their life and was not able to make their views known. The person, their parent and staff spent time together planning their end of life care. They played songs, looked at coffins and found readings and together planned the person's funeral. The person was able to remain at home at the end of their life surrounded by their family and staff with the support of health professionals.
- We received very positive feedback from health professionals about the care that staff provided to this person at the end of their life. The service had worked with health professionals to avoid inappropriate admissions to hospital and reduce any unnecessary interventions so the person died at home surrounded by the things they loved and that made them feel safe.
- The service had continued to support the person's family following the person's death and made sure they contacted them at significant times such as birthdays and anniversaries.
- Staff told us they and other people were also offered and provided with emotional support following the person's death.
- The service had also accessed specialist bereavement support for a person following the death of their parent.
- The registered manager had worked with the Dorset PCPLD (Palliative Care for People with Learning Disabilities) Coordinator and local GP to develop end of life care planning documents. These documents were aimed at giving non-clinical staff easy to follow guidance in how to care for people at the end of their lives. This planning document was then adopted as part of Dorset County's end of life pack for people with learning disabilities.

#### Improving care quality in response to complaints or concerns

- People and relatives told us they knew how to complain if they needed to. There was guidance available informing people how and who to make a complaint to, if required.
- Each person had very clear information about how to make a complaint in a way that was meaningful to them. Their care plans included clear descriptions of how they would make it known if they were unhappy or worried.
- No complaints had been received and the registered manager had recently introduced individual concerns records. This was so they could ensure that any minor worries or concerns were recorded and addressed at an early stage.

# 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.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our last inspection we identified improvements were needed in the provider's governance systems. At this inspection there have been significant improvements.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Since the last inspection there had been changes in the senior management at a provider level. This had resulted in improved governance systems across the organisation.
- The registered manager and staff team had developed an improvement plan that was focused on improving people's lives in their homes and in the community and developing staff skills.
- There were robust quality assurance systems and audits in place that were completed by the registered manager and provider.
- The provider had introduced new quality monitoring visits by independent assessors that reflected the key questions CQC asks. These visits focused on people's personalised experiences of the service and identified areas that were working well and any areas for improvement. The frequency of this monitoring was based on the outcome of each visit. For example, the overall rating of Sandhills was 'Green' so the service was monitored three monthly.
- The provider was also introducing peer manager medication audits, where registered managers reviewed the medicines management in other services with the organisation. They were also taking best practice examples in relation to medicines management and implementing them across the organisation.

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

- People and relatives said this was a high quality, person-centred service.
- Relatives commented, "If I was rating the service I would say its outstanding in all aspects", "I would give them a tick for absolutely everything."
- Each person had a three-monthly review against the REACH standards. This was to make sure people were being supported in line with supported living services good practice principles.

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

- The registered manager and provider understood their responsibilities to be open and transparent if anything went wrong.
- People, staff and relatives said the registered manager was very approachable.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- Surveys were being sent to people and or their representatives at the time of the inspection.
- The provider had introduced online staff surveys in November 2019.
- In response to staff feedback about senior managers being more visible, members of the executive management team had attended staff meetings. In addition, a staff group had been set up, so they regularly meet the board of directors and give them feedback.
- Staff recognition awards had been introduced by the provider. Staff could be nominated by people, their representatives and other staff.
- The provider had recently started to produce a monthly newsletter to keep people and staff informed.
- Staff were very committed to people and regularly volunteered to support people at social and community events in their own time.
- Staff said they were well supported and felt valued. They were encouraged to raise comments at team and individual meetings. One staff member said, "[Registered manager] is the best manager I've ever had". Another staff described the culture of the service as "A big extended family."

Working in partnership with others

- The service linked with other groups and agencies that people used, or worked for, in the community.
- Professionals told us the service was well-led and the registered manager was always professional, friendly and person centred.
- The service was working with the Learning Disabilities Mortality Review team following the death of one person. This was so information could be shared to help identify common themes and learning points so that local areas can review and develop action plans to take forward any lessons learned.