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?	Good
Is the service well-led?	Good

Overall summary

This unannounced inspection took place on 15 July 2015.

Sandhills is registered with the Care Quality Commission to provide accommodation, care and support for up to 10 adults with a learning disability or needs relating to mental health conditions. There were eight people living at Sandhills on the day of our inspection.

The manager was newly promoted from deputy manager to manager on 1 April 2015.Their application to be a registered manager was being processed. 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.

Healthcare professionals and relatives spoke highly about the service. One healthcare professional told us "It's one of my favourite places to visit." Relatives told us staff were "marvellous," "caring and professional."

People were treated with kindness and compassion. People were supported with their needs based on an individual preferred daily plan (PDP), this was the term used by the service to describe the persons care record.

Summary of findings

Staff used a range of communication skills to engage with people with varying communication needs. We saw staff engage warmly with people and used appropriate humour. Staff were flexible and adaptable and the routine was based on how people were feeling or what they wanted to do.

People felt safe and were protected from harm and abuse. There were risk assessments in place. People were supported when taking risks. Positive risks aligned with their PDP which included setting goals.

People were involved in menu planning and were provided with choices at meal times. People had their dietary needs assessed and there was detailed guidance to support people with specific needs around food and drink.

Medicines were stored and administered safely.

The service was well led. Staff were committed to providing high quality care because the manager had signed up to the Social Care Commitment. There was a home development plan, which identified areas for improvement. Staff told us they liked working there and spoke positively about each other and the manager. Staff felt supported to do their job and received supervision and had an annual appraisal. Management carried out appropriate checks on the home to ensure that the service was safe.

Summary of findings

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

People were safe. They were protected from harm and abuse because there were processes in place for recognising and reporting abuse. Staff received appropriate training and were able to talk with us about their responsibilities.

People's risks were assessed appropriately and support plans provided detailed guidance on supporting people.

People received their medicine safely. Medicines were administered and stored safely.

There were sufficient numbers of staff to meet people's needs.

Is the service effective?

Good

People received effective care. Staff and healthcare professionals told us staff had the right knowledge and skills to meet their needs.

Staff worked in partnership with health and social care professionals to ensure people's needs were met.

People's rights were upheld by staff. Staff understood the principles of the Mental Capacity Act (2005) and how to apply it to their work.

People received sufficient food and drink. Individual dietary needs were catered for and there was good partnership working with the Speech and Language Therapy (SALT) Team to ensure people received the right food and drink in the right format.

Is the service caring?

Good

People received kind and compassionate care. Relatives told us staff were caring and professional. We saw staff communicate with people in a friendly and warm manner.

People and their relatives were listened to and involved in making decisions about their care.

People were treated with dignity and respect and their privacy was protected.

Is the service responsive?

Good

People received care that was responsive to their individual needs. People had a PDP which gave detailed guidance to staff. The PDP was reviewed and updated when needed.

People and their relatives were listened to and staff were flexible according to how people were and what they wanted.

Is the service well-led?

Good

The service was well led. Staff and health and social care professionals had confidence in the manager.

The manager was committed to providing a good quality service and there was a home development plan.

Staff were keen and motivated and knew what was expected of them.

Sandhills

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 15 July 2015 and was unannounced.

The inspection was carried out by two inspectors.

Before the inspection we reviewed all the information we held about the service. This included notifications regarding safeguarding, accidents and changes in the service. Before the inspection a Provider Information Record (PIR) had been requested and was completed and returned .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.

Prior to the inspection, we contacted a representative of the local authority's contract monitoring team and the clinical commissioning group involved in the care of people living at the home to obtain their views on the service.

In order to gain further information about the service we spoke with three people living in the home. We also spoke with five members of staff and one visitor. We spoke with three relatives and four healthcare professionals.

We looked around the home and observed care practices throughout the inspection. We looked at three sets of care records. We reviewed records relating to the running of the service such as environmental risk assessments and quality monitoring audits.

Observations, where they took place, were from general observations. We looked at a sample of the Medicine Administration Records.

Good

Is the service safe?

Our findings

People were safe. The service had a policy on protecting people from abuse. There were arrangements in place to ensure all staff received training in safeguarding adults. Staff knew their responsibilities to report abuse. Staff knew how to report concerns about poor practice and were aware of whistleblowing procedures. The manager told us about an incident which was a potential safeguarding concern; staff acted promptly and reported the incident to the safeguarding team. The incident was investigated and no further action taken. The service acted appropriately and the manager took actions to ensure people were protected. One member of staff told us it was a small home and they "know people well, we know how to tell with each person when something is wrong." People told us they felt safe living in the home and one relative told us they had no concerns and their relative is "safe and happy."

People's PDP's (support plans), provided staff with detailed information about how to support people in a way that minimised risk for the individual. The service had a risk assessment policy and we saw people had their risks assessed. For example there were nutritional risk assessments, moving and handling risk assessments and health and safety risk assessments. When people had specific risks associated with their individual needs for example for a specific behaviour there was a behaviour support plan in place. Staff were able to describe the plan and had an awareness of peoples individual risks. Peoples risks were reviewed and updated and there was involvement from relatives and healthcare professionals. Staff told us risk was talked about in staff meetings and in handovers. People were supported to take positive risks for example one person wanted to engage in an sporting activity as part of their goal setting and was being supported to achieve this.

There were enough staff to ensure people received safe care. Shifts were covered during staff sickness and holidays. The manager told us that staffing was based on people's preferred daily plans and was adjusted according to people's needs. People who needed one to one support were provided with a personal assistant. People were receiving one to one care and there were appropriate numbers of staff to engage with people individually and to support them with their PDP.

People were supported by staff who were recruited safely. The service carried out checks on staff before they started work which included checks with the Disclosure and Barring Service, identity checks and obtaining references in relation to their previous employment.

People received their medicine safely and it was stored securely and safely. Medicines were administered from blister packs, which were accompanied by a personal folder. The folder contained a range of information including: a description of how the person liked to take their medicines, reviews with the GP and a body chart for the application of skin creams. Staff who were responsible for administering medicine had received training to ensure they were competent. The service had a process in place for ensuring people received their medicines, a second member of staff checked the folders and blister packs during each shift. The Medication Administration Records were dated and signed correctly and medicine was administered and stored safely.

Good

Is the service effective?

Our findings

People received care from staff who had suitable knowledge and skills to meet people's needs. Staff received induction training before they started work which consisted of a four day company induction followed by a full week shadowing a member of staff, getting to know people and the home. The service had signed up to the Care Certificate for all new staff which consisted of a three month induction period. There was an on-going programme of training for staff to develop their skills. Staff confirmed they received enough training to do their jobs. For example, one senior care worker told us they were required to supervise care workers and were provided with supervision training to enable them to do so. The manager showed us the training record and staff were up to date with essential training, for example: moving and handling, safeguarding and food hygiene. A healthcare professional told us they had confidence in the staff's ability to meet people's needs. Another healthcare professional told us "staff are all very keen and on the ball."

There was a supervision policy and staff received supervision in line with it. Staff told us they felt well supported in their jobs. In addition to individual supervision, there was a process for conducting peer observations. This meant care workers observed each other at random times to observe practice in a particular area of care. Notes would be taken and feedback given. This gave staff opportunity to learn from each other and continually improve their practice. All staff had completed a group annual appraisal which was followed up by one to one goal setting with a line manager. Staff told us this process helped them plan goals as a team and individually.

People had regular access to various healthcare professionals. For example, people had appointments with opticians, dentists, chiropodists and Speech and Language Therapist (SALT). The manager told us there was a monthly meeting at the GP practice and each person's health needs were reviewed. This was confirmed by a healthcare professional who told us the service is attentive to people's healthcare needs and "people are supported well with their health and well- being." Staff worked in partnership with health and social care professionals, a healthcare professional said, "we have a nice working relationship."

The Mental Capacity Act (MCA) (2005) provides the legal framework for acting and making decisions on behalf of individuals who have been assessed as lacking capacity to make specific decisions. The manager was aware of the act and told us how they ensured people were involved in planning their care. They also described how they consulted with health and social care professionals and people's relatives when making a decision in someone's best interests. We saw examples of when best interests decision's had been made and healthcare professionals and relatives were involved in the decision making process.

Staff understood how the principles of the MCA (2005) applied to their work. They were aware for example that people had a right to make decisions, even if those decisions seemed unwise. For example a member of staff described to us an incident when a person with capacity wanted to make a decision regarding their financial situation. They were given information and support, to help the person with the decision. People had an assessment of their capacity to consent to care and treatment. When a person lacked capacity to consent there was a best interest decision made, which involved the appropriate health and social care professionals and relatives.

Staff knew about the Deprivation of Liberty Safeguards (DoLs). These safeguards aim to protect people living in care homes and hospital being inappropriately deprived of their liberty. DoLs can only be used if there is no other way of supporting the person safely. The provider had made seven applications to the appropriate supervising authority responsible for assessing applications to deprive someone of their liberty. Assessments had taken place and the reviews were all in date.

People had sufficient food and drink. People were involved in weekly menu planning meetings and people's individual likes and dislikes were taken into consideration. People on special diets were catered for and there were lists easily accessible for staff and people to give guidance on special requirements, for example texture modified diets. There was flexibility and choice on a daily basis, if people did not want what was on the menu, they could have an alternative. One person told us "the food is very nice," and someone else described it as "lovely." Some people were involved in housekeeping activities with staff support, for example, peeling potatoes and emptying the dishwasher. People's involvement was based on their PDP. People with any dietary concerns had a care plan to ensure that they received the correct diet and had their weight monitored

Good

Is the service effective?

either weekly or monthly dependant on the individual. One healthcare professional told us staff were proactive in seeking advice from the SALT team and when training was provided staff were very keen and knowledgeable.

Good

Is the service caring?

Our findings

People were treated with kindness and compassion. Staff spoke warmly about people they supported and we saw staff engaging positively with people. Staff were able to talk to us about people and knew people well. People responded positively to staff. When people were unable to communicate verbally staff were able to communicate in a way which people understood and were able to communicate back. For example, one person used subtle eye movement to respond to staff and to make their needs known, we saw staff on several occasions communicating with the person.

One relative said staff have been "marvellous" and described them as "caring and professional, they are not just caring; they really get to know people." One relative said the staff were supportive to people and their families.

One member of staff told us the home is "like a small family," which they "share and be a part of" and they "make a personal connection."

People were supported to give feedback on the home and the support they received. There were monthly meetings and people were given information and there was opportunity to contribute feedback and suggestions. For example in minutes from one meeting one person raised concerns about the brambles in the garden, action was taken to cut back the brambles. One member of staff told us peoples' involvement varied although all people were encouraged to contribute in some way and communication methods such as picture prompts/books were used. People who lacked capacity had access to an advocate, either formally through a local advocacy service or informally with staff or relatives.

People were treated with dignity and respect. Personal care was carried out discreetly and people's privacy was respected. For example, people had their room doors closed and staff knocked before entering. Staff requested people's permission before showing us around the home. The manager told us people were reminded of the ground rules around dignity in the community meetings, for example appropriate dress, knocking on doors and private time. People told us they were happy living in the home and one person told us staff were "understanding."

Good

Is the service responsive?

Our findings

Peoples care was planned and delivered in a way that was tailored to their needs and preferences. People's support plans (PDP) gave staff detailed guidance about the support they required and other information. For example people's healthcare needs, likes, dislikes and goal setting. People were involved in their PDP, their level of involvement was dependant on their capacity to understand and contribute. Where there were issues relating to peoples capacity to be involved in their PDP, appropriate actions had taken place to involve family and health and social care professionals. Staff told us they were able to read and contribute to the PDP as required to ensure they had sufficient information about the person and also to ensure it was updated as needed. Staff told us that they use a person centre approach and this was reflected in the PDP.

People's PDP were updated appropriately. For example one person was seen by the dentist and recommendations were made regarding mouth care. A support plan was written up with the person which detailed what the person could do for themselves and what support was needed by staff. The person had a review with the dentist who recorded the improvements.

There was an accident and incident policy and staff were aware of their responsibilities in reporting. Actions were taken to ensure that learning took place following an incident/accident. For example, one person suffered sun burn, staff discussed the incident and the person's PDP was reviewed with actions to prevent the risk of further sunburn.

People received a flexible service. Staff told us that every day was different and they need to adapt to how people were and what they wanted to do. One member of staff said "the plan might be to come into work and do paper work and then someone wants to go to the beach; so off we go."

People were supported in different ways according to their needs. One person had audio compact discs in place of written information. People had different plans in place for everyday tasks, for example laundry, one person had a textured fabric laundry bag to make it easily identifiable and to enable them greater independence with putting laundry away. Some people had one to one support with different activities during the day. People had opportunity to engage in a variety of activities outside of the home and were supported to live a fulfilling and active life. Some people attended a day centre and there were other activities for example on the day of our inspection two people went recycling. There were evening social events and people were supported to attend which activities they liked.

Staff told us they worked as a team to ensure they provided a service which met people's needs. One member of staff told us, "if changes are needed we discuss it as a team." Staff told us they noticed one person who had a good memory for appointments, missed an appointment. Staff were opening their post and had not put the appointment in the diary. The person was unhappy with this arrangement and a new plan was put in place. The person now opens their post own post and informs staff of their appointments and takes responsibility for ensuring staff put it in the diary. We were told by a member of staff how the team respond to the changing needs of people. For example, one person had a close family member visiting regularly, the visitor was unable to visit as often due to changes in circumstances and so staff support the person to visit them.

The service had a complaints procedure and information on how to make a complaint was on display. Relatives told us they had not had cause to make a complaint however they knew they could talk with the manager if they had any concerns. One member of staff told us that not all people would be able to vocalise a complaint and that relatives or if someone had an advocate they would raise concerns on their behalf. The manager had recently put a complaints/ suggestions box in the foyer; one compliment was received stating "staff are doing a good job."

Good

Is the service well-led?

Our findings

The service was well led. The manager was promoted from deputy manager on 1 April 2015 and their application to become a registered manager was being processed. The service had not had a registered manager since 7 May 2015, although there was an overlap of the managers and the current manager had applied to be a registered manager. The new manager had worked in the home for a number of years and had worked closely with the previous registered manager. Staff, relatives and health and social care professionals all spoke positively about the service and had confidence in the new manager.

Staff were relaxed and welcoming when we arrived for the inspection and the atmosphere was calm. Staff were open and happy to talk with us and were proud to show us around and tell us about the service.

There was a clear management structure. The manager was supported by a small team of senior care workers. Staff understood their roles and responsibilities and there were positive working relationships between staff at all levels. For example, one care worker told us, "we are such a tight knit team, we support each other." We were told by another care worker, "staff are very helpful to each other; staff are easy to get on with." We saw staff interacting positively with each other and with the manager. The manager told us they were well supported by senior management and had received "really good supervision."

The manager talked to us about the home development plan. One key aspect was the service had signed up for the Social Care Commitment. This meant the service had made a "promise" to provide people who need care and support with high quality services. The manager told us they used the Social Care Commitment as a framework for appraisals and supervision and as a way of "unifying support plans." The service used regular checks to ensure standards were maintained. As part of the development plan we saw there were improvements in the building, for example, the upstairs bathroom was being converted to a wet room and there was a new hoist and bath downstairs.

The manager was enthusiastic and talked about plans to invest in the garden and to work more closely with the local community. For example involving volunteers in the gardening.

Staff were proud to tell us they had received an award from the provider for "being green on the risk register for one year." The risk register was an internal tool used by the provider to record and monitor risk. This meant the service had no moderate or high risks for that period. Staff showed us the certificate they were awarded and there was a sense of ownership from staff.

Staff told us management were open and approachable. For example, one member of staff talked about an incident which they were concerned about. They felt comfortable talking to the manager about it and management were able to provide information which reassured the member of staff.

There were processes in place to ensure there were regular quality checks. The manager told us, "we love monitoring processes." Senior management visited the home four times a year to carry out a quality check and the home carried out internal checks on a regular basis. For example there was a check of documentation which identified some paperwork was not being completed correctly. Actions were discussed in the team meeting and in staff supervision. Action plans were reviewed and updated by the manager.

There was a process in place for ensuring a two way flow of information between the home and senior management. The manager attended organisational meetings and gave updates about the home. Information which was received in these meetings was fed back to staff and people.