

# Encompass (Dorset)

# Greenhills

## Inspection report

32 St Andrews Road  
Bridport  
Dorset  
DT6 3BQ

Tel: 01308422159  
Website: [www.drh-uk.org](http://www.drh-uk.org)

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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

The inspection took place on 25 March 2016 and was unannounced. Greenhill's provides care and accommodation for up to nine people with learning disabilities. On the day we visited, seven people were living in the service. Emcompass (Dorset) owns this service and has other services in the Dorset area.

The service had a registered manager. 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. We met and spoke to all seven people during our visit. People were not able to fully verbalise their views and used other methods of communication, for example pictures and sign language. We therefore spent time observing people.

People's medicines were managed safely. Medicines were stored, given to people as prescribed and disposed of safely. Staff had completed appropriate training and understood the importance of safe administration and management of medicines. People were supported to maintain good health through regular access to health and social care professionals, such as speech and language therapists.

People's records were personalised to meet people's individual needs. Staff understood people's needs and responded when needed. People were not able to be fully involved with their care plans, therefore others including family members supported staff to complete and review the care plans. People's preferences were sought and respected.

People's risks were recorded, monitored and managed well to ensure they stayed safe. People lived full and active lives and were supported to access local areas and activities. Activities reflected people's interests and individual hobbies. People were given the choice of meals, snacks and drinks they enjoyed while maintaining a healthy diet. People had support preparing some meals and drinks.

Staff understood their role with regards to ensuring people's human and legal rights were respected. For example, the Mental Capacity Act (2005) (MCA) and the associated Deprivation of Liberty Safeguards (DoLS) were understood by the staff. They knew how to make sure people, who did not have the mental capacity to make decisions for themselves, had their legal rights protected and worked with others in their best interest. People's safety and liberty were promoted.

Staff had completed safeguarding training and had a good understanding of what constituted abuse and how to report any concerns. Staff described what action they would take to protect people against harm and were confident any incidents or allegations would be acted upon.

Staff described the registered manager as being very approachable and supportive. Staff spoke positively about their jobs and their roles.

People who required it had additional staffing. Staff confirmed there were sufficient staff to meet these requirements. Staff had completed training and had the right skills and knowledge to meet people's needs. New staff received a comprehensive induction programme when they started working for Encompass. People were protected by safe recruitment procedures.

All significant events and incidents were documented and analysed. Evaluation of incidents was used to help make improvements and keep people safe. Improvements helped to ensure positive progress was made in the delivery of care and support provided by the staff. Feedback to assess the quality of the service provided was sought from people living in the home, professionals and staff.

## 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 ●

This service was safe. People were supported by sufficient skilled and experienced staff.

Staff had a good understanding of how to recognise and report signs of abuse.

Risk had been identified and managed appropriately. Risk assessments had been completed to help staff protect people.

People received their medicines as prescribed. Medicines were managed safely and staff were aware of good practice.

### Is the service effective?

Good ●

The service was effective. People received individual one to one support from staff who had the knowledge and training to carry out their role.

Staff had received training in the Mental Capacity Act and the associated Deprivation of Liberty Safeguards. Staff understood the requirements of the act which had been put into practice.

People could access health, social and medical support as needed.

People were supported to maintain a healthy and balanced diet and the service used a range of communication methods.

### Is the service caring?

Good ●

The service was caring.

Staff were caring, kind and treated people with dignity and respect.

People were involved as much as possible in decisions about the support they received and their independence was respected and promoted. Staff were aware of people's preferences.

People had formed positive caring relationships with the staff.

### Is the service responsive?

Good ●

The service was responsive.

People received personalised care.

Staff responded quickly and appropriately to people's individual needs.

People were supported to undertake activities and interests that were important to them. People made choices about their day to day lives.

There was a complaints procedure available for anybody to access.

### Is the service well-led?

Good ●

The service was well led.

There was an experienced registered manager in post who was approachable.

Staff were supported by the registered manager. There was open communication within the staff team and staff felt comfortable raising and discussing any concerns with them.

There were systems in place to monitor the safety and quality of the service.

People's views on the service were sought and quality assurance systems ensured improvements were identified and addressed.

# Greenhills

## **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.

The inspection was undertaken by one inspector on 25 March 2016 and was unannounced.

Prior to the inspection we reviewed information we held about the service, and notifications we had received. A notification is information about important events, which the service is required to send us by law.

People who lived at Greenhill's were not able to fully verbalise their views and so used other methods of communication, for example sign language or pictures. During the inspection we met or spoke with all seven people who used the service, the registered manager via telephone, three relatives and six members of staff.

We looked around the premises and observed how staff interacted with people. We looked at three records which related to people's individual care needs, four records which related to the administration of medicines and records associated with the management of the service including quality audits.

# Is the service safe?

## Our findings

People had complex individual needs therefore we spent time observing people and spoke with staff and three relatives to ascertain if people were safe. People were safe. A relative said; "Very safe here." and a staff member confirmed; "We make sure people are always kept safe."

People were provided with a safe and secure environment. Staff checked the identity of visitors before letting them in. Smoke alarms were tested and evacuation drills were carried out to help ensure staff and people knew what to do in the event of a fire. Care plans included up to date personal evacuation plans and held risk assessments which detailed how staff needed to support individuals in the event of a fire to keep them safe.

People were protected from abuse because staff understood what abuse was and how to report it. The service had safeguarding policies and procedures in place. All staff confirmed they had completed safeguarding training and this had been updated recently / regularly. Staff were aware of what steps they would take if they suspected abuse and spoke confidently about how they would recognise signs of possible abuse. Staff agreed that Encompass made sure training is up to date to help keep people safe. Staff said; "I would always report something if I saw it. Always." Staff said they were aware of who to contact externally should they feel their concerns had not been dealt with appropriately. Staff were confident any reported concerns would be taken seriously and referred to the appropriate agency, for example the local safeguarding team.

People's finances were kept safe. People had appointees to manage their money where needed, including family members. Money was kept secure and two staff signed money in and out. Receipts were kept where possible to enable a clear audit trail on incoming and outgoing expenditure and people's money was audited on a weekly basis.

People received individual one to one support when needed and the service liaised with learning disability specialists to support people's individual needs, for example learning disability nurses. Staff managed each person's behaviour differently, according to their needs; and this was recorded in their individual care plans. There were sufficient skilled and competent staff to ensure the safety of people. One person was allocated one to one support at all times. There were processes in place to cover staff sickness and any unforeseen circumstances. Relatives and staff confirmed there had previously been a shortage of staff however all agreed that had now improved.

Accidents and incidents were recorded and analysed to identify what had happened and what actions the staff could take in the future to reduce the risk of reoccurrences and ensure learning took place. The registered manager informed other agencies, including the local authority safeguarding team, of incidents and significant events as they occurred. For example, if people had an episode of behaviour that challenged the staff, this was discussed with the appropriate service to help keep people safe. Staff received training and information on how to ensure people were safe and protected.

People identified as being at risk inside the service or when they went out outside had clear risk assessments

in place. For example, where people may place themselves and others at risk, there were clear guidelines in place for managing these. People could be at risk when going out with or without staff support. Staff spoke confidently about how they supported people when they went out. Staff confirmed they were provided with information and training on how to manage risks for individuals to ensure people were protected.

People had risk assessments and clear protocols in place for the administration of medicines. People's medicines were managed safely. All medicines were locked away. There were safe medicines procedures in place and medicines administration records (MAR) had been fully signed and updated. Medicines were managed, stored, given to people as prescribed and disposed of safely. Staff confirmed they had been trained and understood the importance of the safe administration and management of medicines.

People were supported by suitable staff who were recruited safely. Staff confirmed the company's recruitment process. This included appropriate checks being undertaken before staff began work. Staff confirmed these checks had been applied for and obtained prior to commencing their employment with the service. For example, disclosure and barring service checks had been made to help ensure staff were safe to work with vulnerable adults.

People were kept safe by a clean environment. All areas we visited were clean and hygienic. Protective clothing such as gloves and aprons were readily available to reduce the risk of cross infection. Staff had completed infection control training and were aware how to protect people.



# Is the service effective?

## Our findings

People were supported by a staff team that was skilled and knowledgeable and effectively met people's needs. Staff confirmed they received training to support people's specific needs for example, epilepsy training. Relative's comments included; "The personal care provided by staff is 2nd to none." and; "Encompass training is excellent."

Staff completed the company's induction programme which included shadowing experienced staff. Staff confirmed they had sufficient time to read records and worked alongside experienced staff to fully understand people's medical, care and physical needs. Staff said they had completed the Care Certificate (a nationally recognised training course) as part of their training. Ongoing training was planned to support staff's continued learning and was updated when required. Training records showed staff had completed training to effectively meet the needs of people. Discussions with staff showed they had the right skills and knowledge to meet people's needs. Staff told us; "Training is very good and updated." and; "Encompass a brilliant company for offering training."

Staff received appraisals and supervision. Team meetings were held to provide staff the opportunity to highlight areas where support was needed and encourage ideas on how the service could improve. Staff confirmed they had opportunities to discuss any issues during their one to one supervision, appraisals and at team meetings. Records showed staff discussed topics including how best to meet people's needs effectively.

People lived in a home that was regularly updated and maintained to meet their needs. Staff confirmed that all upgrades to the service were suitable for the people who lived there and any adaptations needed were carried out.

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. The application procedures for this in care home are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

People's mental capacity had been assessed which meant care being provided by staff was in line with people's best interest. We spoke to the staff about their understanding of the Mental Capacity Act 2005 (MCA) and associated Deprivation of Liberty Safeguards (DoLS). The staff had undertaken training and were aware of the process to follow if it was assessed people could be deprived of their liberty and freedom. The staff confirmed they continually reviewed individuals to determine if a DoLS application was required. They confirmed some people had been subject to a DoLS application to prevent them from leaving the service alone to keep them safe.

Staff received handovers when coming on shift and completed a daily record to help ensure important information was passed on. Staff confirmed they had sufficient time to read people's individual records to keep them up to date. Care records recorded updated information to help ensure staff provided effective support to people. Staff confirmed discussions were held on changes in people's health needs as well as any important information in relation to medicines or appointments.

People had access to local healthcare services and specialists including speech and language therapists. Staff confirmed discussions were held regarding changes in people's health needs as well as any important information in relation to medicines or appointments. This helped to ensure people's health was effectively managed. Staff gave an example of one person, who had appeared unwell recently, and how they had contacted the GP for advice and support. This person had now been admitted to hospital for additional support. Care records held information on people's physical health and detailed people's past and current health needs as well as details of health services currently being provided and each person had a "Care Passport." This was developed for each person to be used in the event of an admission to hospital. This information had been developed in line with best practice to ensure people's needs were understood and met within the hospital environment.

Staff sought people's consent before providing care. Staff knew when to involve others who had the legal responsibility to make decisions on people's behalf. A staff member told us they gave people time and encouraged people to make simple day to day decisions. For example, what activities they wished to partake in.

People spent time with staff in the communal areas and were encouraged to make choices. We observed staff offering people a choice of food for lunch and their preferences were respected. We observed people being supported by staff when required and nobody appeared rushed. Staff sat next to people, gave people time, made eye contact and spoke encouraging words to keep them engaged with their food.

People's individual nutritional and hydration needs were met. People made choices on what they wanted to eat and drink and had access to the kitchen at all times, usually with staff support. Menus were discussed with individuals when needed. People were encouraged to prepare their own drinks when possible. When required people had their weight monitored and food and fluid charts were in place when needed. People had any special diets catered for and staff were familiar with people's individual nutritional needs.

People, who required it, had the malnutrition universal screening tool (MUST) in place to help identify if they were at risk of malnutrition. People had their weight monitored and food and fluid charts were completed. Staff confirmed they had information about people's dietary requirements. Care records listed what the staff could do to help each person maintain a healthy balanced diet. People had access to drinks and snacks 24 hours a day. This helped to ensure people remained hydrated and received adequate nutrition.

## Is the service caring?

### Our findings

People were treated with respect and staff were caring and showed compassion to each person. Staff were friendly, patient and discreet when offering or providing support to people. We observed and heard positive interactions between staff and people when they were being supported. Staff asked people before providing care to ensure the person concerned understood and felt cared for. Staff interacted with people in a caring way throughout the visit. For example, if people became distressed, staff were observed to respond quickly to reassure people and try to distract them to help them settle.

Relatives all agreed the service was caring and provided very good individual care to people. One said; "Care is very good." Another said; "They know [...] (their relative) well that is what makes the difference in meeting their health and care needs."

We observed the staff chatting and interacting with people throughout our visit. The staff were aware of people's anxiety and provided reassurance when needed. We heard staff ask people if they were "Ok" or required support. These interactions clearly pleased people and we observed it helped them feel more relaxed and happy.

People were supported by staff who had the skills and knowledge to care for them. Staff understood how to meet people's specific needs. Staff knew people's individual ways of communicating and supported us when meeting and talking with people. This showed us the staff knew people well. Staff understood how to meet people's needs and knew about people's lifestyle choices to promote independence. Staff involved people and knew what people liked, disliked and what activities they enjoyed.

People's needs in relation to their behaviour were clearly understood by the staff team and met in a caring positive way. For example, one person became anxious at times. Staff interacted and provided reassurance to this person and reduced their anxiety. This person soon settled and interacted with staff in a positive way.

People were supported to express their views and encouraged to be actively involved in making decisions about their care. People had specific routines and care was personalised and reflected people's wishes. This enabled staff to assist the person and care for them how they wished to be cared for. Staff were also aware, due to people's changing needs, these routine needed to be reviewed regularly.

People were not able to express their views verbally. However staff encouraged people to be as independent as possible. People had access to individual support and advocacy services, for example Independent Mental Capacity Assessors (IMCA). This helped ensure the views and needs of the person concerned were documented and taken into account when their care was planned.

People had their privacy and dignity maintained while staff supported people with their personal care needs. We observed staff knocking on people's bedroom doors to gain entry and people were always involved and asked if they were happy we visited them. We observed people closing bedroom doors to carry out care tasks.

Respecting people's dignity, choice and privacy was part of the home's philosophy of care. People were dressed to their liking and the staff told us they always made sure people were smartly dressed if they were going out. Staff spoke to people respectfully and in ways they would like to be spoken to.

Staff showed concern for people's wellbeing. Staff were attentive and responded quickly to people's needs, for example people who became upset received prompt support from staff.

People's relatives and friends were able to visit at any time. Staff recognised the importance of people's relationships with their family and promoted and supported these contacts when appropriate. A relative said; "We are always made to feel welcome." Another said; "I can call at any time."

## Is the service responsive?

### Our findings

People were not fully able to be involved with planning and reviewing their own care and making decisions about how they liked their needs met. People had guidelines in "My preferred daily plan" in place to help ensure their needs were met in a way they wanted and needed. This enabled staff to respond to people's needs in situations where they may require additional support. Staff responded quickly and followed written guidance to support people. Regular reviews were carried out on care plans and behavioural guidance to help ensure staff had the most recent updated information to support people.

Guidelines were in place to help staff ensure any behavioural needs were responded to. People had 'My behaviour profile' in their care files, this information included triggers to behaviour, behaviours displayed and response. This helped staff respond to people's behavioural needs in situations where they may require additional support by showing staff the approach and response required to assist people. Staff knew when people were upset or becoming anxious and staff followed written guidance to support people. For example, one person had guidelines for staff to assist them when they became upset. This response helped this person to avoid becoming anxious. This enabled staff to respond to people's needs in situations where they may require additional support.

People with limited communication were supported to make as many choices as possible. Staff informed people of the choices on offer to assist people for example, what people wanted to drink. People's choices were respected. We observed one person choosing an activity to complete during our visit.

People's social history was recorded. This provided staff with guidance as to what people liked and what interested them. People led active social lives and participated in regular activities that were individual to their needs. People had designated one to one support to partake in activities when needed in the community. We saw people going out to for a walk during our visit. Relatives confirmed they were happy with the activities that were provided and they reflected the interests of people. People were supported to develop and maintain relationships with people that mattered to them. For example, records showed family members and friends visited often.

People were encouraged and supported to maintain links within the local area to ensure they were not socially isolated or restricted due to their individual needs. For example people visited local restaurants. Staff were knowledgeable about how to support people to access a wide range of activities. Staff confirmed they researched new activities to ensure they were suitable.

The complaints procedure was available in a picture format so people could understand it. Relatives confirmed any issues raised were always dealt with. The registered manager confirmed they had not received any complaints however Encompass head office had. They discussed the process and fully understood how to respond promptly and thoroughly to investigate complaints in line with the service's own policy. The registered manager confirmed that appropriate action would be taken and the outcome recorded and fed back to the complainant. Staff told us that due to some people's limited communication the staff worked closely with people and monitored any changes in behaviour. Staff confirmed any concerns

they had would be communicated to the registered manager or registered provider and were confident they would be dealt with. Family spoken with confirmed any concerns had been dealt with and responded to.

We saw staff regularly checked with people to see if they were well and happy with the care and support being provided. We heard staff saying, "Are you OK?" One person had been admitted to hospital and the staff were discussing how to support that person when they came home.

## Is the service well-led?

### Our findings

Greenhill's and Encompass, the company that owned the service, was well led and managed effectively. There was clear evidence of good governance and leadership at the service. There was a registered manager in place to manage the service. The service and company had clear values on how people's needs should be met and respected including, "Working to the ethos that the individual is at the centre of everything we do." These values were incorporated into staff training and people received a copy of the services core values.

People were provided with information and were involved in the running of the home as much as possible. The registered manager said they encouraged the staff to talk to, listen and observe if people had concerns. A range of communication aids were used to support people to tell staff about the service.

The registered manager promoted the ethos of honesty, learned from mistakes and admitted when things had gone wrong. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.

The registered manager took an active role within the day to day running of the home and staff confirmed they had good knowledge of the people and the staff. There were clear lines of responsibility and accountability within the management structure of the company. The registered manager demonstrated they knew the details of the care provided to the people which showed they had regular contact with the people who used the service and the staff.

Staff spoke well of the support they received from the registered manager and told us; "I feel well supported by [...] (the registered manager)." Another said; "The registered manager is very approachable, very helpful and supports me." Staff confirmed they were able to raise concerns and agreed any concerns raised were dealt with immediately. Staff had a good understanding of their roles and responsibilities. Staff told us the registered manager worked alongside them. Staff said there was good communication within the staff team and they all worked well together.

Staff demonstrated they were motivated and dedicated to provide a good service. Some staff had worked for the provider for a long time and shared the philosophy of the management team. Regular staff meetings were held to enable staff to comment on how the service was run. This allowed open and transparent discussions about the service and updated staff on any new issues, gave them the opportunity to discuss any areas of concern, and look at current practice. Meetings were used to support learning and improve the quality of the service. All staff agreed they were able to contribute to all discussions. Shift handovers, supervision and appraisals were seen as an opportunity to look at improvements and current practice. The home had a whistle-blowers policy so staff could raise concerns about practice.

There was a quality assurance system in place to drive continuous improvement within the service. Audits were carried out in line with policies and procedures, for example audits on care plans. A senior manager of the company carried out monthly official site visits on behalf of the provider to audit the premises, record and observe if people were well. The registered manager sought verbal feedback regularly from relatives,

friends and health and social care professionals to enhance their service. Annual audits and maintenance checks were completed related to health and safety, the equipment and the home's maintenance such as the fire alarms and electrical tests.

Systems were in place to ensure reports of incidents, safeguarding concerns and complaints were overseen by the manager or the company's senior management. This helped to ensure appropriate action had been taken and learning considered for future practice. We saw incident forms were detailed and encouraged staff to reflect on their practice.

The registered manager knew how to notify the Care Quality Commission (CQC) of any significant events which occurred in line with their legal obligations. The registered manager kept relevant agencies informed of incidents and significant events as they occurred. This demonstrated openness and transparency and they sought additional support if needed to help reduce the likelihood of recurrence.