

Encompass (Dorset)

# Dick O'th Banks Road

## Inspection report

5 Dick O'th Banks Road  
Crossways  
Dorchester  
Dorset  
DT2 8BJ

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Tel: 01305852081  
Website: [www.drh-uk.org](http://www.drh-uk.org)

## 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 6 February 2016 and was unannounced. 5 Dick O'Th Bank Road provides care and accommodation for up to four people with learning disabilities. People had complex individual needs and could display behaviour that could be perceived as challenge to others. On the day we visited four 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. The registered manager is also the joint provider of the service.

We met and spoke to all four people during our visit. People were not able to fully verbalise their views and used other methods of communication, for example pictures and symbols. 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 received 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 therapist.

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

People's risks were documented, monitored and managed well to ensure they remained 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 input in 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 registered manager. 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 knowledge 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 fully investigated.

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

People who required it had one to one staffing at particular times. Staff confirmed there were sufficient staff to meet these requirements. Staff had completed appropriate 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 incidences were document 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 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.

# Dick O'th Banks Road

## **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 6 February 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.

During the inspection we met or spoke with all four people who used the service, the registered manager, a relative and three members of staff.

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

# Is the service safe?

## Our findings

People who lived at 5 Dick O'Th Bank Road were not able to fully verbalise their views and used other methods of communication, for example pictures or symbols. People had complex individual needs and could display behaviour that could challenge others. We therefore spent time observing people for short periods and spoke with staff and a relative to ascertain if people were safe. A relative said; "Yes, I believe my relative is safe." when asked if they felt their relative was safe. One staff member said; "We make sure people are kept safe-it's part of our role."

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 people safe.

The provider had safeguarding policies and procedures in place. Information displayed provided staff with contact details for reporting any issues of concern. Staff said they received updated safeguarding training and were fully aware of what steps they would take if they suspected abuse and they were able to identify different types of abuse. Staff were aware who to contact externally should they feel their concerns had not been dealt with appropriately. Staff were confident that any reported concerns would be taken seriously and investigated. Staff agreed that Encompass made sure training is up to date to help keep people safe.

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.

Care plans detailed the staffing levels required for each person to keep them safe inside and outside the service. For example, staffing arrangements were in place to help ensure each person had one to one staffing available when needed. This enabled people to participate in activities in the community safely. There was a contingency plan in place to cover staff sickness and any unforeseen circumstances. Staff said; "Staffing has improved with more consistent staff working with people. The registered manager covered any sickness to ensure we have enough staff on duty." This they felt helped to keep people safe.

Risks were identified and steps taken to mitigate their impact on people. For example, the service liaised with the local behavioural support team to support people who displayed behaviour that could challenge others. Staff told us they managed each person's behaviour differently and this was recorded into individual care plans and included clear guidelines on managing people's behaviour. The registered manager kept relevant agencies informed 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.

Accidents and incidents were recorded and analysed to identify what had happened and actions the staff could take in the future to reduce the risk of reoccurrences. This showed us that learning from such incidents took place and appropriate changes were made. The registered manager informed other agencies, including safeguarding, of incidents and significant events as they occurred. 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 had risk assessments and clear protocols in place for the administration of medicines.

People's medicines were managed safely. Each person had their own medicine cabinet in their rooms. 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 were appropriately trained and confirmed they understood the importance of the safe administration and management of medicines. We found a medicine had been discontinued and the record of this could lead to confusion. The registered manager corrected this before we finished our visit.

The home had safe recruitment processes in place. Required checks had been conducted prior to staff starting work at the home. For example, disclosure and barring service checks had been made to help ensure staff were safe to work with vulnerable adults.



# Is the service effective?

## Our findings

People received care from staff that had the knowledge and skills to carry out their roles and responsibilities effectively. Staff completed a full induction programme that included shadowing experienced staff until both parties felt confident they could carry out their role competently. The registered manager confirmed new staff complete the Care Certificate (A nationally recognised training course for staff new to care) as part of their training. The registered manager informed us staff received appropriate ongoing training for example epilepsy. This helped ensure staff had the right skills and knowledge to effectively meet people's needs. Ongoing training was planned to support staffs continued learning and was updated regularly.

Staff received supervision with either the registered manager or deputy manager. Team meetings were held to provide the staff the opportunity to highlight areas where support was needed and encouraged 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 staff meetings.

People lived in a home that was regularly updated and maintained. The registered manager talked through recent upgrades in the home and further upgrades planned to ensure people lived in a suitable environment, for example new flooring. Staff confirmed that the upgrades to the service were suitable for the people who lived there and any adaptations needed would be carried out.

The registered manager and staff understood the principles of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and how to apply these in practice. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. DoLS provide legal protection for those vulnerable people who are, or may become, deprived of their liberty and there is no other way to help ensure that people are safe.

The registered manager confirmed they continually reviewed individuals to determine if a DoLS application was required. The registered manager informed us each person was subject to a DoLS authorisation and people were restricted from leaving the service to keep them safe. Staff were aware of people's legal status and when to involve others who had the legal responsibility to make decisions on people's behalf. The registered manager said when it came to more complex decisions such as people leaving the premises without staff supporting them; they understood other professionals and appointee would need to be consulted to ensure they were acting in people's best interest and ensuring their safe care. This helped to ensure actions were carried out in line with legislation..

We observed that staff received a handover when coming on shift and said they had 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 healthcare services when required. People's well-being in relation to their health care needs was clearly documented. People had guidelines in place to help ensure their specific health and care needs were met in a way they wanted and needed. Records held health action plans and hospital passports detailing people's past and current health needs as well as details of health services currently being provided. Health action plans helped to ensure people did not miss appointments and recorded outcomes of regular health check-ups. Hospital passports ensured people received continuity of care and helped other hospital staff to understand the person and meet their needs.

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 how 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 and meals.

People's individual nutritional and hydration needs were met. Staff demonstrated they knew how people communicated and encouraged food choice when possible. Care records identified what food people disliked or enjoyed and listed what the staff could do to help each person maintain a healthy balanced diet.

People who required it had the malnutrition universal screening tool (MUST) in place to help identify if a person was at risk of malnutrition. People identified at risk of malnutrition 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 supported by staff who were kind and caring and we observed staff treated people with patience and compassion. The interactions between people and staff were very positive. We observed staff providing care and support to each person during our visit. Staff informed people what they were doing and ensured the person concerned understood and felt cared for.

Staff interacted with people in a caring way throughout the visit. For example, if people became upset or distressed, staff were observed to respond quickly to reassure people and try to distract them to help them settle.

People were supported by staff who had the skills and knowledgeable to care for them. Staff understood how to meet people's individual needs. Staff knew people's particular 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 were allocated a key staff member to help develop positive relationships. This worker was responsible in ensuring the person had care records that were updated for staff to access.

People's needs in relation to their behaviour were clearly understood by the staff team and met in a positive way. For example, one person became anxious due to another person's behaviour. Staff distracted them by involving them in a task they enjoyed. This provided reassurance to this person and reduced their anxiety.

People were supported to express their views and be actively involved in making decisions about their care and support when possible. People were provided with one to one support at times to enable them to receive quality time from any activities undertaken. People had specific routines and care was personalised and reflected people's wishes. For example, each person had clear routines in place to help reassure them. 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. Staff knew people well and what was important to them such as their structured daily routines on all areas of their care.

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 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 and met them.

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. We observed

people closing bedroom doors to carry out care tasks.

## 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. 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 or anxious. 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.

Guidelines were in place for people in their daily lives. People had a 'My preferred daily plan' and this told a brief story about the person's life, their interests and how they chose and preferred to be supported. This information helped staff in understanding and responding to people in the way they liked to be supported. Staff confirmed plans had been drawn up with staff who worked with the person who knew them well. Regular reviews were carried out on care plans and behavioural guidance to help ensure staff had the most recent updated information to support people.

People with limited communication were supported to make choices. Staff knew how people communicated and encouraged choice when possible. Staff confirmed, and observations showed, they offered people choices for example, what people wanted to drink. Staff used pictures to assist people with choices when needed.

People were supported to develop and maintain relationships with people that mattered to them. For example, people went out with family members regularly. One relative confirmed they visited several times a week.

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 activities that were individual to their needs. We saw people planning and going out for walks during our visit. Guidelines were in place to assist staff in responding to people's needs in different situations for example when travelling and people's involvement in different activities.

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 shops. Staff were knowledgeable on how they supported people to access a wide range of activities. Staff confirmed they researched new activities to ensure they were suitable.

The complaints procedure was displayed in a picture format so people could understand it. A relative confirmed any issues raised were always dealt with. The registered manager understood the actions they would need to take to resolve any issues raised. Staff told us that due to people's limited communication

the staff worked closely with people and monitored any changes in behaviour. Staff confirmed any concerns they had were communicated to the manager and were dealt with and actioned without delay.

## Is the service well-led?

### Our findings

Dick O'Th Bank Road and Encompass, the company that own the service, was well led and managed effectively. The service and company had clear values including, "Working to the ethos that the individual is at the centre of everything we do." This demonstrated the service had clear values in place on how people's needs should be met and respected. 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 running of the home and 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. Staff felt supported. Staff said the registered manager was available and, "Always approachable." 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 and said they were well supported by the registered manager. 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 were motivated and hardworking. They shared the philosophy of the management team. Shift handovers, supervision, appraisals and meetings were seen as an opportunity to look at current practice. This also provided an opportunity for staff to make comments on how the service was run. Staff were also updated on any new issues and gave them the opportunity to discuss current practice. Staff confirmed they were encouraged and supported to participate in looking at ways to improve the service. Information was used to support learning and improve the quality of the service. The home had a whistle-blowers policy to support staff. Staff felt comfortable in using the whistle-blowers policy if required.

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, records 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.