

Encompass LATC LTD

# Encompass Shared Lives Sutton

## 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 ●

# Summary of findings

## Overall summary

### About the service

Encompass Shared Lives Sutton is a shared lives scheme which provides people with long-term placements, short breaks and respite care, within shared lives carers' (carers) own homes. The service provides support to people with learning disabilities and/or autistic people. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of our inspection there were twenty-three people using the service.

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

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of right support, right care, right culture.

### Right Support

People were supported to have maximum choice and control of their lives and carers supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Carers focused on people's strengths and promoted what they could do, so people had a fulfilling and meaningful everyday life. The service made sure people could live in a safe and clean environment that met their needs. Carers supported people to take part in activities and pursue their interests in their local area. Carers enabled people to access specialist health and social care support in the community. People were supported to make decisions following best practice in decision-making. The service and carers communicated with people in ways that met their needs. Carers supported people with their medicines to achieve the best possible health outcome. Carers supported people to play an active role in maintaining their own health and wellbeing.

### Right Care

The service and carers promoted equality and diversity in their support for people. They understood people's cultural needs and provided culturally appropriate care. People received kind and compassionate care. The service and carers protected and respected people's privacy and dignity. They understood and responded to their individual needs. The service and carers understood how to protect people from poor care and abuse. People could communicate with carers and understand information given to them because carers supported them consistently and understood their individual communication needs. People's care and support plans reflected their range of needs and this promoted their wellbeing and enjoyment of life. People could take part in activities and pursue interests that were tailored to them. Carers gave people

opportunities to try new activities that enhanced and enriched their lives.

#### Right Culture

People led inclusive and empowered lives because of the ethos, values, attitudes and behaviours of the management and carers. They received good quality care, support and treatment because trained carers could meet their needs and wishes. People were supported by carers who understood best practice in relation to the wide range of strengths, impairments or sensitivities people with a learning disability and/or autistic people may have. The service and carers knew and understood people well and were responsive, supporting their aspirations to live a quality life of their choosing. They placed people's wishes, needs and rights at the heart of everything they did. People and those important to them, including advocates, were involved in planning their care. The service evaluated the quality of support provided to people, involving the person, their families and other professionals as appropriate. The service enabled people and those important to them to work with staff to develop the service. The service and carers valued and acted upon people's views. People's quality of life was enhanced by the service's culture of improvement and inclusivity.

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

This service was registered with us on 16 December 2020 and this is the first inspection. The last rating for the service at their previous location was good, published on 4 August 2018.

#### Why we inspected

This inspection was prompted by a review of the information we held about this service.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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?

Good ●

The service was 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.

# Encompass Shared Lives Sutton

## **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 Health and Social Care Act 2008.

#### Inspection team

The inspection team consisted of one inspector.

#### Service and service type

Encompass Shared Lives Sutton is a shared lives scheme. They recruit, train and support self-employed shared lives carers (carers) who offer accommodation and support arrangements for vulnerable adults within their own family homes in the community.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

#### 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 27 May 2022 and ended on 09 June 2022. We visited the location's office on 31 May 2022.

### What we did before the inspection

We reviewed information we had received about the service since they were registered. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

### During the inspection

We spoke to one person using the service, an advocate of a person using the service and two relatives about their experiences of the service. We also spoke to the registered manager, the deputy manager and three shared lives carers. We reviewed a range of records including three people's care records, records relating to staffing and other records relating to the management of the service including the service's policies and procedures.

# Is the service safe?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff and their carers knew them well and understood how to protect them from abuse. A person told us, "I feel safe...they treat me as a grown up. Not like a child." An advocate for a person said, "I feel he's safe with the carers." A relative told us their family member was always happy to return to their carer after home visits and said, "that tells me he is safe and happy with the carers."
- Staff and carers had training on how to recognise and report abuse and they knew how to apply it. A carer said about staff, "They are so good safeguarding people."

Assessing risk, safety monitoring and management

- People lived safely and free from unwarranted restrictions because the service assessed, monitored and managed safety well.
- People were involved in managing risks to themselves and in taking decisions about how to keep safe.
- Staff checked the safety of the carer's living environment at regular intervals. Any issues found were reported to the carer to action, to minimise risk to people.

Staffing and recruitment

- Carers were recruited safely and checks were completed to ensure they were suitable to support people. The provider vetted carers through the Disclosure and Barring Service (DBS). Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions
- People were matched to carers who would be able to support them to take part in activities, how and when they wanted.
- The provider's staff recruitment and induction training processes promoted safety. Staff knew how to take into account people's individual needs, wishes and goals.

Using medicines safely

- Where the provider was responsible for this, people received support from staff and their carers to make their own decisions about medicines wherever possible.
- People were supported by carers who followed systems and processes to administer, record and store medicines safely.

Preventing and controlling infection

- The service had effective infection prevention and control measures to keep people safe, and staff and

carers supported people to follow them.

- Carers used personal protective equipment (PPE) effectively and safely when appropriate.
- The service's infection prevention and control policy was up to date.
- Carers had completed food hygiene training to ensure the correct procedures for preparing and storing food were followed.

Learning lessons when things go wrong

- Staff and carers raised concerns and recorded incidents and near misses and this helped keep people safe.
- The service managed incidents affecting people's safety well. Staff and carers recognised incidents and reported them appropriately and managers investigated incidents and shared lessons learned.



# 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.

This is the first inspection for this newly registered service. This key question has been rated good. 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 service completed a comprehensive assessment of each person's physical and mental health when they were first referred to the service.
- People had care and support plans that were personalised and reflected their needs and aspirations, including physical and mental health needs. People, those important to them, their carers and staff reviewed plans regularly together.
- Support plans set out current needs, promoted strategies to enhance independence, and demonstrated evidence of planning and consideration of the longer-term aspirations of each person.

Staff support: induction, training, skills and experience

- People were supported by staff and carers who had received relevant training in evidence-based practice. Updated training and refresher courses helped staff and carers continuously apply best practice. A carer told us, "I keep up to date with the training including the online training...it's been really helpful."
- Staff received support in the form of continual supervision, appraisal and recognition of good practice. A staff member told us, "I have my own supervision once a month and find it very helpful."
- Carers received support from staff through quality monitoring visits at regular intervals, where they could discuss their role and any concerns they had. A carer said about staff, "I get a lot of information...and feel very well supported by them. [Staff member] has been great at supporting me to learn in this role and develop as a shared lives carer. She has really made my role really clear and it's been great for me to learn."
- Staff and carers could describe how their training and personal development related to the people they supported. A carer told us, "They have given us training and information and this helps us."

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

- People received support to eat and drink enough to maintain a balanced diet. A relative told us, "[Family member] has lost weight eating healthy and it's fantastic."
- People were involved in choosing their food, shopping, and planning their meals.
- Carers supported people to be involved in preparing and cooking their own meals in their preferred way. A person told us, "I get to eat what I like. I love my sausage rolls and beef burgers."
- People were able to eat and drink in line with their cultural preferences and beliefs. A relative told us their family member was supported by their carer to prepare meals that reflected their cultural heritage.

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

- People had health actions plans which were used by health and social care professionals to support them in the way they needed
- People were supported to attend their healthcare and medical appointments when needed.
- Staff and carers made sure people could access prompt support if there was a problem with their health or they became unwell. A relative gave us an example of when their family member's carer had become concerned about their eyesight. They said, "The carer took him to the opticians and they found a problem. I am really impressed with the way this was dealt with and how they picked up so quickly that there was a problem."

#### 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 MCA 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.

- Staff and carers empowered people to make their own decisions about their care and support. A carer told us, "[Staff member] is good at speaking with young people and makes sure they understand their rights and have capacity to make decisions."
- Staff and carers knew about people's capacity to make decisions through verbal or non-verbal means and this was well documented.
- Staff and carers demonstrated best practice around assessing people's mental capacity, supporting their decision-making and making decisions 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.

This is the first inspection for this newly registered service. This key question has been rated good. 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 well matched with their carers and as a result, people were happy and treated well. A person told us, "It's fantastic because we're always laughing...I feel looked after well." A relative said, "[Family member] gets on so well with his shared lives carer. He loves living there and prefers it." Another relative told us, "[Family member] is very happy and really settled...the carer is looking after him well and treats him so well."
- People were supported by carers who showed genuine interest in their well-being and quality of life. A carer told us, "I hope [person using the service] has had a good quality of life with us. She is our family and she's seen my children and grandchildren being born. The family all see her as one of them." Another carer said, "It has been very rewarding to see [person using the service] when he's happy and content."
- Staff and carers respected people's choices and wherever possible, accommodated their wishes, including those relevant to protected characteristics e.g. due to cultural or religious preferences.

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

- People, and those important to them, took part in making decisions and planning their care and risk assessments.
- Staff and carers supported people to express their views using their preferred method of communication. They took time to understand people's individual communication styles and develop a rapport with them. A relative said, "They understand [family member] and communicate with him really well."
- People were enabled to make choices for themselves and staff and carers ensured they had the information they needed.

Respecting and promoting people's privacy, dignity and independence

- People had the opportunity to try new experiences, develop new skills and gain independence. A carer told us, "[Person using the service] is open to new things and willing to try things out. [Person using the service] is encouraged to express himself as much as possible. We are trying things with him...going to the seaside, walks in the countryside and to the local pubs. We are going on holiday in the next two months and taking him with us."
- Each person had identified goals and aspirations and were supported by their carers to achieve greater confidence and independence. A relative told us, "The carer has boosted [family member's] confidence. His speech has come on. He travels independently in the community to go to a local community group to upcycle furniture."
- Carers knew when people needed their space and privacy and respected this. A relative told us, "[Person] has his own room and it's set out how he wants but he can join in with [carer's family] at any time."

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

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

- Support focused on people's quality of life outcomes and people's outcomes were regularly monitored and adapted as a person went through their life.
- Staff and carers provided people with personalised, proactive and co-ordinated support in line with their communication and support plans.
- People were supported to understand their rights and explore meaningful relationships.
- The service met the needs of people using the service, including those with needs related to protected characteristics.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Staff ensured people had access to information in formats they could understand
- People had individual communication plans that detailed effective and preferred methods of communication, including the approach to use for different situations.
- Staff and carers had good awareness, skills and understanding of individual communication needs. They knew how to facilitate communication and when people were trying to tell them something. A carer said, "I have really got to know [person using the service] and my experience of working with young people with learning disabilities really helps and supports my ability to communicate and work with [person using the service]."

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

- People were supported to participate in their chosen social and leisure interests on a regular basis. A relative said, "[Family member] tells me what he's doing and he's always going out with his carer on trips and outings." Another relative told us, "They (carer) take [family member] on holidays and he's so happy. He goes to the gym and loads of activities. He does the shopping and does fitness and he has a good quality of life with them."
- People were able to stay in regular contact with friends and family via telephone or video calls. A relative said, "[Family member] has a phone and laptop and he calls me every day and stays in touch." Another

relative told us, "[Family member] stays in touch with us regularly."

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

- People, and those important to them, could raise concerns and complaints easily if they wanted to. Staff and carers understood how to support them to do so.
- The service had systems in place to deal with concerns and complaints, investigate them, learn lessons from the results and to share learning with the whole team and the wider service.

#### End of life care and support

- People were asked about their wishes for the support they wanted to receive at the end of their life. This helped to ensure that staff and carers would know what to do to make sure people's wishes and choices were respected at the appropriate time. A relative told us, "I've been looking at [family member's] end of life needs and have been involved in setting up his end of life needs and wishes. This is all part of his plan. I really appreciated the help [staff] gave us with this."

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager worked hard to instil a culture of care in which staff and carers valued and promoted people's individuality, protected their rights and enabled them to develop and flourish.
- Management were available and took a genuine interest in what people, staff, family, advocates and carers had to say. A relative said, "Communication is fantastic." A carer told us, "[Deputy manager] will always answer the phone and she's around if I have a problem. She will pick up the phone and speak to me."
- Staff felt respected, supported and valued by senior staff which supported a positive and improvement-driven culture. A staff member said, "The [registered manager] is very approachable and available to us when we need him."
- Staff and carers felt able to raise concerns with managers without fear of what might happen as a result.
- Managers promoted equality and diversity in all aspects of the running of the service.
- Management, staff and carers put people's needs and wishes at the heart of everything they did.

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

- The registered manager had the skills, knowledge and experience to perform their role and a clear understanding of people's needs and oversight of the service they managed.
- Staff and carers knew and understood the provider's vision and values and how to apply them in their roles.
- Governance processes were effective and helped to hold staff and carers to account, keep people safe, protect people's rights and provide good quality care and support
- Staff were committed to reviewing people's care and support on an ongoing basis as people's needs and wishes changed over time.
- The provider invested in carers by providing them with training to meet the needs of people using the service and access to online resources and support systems to support them in their role. Carers were sent regular newsletters to keep them updated with news, information and changes relating to the service and their roles.
- Senior staff understood and demonstrated compliance with regulatory and legislative requirements.
- Staff and carers delivered good quality support consistently. A relative said, "The service is fantastic. Best thing since sliced bread! We are really happy. I think [family member] has good quality care." Another

relative told us, "Everything is great and I have no concerns or worries about the service." A carer said, "The service have been brilliant and the support they give me and [person using the service] is amazing."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; 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 provider sought feedback from people, those important to them and their carers and used the feedback to develop the service. We saw the provider had recently sent surveys to gather people's views about how the service could be improved.
- The service had systems in place to apologise to people, and those important to them, when things went wrong.

Continuous learning and improving care; working in partnership with others

- The provider had a clear vision for the direction of the service which demonstrated ambition and a desire for people to achieve the best outcomes possible.
- The provider engaged in local forums and online groups to work with other similar types of services to improve care and support for people using the service. The registered manager told us they had sought advice recently from one of these groups, which they had found helpful in making decisions about the support people received from the service.
- The service worked well in partnership with other health and social care organisations, which helped people using the service improve their wellbeing. A carer told us how they had worked proactively with staff to seek additional support for a person using the service from their funding local authority, leading to better health and wellbeing outcomes for the person.