

Encompass (Dorset)

# Connaught House

## 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

Connaught House provides care and support for people in their own homes. At the time of our inspection, three people had received a registered service. The service primarily supported people living with a disability..

There was a registered manager in post. 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. However, the registered manager was on maternity leave. The provider had informed us of this and the deputy manager was managing the service during this period of leave.

Staff understood the importance of people consenting to the care they provided and encouraged choice making. They understood the importance of enabling people to make their own decisions wherever possible and seeking the involvement of appropriate people when making decisions to provide care in a person's best interests if they were not able to give consent themselves.

People told us they felt safe and well cared for. They were protected from harm because staff understood the risks they faced and how to reduce these risks. They also knew how to identify and respond to abuse.

There were systems in place to ensure medicines were administered safely.

Staff were consistent in their knowledge of people's needs and spoke with confidence about the care they provided to meet these needs. Care and treatment was delivered in a way that met needs and promoted independence and dignity. Staff kept accurate records about the support they provided.

There were enough safely recruited staff to ensure the care could be provided. Staff told us they felt supported in their roles and had received training that provided them with the necessary knowledge and skills to do their job effectively.

People had access to health care professionals and was supported to maintain their health by staff. Staff understood the need to share information about changes in people's health.

People were positive about the care they received and told us the staff were nice. Staff treated people and each other with respect and kindness.

There were systems in place to monitor the quality of the service and people were encouraged to contribute to the management of the service.

## 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. People were safe because staff had received training in vulnerable adults and knew who to report concerns too.

There were systems in place to safely support people with medicines.

The provider had systems in place to ensure staff were recruited safely.

People were supported by staff who understood the risks they faced and followed care plans to reduce these risks.

### Is the service effective?

Good ●

The service was effective. Staff understood the importance of consent and encouraged the person to make choices about their care.

People were supported by staff who understood their needs and felt supported.

People were supported by staff to access healthcare in a timely manner.

### Is the service caring?

Good ●

The service was caring. People received compassionate and kind care from staff.

Staff communicated with people in a friendly and warm manner. People were treated with dignity and respect and their privacy was protected.

### Is the service responsive?

Good ●

The service was responsive. People received care that was responsive to their individual needs. Their care plans reflected these needs and staff were confident in describing the resulting support.

People were confident they were listened to and any concerns they had were addressed.

**Is the service well-led?**

**Good** ●

The service was well led. There were systems in place to monitor and improve quality including seeking the views of people and staff.

Staff had a shared understanding of the ethos of the service and were committed to providing high quality care.

# Connaught House

## **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.

This inspection took place on 14 December 2016 and was announced. We gave the provider short notice of this inspection in line with our published methodology for inspecting domiciliary care providers. The inspection team was made up of one inspector.

Before the inspection we reviewed information we held about the service. This included notifications the provider had sent us and information received from other parties. The provider had sent us a Provider Information Record (PIR). A PIR 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.

Two of the three people receiving a personal care service had complex communication and as such we did not speak with them. However one person could tell us how they experienced care. During our inspection we spoke with the person and five members of staff. The registered manager was not available when we visited but we spoke with the deputy manager who was managing the service. We looked at records related to three people's care and reviewed records relating to the running of the service. This included staff training and employment records and policies and procedures.

# Is the service safe?

## Our findings

Staff were recruited safely with appropriate checks in place to reduce the chances of employing people who were not suitable to work with vulnerable adults. There were enough staff to meet people's needs safely. One person told us " I know all of my carers, I have a core group of support, sometimes another staff member comes to help but I trust the provider to only send people who will treat me well."

People had individual risk assessments. One person told us about how they had been involved in writing their own risk assessments in relation to the support provided. Where people could not contribute to their individual risk assessments other people important to them had been included. These risk assessment had been clearly documented and gave staff clear guidance on how to reduce risks. The staff we spoke with told us about the risks people wished to take which reflected what was documented

Staff were confident they would notice indicators of abuse and knew how to report concerns internally. The staff we spoke with could identify where the contact details of other agencies were if they needed to report any concerns. Staff told us they were confident in highlighting any concerns they had and that their manager encouraged open discussion. Safeguarding was a standing agenda item at staff meetings and supervision sessions which meant that staff received regular updates and consolidation of their knowledge.

Whilst there had not been any accidents and incidents there was a system in place to report and review any that may occur.

People were supported to take their medicines safely. One person was supported with the administration of prescribed creams appropriately and safely. Staff told us they had been trained to administer medicines and checks had been carried out on their competence to do so safely. The person told us that they always got help with their cream and records reflected this. We spoke to the deputy manager who told us about an initiative they had been involved with which allowed a person to take their medicines independently. A person was generally capable of administering their own medicines but was forgetful. The deputy worked in partnership with a pharmacist who agreed to trial a new dispensing system which is capable of giving audible alarms to inform when a medicine is due as a reminder the person needed to take them. The system also has provided wi fi type alerts to nominated others to allow them to remind the person. This demonstrated that the provider is embracing new technology with a view to people maintaining or developing their independence within a managed environment.

# Is the service effective?

## Our findings

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. We checked whether the service was working within the principles of the MCA.

Where people were unable to make decisions for themselves there were systems in place to access capacity and make best interest decisions if required. Where people who were being supported were assessed as not being able to make decisions about the care and support they received, there were decision specific assessments in place in line with MCA. There was evidence that best interest decisions had been made which had included people important to the person concerned.

We spoke with one person receiving care who was able to make decisions about their care and we saw that staff spoke with them in a way that promoted their autonomy. The person confirmed they were in control of their care and support. We asked staff about how care decisions would be made if someone was not able to make these decisions for themselves. They told us they had received training in the MCA and would work in partnership, when appropriate, to make best interest decisions.

Staff had the necessary skills to meet people's needs. One person told us the staff had the skills they needed to do their jobs. Staff told us they felt they were trained and supported to do their jobs. One member of staff said: "I hadn't worked in care before, the training and support from the provider and more experienced staff has been excellent." There was a robust system in place for ensuring that staff kept their training current and staff told us they could access specialist training when this was appropriate to people's needs.

The people who received a personal care service did not receive support with eating and drinking but the provider had policies and systems in place to provide this support if necessary.

People were supported to maintain their health and wellbeing. One person told us they were supported to maintain their health and accompanied to appointments when required. We spoke with a member of staff who described how changes in health would be reported to health professionals and care plans were updated to include their guidance. We saw that when a person's health care needs changed staff were provided with the information through individualised care plans.

## Is the service caring?

### Our findings

The person we spoke with told us they were receiving good quality: that they liked the staff and that they were confident in the provider's ability to meet their needs. Staff described how people's care plans and care records enabled them to keep up to date with people's current needs. Staff spoke confidently about the people's care needs.

Staff explained that they had time to build relationships with people because they worked with them regularly. We saw that staff communicated with the person in ways that supported them. We saw that where people had complex communication needs there was written guidance to support staff which included giving people time to process information and consider their response. We spoke with two staff who were supporting a person with complex communication methods. They told us that the person they supported used gestures and hand movements to express choice and some emotions. This information was in the person's care plan and staff used this information to develop relationships, support independence and encourage people to control their own care.

One person receiving care told us they felt listened to by the staff. They told us about being supported to make choices by care workers. They reflected on this saying: "The girls (staff) are nice, if you ask them to help they will, but they also let you do things for yourself". They also felt that their privacy was respected and told us that their personal information was kept private and their personal space respected.

Staff spoke confidently about a person's likes and dislikes and were aware of people's social histories and relationships. The care plan format used meant that this information was sought out and recorded. Humour was prevalent but staff spoke respectfully to the person and to each other. This promoted a relaxed and friendly atmosphere in people's homes and in the office.



## Is the service responsive?

### Our findings

Peoples care was delivered in a way that met their personal needs and preferences. They told us they were able to talk to the staff and felt listened to. People had an initial assessment of need which included all of those important to them. The person we spoke with confirmed they had been consulted throughout the initial stages of involvement with the service.

The people we spoke with told us they felt safe in the care of the people who supported them. One person told us about how they had been involved in the recruitment process of people who would be supporting them. They valued this as it reassured them that they would be able to get along with those who supported them.

People's ongoing needs had been assessed and these were recorded alongside personalised plans to meet these needs. The records showed that people had been involved in identifying what they wanted the care plan to achieve for them and how they wanted their support delivered. Needs were assessed and care plans written to ensure that physical, emotional, and communication needs were met during visits. One person told us they had written their own plan of care. Staff knew people well and were able to describe their support needs and preferences with confidence. They told us that care plans reflected people's needs and that any changes would result in a review. They described ongoing developments in the way care plans were written and the expectations of staff in relation to recording the actions they took.

The care staff kept accurate and detailed records which included the care people had received; physical health indicators and how content they appeared. These records, and care plans were written in respectful language which reflected the way people were spoken with by the staff. The records were reviewed regularly against people's care plans. This meant that changes in need that had not been noted by staff providing care could be identified.

There had not been any complaints about the service. There was a complaints policy that explained to people how complaints would be managed and the provider had a system in place for managing complaints effectively. This information was available in Easy Read formats making it accessible to people who may use the service. One person receiving care told us: "If anything is wrong I would report it." We asked if things they reported got sorted out and they told us they did. They also told us "I talk to my carers if I have concerns, they sort it out quickly, If my care plan needs changing because it does not suit me its changed , no fuss".

## Is the service well-led?

### Our findings

There was a registered manager in post but they were not present at the inspection due to maternity leave. The provider had informed us of this absence and had made suitable arrangements for the deputy to manage the service in their absence. The deputy manager supported us at the inspection.

There was commitment to improving practice throughout the service. Staff told us that they were able to talk with management about any concerns or ideas they had and told us these were acted on. The staff team worked with other agencies to ensure people received good care. Records indicated that they were proactive in seeking guidance and information.

The provider supported the service by way of policies and documented procedures. We spoke with a representative of the provider responsible for updating and reviewing these documents. They told us they were working on updating some of these documents such as the whistle blowing policy and complaints procedure to ensure they were in line with current good practice and the expectations of the local authorities' contract department. This demonstrated that the provider had systems in place to ensure the guidance given to staff with regards to the expectations of the caring role was kept up to date.

Staff described a learning and open working culture and reflected how they were encouraged to develop professionally and felt supported to do so. Team meetings were regular and afforded staff the opportunity to discuss a range of practice issues. The staff handbook detailed the values that underpinned the ethos and practice described to us by the staff.

There were systems in place to monitor the quality of the service such as spot checks on staff practice and audits of records such as care delivery records. One person told us "The deputy manager often comes over for a chat to make sure everything is going well".

People were encouraged to provide monthly feedback in relation to the care they received. We looked at new documentation that had been introduced that was in the form of a pamphlet. This pamphlet had been designed following consultation with the people who use the service and the staff. The document contained the care plan, significant risks and how to address these, daily recording sections for staff and a feedback section at the rear for completion by the person using the service. This feedback section was flexible to reflect people's abilities for example, it could be pictorial, numbers one to 10 or written. These pamphlets were returned to the office each month and used to assess the satisfaction with the service received and to ensure people's needs were being met as required. One person told us "this helps me to feel involved, if I have a problem I can comment on the pamphlet, but I would pick up the phone and discuss with management, I have never had to do that".