

Encompass (Dorset)

Prince of Wales Road (3)

Inspection report

3 Prince of Wales Road
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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 4 February 2016 and was unannounced. 3 Prince of Wales Road provides care and accommodation for up to eight people with learning disabilities. On the day of our inspection eight people were living in the service. Encompass (Dorset) owns this service and has other services in the Dorset area.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 with all eight people during our visit. People were not able to fully verbalise their views and used other methods of communication, for example pictures. We therefore spent time observing people.

People's mental capacity had been assessed which meant care being provided by staff was in line with people's best interest. Staff understood their role with regards to ensuring people's human rights and legal rights were respected. Staff had completed safeguarding training and understood what constituted abuse and how to report concerns. Staff described what action they would take to protect people against harm and were confident any incidents or allegations would be fully investigated.

People's medicines were managed safely. People received their medicines as prescribed and received them on time. Staff received training and understood what people's medicines were for. Staff 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 had access to healthcare professionals to make sure they received appropriate treatment to meet their health care needs such as hospital consultants. Staff acted on the information given to them by professionals to ensure people received the care they needed to remain safe.

People were relaxed and observed to be happy with the staff supporting them. Care records were detailed and personalised to meet each person's needs. People and / or their relatives were involved as much as possible with their care records to say how they liked to be supported. People were offered choice and their preferences were respected.

People's risks were documented and well managed. People were monitored when required to help ensure they remained safe. People lived active lives and were supported to try a range of activities, for example cinema outings and walking.

People enjoyed the meals offered and had access to snacks and drinks at any time. People were involved in planning menus, food shopping and preparing meals, and were encouraged to say if meals were not to their liking.

Staff said the registered manager and management team were supportive and approachable and worked in the home regularly. Staff talked positively about their roles. Comments included; "I love it here."

People were protected by safe recruitment procedures. There were sufficient numbers of staff on duty to support people safely and ensure everyone had opportunities to take part in activities. Staff received an induction programme. Staff had completed training and had the right skills and knowledge to meet people's needs.

There were effective quality assurance systems in place. Any significant events were appropriately recorded 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 was sought from relatives, professionals and staff to assess the quality of the service provided.

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 experienced and skilled staff.

Staff had the knowledge and understanding of how to recognise and report signs of abuse. Staff were confident any allegations would be fully investigated to protect people.

Risks had been identified and managed appropriately. Systems were in place to manage risks associated with people's individual needs.

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 support from staff who had the knowledge and training to carry out their role effectively.

Staff understood the Mental Capacity Act and the associated Deprivation of Liberty Safeguards.

People could access appropriate health and social care support when needed.

People were supported to maintain a healthy and balanced diet.

Is the service caring?

Good ●

The service was caring.

People had formed positive caring relationships with the staff.

People were treated with kindness and respect by caring and compassionate staff.

People were encouraged to make choices about their day to day lives and the service used a range of communication methods to

enable people to express their views.

People were supported to make decisions.

Is the service responsive?

Good ●

The service was responsive.

People received individual personalised care.

People had access to a range of activities. People were supported to take part in activities and interests they enjoyed.

People received care and support to meet their individual needs.

There was a complaints procedure in place that people could 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. Staff felt comfortable discussing any concerns with the registered manager.

Audits were completed to help ensure risks were identified and acted upon.

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

Prince of Wales Road (3)

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 the 4 February 2016 and was unannounced.

Prior to the inspection we reviewed all the 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 were unable to fully verbally communicate with us to give us their views about the service, so we observed how people responded and interacted with staff. We observed care and support in communal areas, and watched how people were supported whilst participating in an activity. During the inspection we met and spoke with all eight people who used the service. We spoke to two relatives and five staff. We also spoke with the registered manager.

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

Is the service safe?

Our findings

People who lived at 3 Prince of Wales Road were not all able to fully verbalise their views and used other methods of communication, for example pictures. We spent time observing people and spoke with staff and relatives to ascertain if people were safe. People approached staff and spoke with them with ease. One person when asked if they felt safe, said they did. Relatives spoken with confirmed they felt their relatives were safe.

People lived in a secure and safe 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. Each person had an up to date personal evacuation procedure in place and risk assessments which detailed how staff needed to support individuals in the event of a fire to keep people safe.

People were better 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. Staff were fully aware of what steps they would take if they suspected abuse and spoke confidently about how they would recognise signs of possible abuse. Staff said; "I have never seen anything I am concerned about but would always report anything I'm not sure about." Staff said they were aware of 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.

People received individual support and the service liaised with learning disability specialists to support people's individual needs for example Community Learning Disability Nurses. Staff managed each person's behaviour differently and this was recorded into individual care plans under a "My Behaviour Profile." There were sufficient skilled and competent staff to ensure the safety of people. Rotas showed this was achieved. For example, each person was allocated one to one support to them each week to attend activities. There were processes in place to cover staff sickness and any unforeseen circumstances.

People could be at risk when going out without staff support. Therefore people had risk assessments in place. 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's finances were kept safely. People had appointees to manage their money for example family members. Keys to access people's money were kept safe and staff signed money in and out. Receipts were kept where possible to enable a clear audit trail of incoming and outgoing expenditure and people's money was audited monthly.

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 kept relevant agencies

informed of incidents and significant events as they occurred. Staff received training and information on how to ensure people were safe and protected. For example staff had completed manual handling training to assist people who used a hoist safely.

People's medicines were managed safely. Each person had their own locked medicine cupboard in their own bedroom. 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.

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.

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 staff that were skilled and knowledgeable and effectively met people's needs. Staff confirmed they received training to support people in the service for example, epilepsy training.

Staff completed the company's four day induction programme that 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. Training records showed staff had completed training to effectively meet the needs of people, for example gastrostomy training (this is a procedure that allows a person to be fed directly into their stomach). Discussions with staff showed they had the right skills and knowledge to meet people's needs. The registered manager confirmed new staff had started to complete 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. Staff said; "Mandatory training is always updated and we can ask for other training to improve our own skills."

Staff received appraisals and supervision. The registered manager said all senior staff had now completed a supervision course to enable them to provide regular supervision to all staff. 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.

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 registered manager and staff about their understanding of the Mental Capacity Act 2005 (MCA) and associated Deprivation of Liberty Safeguards (DoLS). The registered manager and staff had undertaken MCA and DoLS training and was aware of the process to follow if it was assessed people could be deprived of their liberty and freedom.

The registered manager confirmed they continually reviewed individuals to determine if a DoLS application was required. They confirmed people had been subject to a DoLS application to prevent them from leaving the service alone to keep them safe. However some applications had not yet been authorised.

Staff asked people's consent before providing care. For example staff said they encouraged everyday

choices if possible, such as what people wanted to do or what they wanted to eat and they were aware when to support people who lacked capacity to make every day decisions. For example we observed staff asking a person if they'd like assistance with their food.

Staff received handovers when coming on shift and completed a daily record to help ensure important information was passed on. Staff 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.

People had access to local healthcare services and specialists including speech and language therapists and occupational therapist. 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 discussed one person, who had been unwell recently, and how they contacted the GP for advice and 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. Each person had a "My Care Passport", which included information about their past and current health needs. 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.

People made choices on what they wanted to eat and drink and had access to the kitchen at all times. Menus were discussed at the resident meetings. People were encouraged to prepare their own snacks and drinks. People who required it had their weight monitored and food and fluid charts were in place when needed. Staff were familiar with people's individual nutritional needs.

We observed staff offering people a choice of food for lunch and their preferences were respected. We observed one person 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.

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 saw many positive interactions where staff supported and enhanced people's well-being. Staff informed people what they were doing and ensured the person concerned understood and felt cared for. A relative said; "Can't fault the care they give."

Surveys returned to the service recorded; "All the staff deserve a medal" and "I would like to thank all the staff for the care they all show [...] (their relative)." Staff all agreed that the staff team provided excellent care with one saying "Everyone seems to go the extra mile."

Staff sat chatting and interacting with people throughout our visit. The staff were aware people's anxiety and provided reassurance when needed. We heard staff ask people if they were "Ok" or wanted assistances. These interactions clearly pleased the people concerned and helped them feel more relaxed and happy.

People had support from staff who had the knowledge to care for them. Staff understood people's individual needs and how to meet those needs. They knew about people's lifestyle choices to help promote their independence. Staff involved people and knew what people liked and disliked and what they enjoyed doing. Staff knew people's particular ways of communicating and supported us when talking with people. This showed us staff knew people well.

People had their care records updated by the staff regularly. A relative confirmed they had recently attended a meeting to look at their relatives care. One person told us how staff supported them to visit their family to help maintain their relationships.

Staff knew the people they cared for well for example who liked to lie in bed later and how people liked their drinks.

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

People were supported to express their views and encouraged to be actively involved in making decisions about their care. Advocacy services were used when needed to support people who were unable to do this independently.

People had their privacy and dignity maintained. Staff understood what privacy and dignity meant in relation to supporting people. For example, one person liked to spend time on their own in their own room and this was respected. We observed staff respecting people's privacy and dignity by knocking on bedroom doors and closing bedroom doors when carrying out personal care. 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 dressed well particularly if they were going out. Staff spoke to people respectfully and in ways they would like to be spoken to.

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. People were relaxed and clearly familiar and happy with these visits.

Is the service responsive?

Our findings

People who were able were involved as much as possible in planning and reviewing their own care needs and making decisions about how they liked their needs met. People had guidelines in place to help ensure any specific 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 were aware when people were anxious or upset and staff responded quickly and followed written guidance to support people.

People had information that told a story about each person's life history, what interested them and how they chose and preferred to be supported. Staff said records had been put together over a period of time by the staff who worked with the person who knew them well. Regular reviews were carried out on care plans and the guidelines in place to help ensure staff had the most recent updated information to respond to people.

People with limited communication were supported to make as many choices as possible. Staff informed people of the choices on offer to assist people. Records held pictures of activities people had taken part in and staff showed people these to enable them to choose. People's choices were respected. One person told us how they had chosen the colour of the paint in their room.

People were supported to develop and maintain relationships with people that mattered to them. For example family members and friends. 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 inside the service and in the community. We saw people going out for walks and people confirmed holiday's they had been on.

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. Staff were knowledgeable on how they supported people to access a wide range of activities. Staff said they are always on the lookout for new activities for people to try. This was evident when we observed staff and people talking and planning trips out during our visit.

The complaints procedure was displayed in a picture format so people could understand it. Relatives confirmed any issues raised were always dealt with. Surveys sent out asked relatives about complaints. The registered manager confirmed they had not received any complaints. However 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. When asked, one person was able to confirm they would talk to the registered manager or named a staff member they would approach if they were unhappy. Staff confirmed any concerns they had would be communicated to the registered manager and were confident they would be dealt with.

We saw staff regularly checked with people to see if they were happy with the care and support being provided. We heard staff saying, "Are you alright?" and "Do you need anything?"

Family members were encouraged to make suggestions and to express their views and opinions through meetings with the service. A suggestion box was being installed to enable people to make suggestions or raise concerns.

Is the service well-led?

Our findings

People, who were able and staff all spoke positively about the registered manager and the management team. One person said; "I like her." Staff said; "The management are very approachable. I'm happy with the relationship with the registered manager and deputy manager. I can go to them at any time." A relative said; "I'm always able to speak with them and they tell me know what is going on."

3 Prince of Wales 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 helped to provide a service that ensured the needs and values of people were 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. Resident meetings were held. These meetings enabled people to comment on the service they received. Minutes showed they had discussed issues including, activities. The registered manager said they encouraged the staff to talk to, listen and observe if people had concerns.

We discussed the duty of candour with the registered manager. They were aware of 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. They 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 said the registered manager made themselves available and all agreed they were; "Approachable and very good." Staff confirmed they were able to raise concerns and agreed felt they would be dealt with immediately. Staff agreed there was good communication within the team and they worked well together. Staff felt supported by both the registered manager and management team.

Staff were hardworking and motivated to provide a good service. Some staff had worked for the provider for many years 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 to protect staff.

There was a quality assurance system in place to drive continuous improvement within the service. The registered manager sought feedback from relatives, staff and other agencies. They also undertook a range of audits and safety checks to assess and maintain the quality of the service safety. A health and safety checklist was in place, which included regular checks of equipment, vehicles, and cleanliness of the environment. The registered manager also completed regular audits of people's individual finances, medicines and care records.

Systems were in place to ensure reports of incidents, safeguarding concerns and complaints were overseen by the registered manager. This helped to ensure appropriate action had been taken and learning considered for future 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.