Encompass (Dorset)

Encompass Supported Living Services Central Dorchester and Bridport Division

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 Supported Living Services Central Dorchester and Bridport Division provides care and support to 36 people living in seven 'supported living' settings, including houses and flats, so that they can live as independently as possible.

Not everyone who used the service received personal care. The Care Quality Commission (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 the inspection, the service was supporting 36 people with their personal care needs.

People's experience of using this service and what we found
For people living in certain geographical areas there were not enough staff employed to be able to provide people with the staff they had been assessed as needing. However, these shortfalls were being covered by regular bank or agency staff. This reflected a national picture in the social care sector. There were occasions where people had not been provided with their one to one staff support. This had impacted on a small number of people's ability to undertake activities at home or in the community at their preferred times. One to one hours were in addition to the core staffing provided to meet people's assessed care and support needs. These hours were for supporting people to do activities or to have staff support to travel and go out. The provider had been creative in the ways they provided people's one to one support during the pandemic when there were restrictions on travel and attending day services. The provider had been proactive in addressing recruitment and retention at the service.

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.

This service was able to demonstrate how they were meeting the underpinning principles of right support, right care, right culture. The service used REACH principles (nationally recognised standards underpinning good practice in 'supported living') to ensure people were at the centre of their care and were supported to be as independent as possible. People lived in domestic settings and received support from staff who understood their needs and preferences. Managers and staff empowered people to make their own decisions about their care and support.

Staff told us they understood their responsibilities in relation to safeguarding. Relatives and people using the service told us they felt safe.

Medicines were managed safely. People received their medicines when needed and appropriate records

had been completed. We saw people had access to healthcare professionals.

Risks to individuals and the environment were well managed. The provider learned from accidents and incidents to mitigate future risks.

Staff development was supported by a thorough induction, support from the management team and training relevant to the needs of the people they cared for.

Infection control procedures were robust and measures were in place to protect people from infection control risks associated with COVID-19.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service did support this practice.

People were supported by kind and caring staff. People were treated with dignity and respect and supported to maintain their independence.

People's care and support needs were reviewed. People and their relatives knew how to raise a complaint.

The provider's governance systems both monitored and improved the quality and safety of the service provided to people. The registered manager and provider were open and transparent and acted on any feedback given throughout the inspection.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection
This service was registered with us on 20/12/2018 and this is the first inspection.

Why we inspected
This was a planned inspection to provide the service with a rating.

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our reinspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service was safe Details are in our safe findings below.	Good
Is the service effective? The service was effective. Details are in our effective findings below.	Good
Is the service caring? The service was caring. Details are in our caring findings below.	Good
Is the service responsive? The service was responsive. Details are in our responsive findings below.	Good
Is the service well-led? The service was well-led. Details are in our well-Led findings below.	Good

Encompass Supported Living Services Central Dorchester and Bridport Division

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 Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team
The inspection was carried out by two inspectors and an assistant inspector carried out telephone calls to people's relatives.

Service and service type
This service provides care and support to 36 people living in seven 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection
We gave the service 48 hours' notice of the inspection. This was because we needed to ensure someone would be available in the office to speak with us. We also needed to seek permission to visit people in their homes.

Inspection activity started on 17 September 2021 and ended on 11 October 2021. We visited the office location on 23 September 2021. Two inspectors carried out visits to four people's homes on 22, 27, 28 and 30 September 2021. We held video calls with the provider's representatives on 17 September, with the registered manager on 8 October and with the registered manager and divisional director on 11 October 2021.

What we did before the inspection
We reviewed information we had received about the service since registration. We sought feedback from the local authority commissioners and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We requested a number of records to review before we visited the office. These included a variety of records relating to the management of the service.

During the inspection
We held three remote video calls with representatives of the provider and the registered manager, visited the office and visited four of the supported living settings. We looked at four people's electronic care and support plans and records. We met, spoke with and/or Makaton signed (a sign language that uses signs with speech) with 12 people who used the service. We made observations of the care and support provided to people in their homes. We spoke with 13 members of staff including the registered manager, a registered manager from another service, team leaders and divisional director. We had telephone conversations with seven of the 36 people's representatives. We viewed four staff recruitment files and supervision information.

After the inspection
We continued to seek clarification from the provider to validate evidence found. The provider sent us documentation electronically including staff training information, supervision records and a range of records used to monitor the quality and safety of the service.

Good

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.

Staffing and recruitment

● For people living in certain geographical areas there were not enough staff employed to be able to provide people with the staff they had been assessed as needing. This reflected a national picture in the social care sector. These shortfalls were being covered by regular bank or agency staff to make sure people were supported by staff who knew them well.

● Two of the seven relatives told us they were concerned about staffing levels and staff turnover. One relative said, "Very concerned about the staffing there, I'm getting cancelled at the last minute, it's awful." Another relative told us, "Sadly the staff turnover is high, every time we get a team that understands (person's health condition) they tend to move on." The provider told us following the inspection, that all staff that had left the service had been replaced and there had also been the additional successful recruitment of a further 12 staff across the service. There had also been times when agency staff had been used to cover staff when permanent staff were self isolating and this may have contributed to the perception of high staff turnover for some people. The feedback received from other relatives or representatives did not raise concerns about staffing. This was also reflected in the relatives and representatives' surveys.

● The provider had made every effort to recruit and retain staff including offering enhanced pay, benefits and support for staff. They had appointed a recruitment lead and had sought an external recruitment assessment to identify how they could improve the recruitment and retention of staff.

● Staffing levels had not fallen below the provider's assessed minimum safe levels to make sure people's care needs were met. However, there had been occasions where people had not been provided with their contracted one to one staff support. (One to one hours were in addition to the core staffing provided to meet people's assessed care and support needs.) This had impacted on a small number of people's ability to undertake activities at home or in the community at their preferred times. Where this had happened, the one to one support had been provided at alternative times.

● We acknowledge the efforts the provider had taken to recruit and retain staff. The provider had also made every effort to make sure that people were supported to take part in activities and did not become socially isolated during the pandemic. For example, for one person it was important that they maintained their routines and the staff worked with professionals to risk manage this so the person could safely continue with their preferred routines during the national lockdown.

● Overall, staff recruitment was safe. The provider had recently undertaken an audit of staff recruitment files and identified some minor shortfalls in documentation. For example, evidence of staff's qualifications were seen but copies were not taken and one character reference had not been sought. The provider had developed an action plan prior to the inspection to address the shortfalls identified. At the time of the inspection these were being addressed. However, we have not yet been able to assess the impact of the changes.

Systems and processes to safeguard people from the risk of abuse

● The provider had effective safeguarding systems in place. Staff had received safeguarding training and were aware of different types of abuse. They knew what to do if they suspected or saw any signs of abuse or neglect.

● Safeguarding concerns were dealt with appropriately. This included working with the person, their relatives and health and social care professionals.

● People told us they felt safe. One person Makaton signed 'thumbs up and friends' when asked if they felt safe with staff. Another person said, "I feel safe. You are never on your own." Relatives also told us they felt their family members were safe whilst being supported by staff.

Assessing risk, safety monitoring and management

● People had detailed and up-to-date risk assessments. These included information about risks associated with positive behaviour support, self and personal care, skin care, epilepsy, medicines and community activities. These were reviewed and updated in response to any changes.

● Risk assessments relating to the environment were in place.

Using medicines safely

● Medicines were managed safely. Staff responsible for administering medicines were appropriately trained. Medication administration records were completed correctly. Staff had access to information and guidance about how to safely administer people's prescribed medicines.

● Medicines audits were completed on a regular basis to check medicines were being managed in the right way. Where there were medicine errors, these were investigated to minimise risk of recurrence.

● During the inspection, the provider signed up to the STOMP pledge. (STOMP stands for stopping over medication of people with a learning disability, autism or both with psychotropic medicines).

Preventing and controlling infection

● We were assured that the provider was using personal protective equipment (PPE) effectively and safely. Staff confirmed they had access to sufficient PPE and had received infection control training.

● People Makaton signed and told us they knew how to keep themselves safe in the community and how to maintain good hand hygiene. Their care plans included additional information on how to keep them and staff safe during the COVID-19 pandemic.

● People were supported with safe visiting to their own homes and whilst out in the community.

● We were assured that the provider was accessing routine testing for staff in line with government guidance and also for the people they supported.

Learning lessons when things go wrong

● Safeguarding, accidents and incidents were recorded and investigated and where appropriate, measures were put in place to mitigate the risk of reoccurrence. All incidents were recorded on the electronic care recording system. Lessons learnt were shared with staff at meetings and supervisions.

Good

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

- Before people received a service, their needs were assessed. This included working closely with other health and social care professionals. People and their representatives were involved fully in the assessment process. This helped to ensure people's individual needs could be fully assessed and met.

Staff support: induction, training, skills and experience

- People were supported by staff who were provided with the skills and knowledge to perform their job.
- Training provided staff with the skills and knowledge they needed to meet people's needs. Training was provided both on-line, using workbooks and face to face training had recently restarted. Relatives told us that staff had the skills and knowledge to support their family members. One person said, "They know what they are doing."
- New staff received an induction before working. This included training and shadowing of other experienced staff. A staff member said, "I started during the first lockdown and it was very difficult to start with but working alongside my colleagues… they were brilliant."
- Staff told us they felt well supported, had regular supervisions and attended team meetings.

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

- Support plans detailed how people were supported to eat and drink in line with their assessed need. People were involved in choosing the menus and photographs were used to assist some people with making their choices.
- Staff had a good knowledge of people's nutritional needs. One person had an eating and drinking support plan in place that described the texture of the food and the position they needed to be in to safely eat. Staff supported the person as described in their care plan.
- People were supported to help with meal preparation and most people were able to access the kitchen independently. One person told us, "I like cooking and we all like to eat together". Another person Makaton signed and spoke, "cooking", "happy" and "help".

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

- Health plans for people were detailed. Accurate records relating to health were maintained and regularly updated.
- People saw health professionals when needed and were referred to specialists when required.
- We received positive feedback from health and social care professionals. One professional told us that staff engaged with social services and the learning disability team whenever any support was needed. They

said staff always ensured people's annual health checks were completed. Another professional told us that staff had supported people to attend telephone and video appointments during the pandemic.

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 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. 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.

● The service was working within the principles of the MCA. Staff had received MCA training and gave examples of how they encouraged people to be involved in decisions about their lives.
● Some best interest decisions in place were not routinely reviewed to ensure they were still appropriate. The provider took immediate action to ensure that any best interest decisions were reviewed on the electronic care planning system as part of people's annual review with their representatives. This also included reviewing decisions in line with the principles of the REAL tenancy test (The Real Tenancy Test is a quick test to be used in tenancy based supported housing to determine if real tenancy rights are being met.)
● People's ability to make informed decisions had been assessed. Where people had a Lasting Power of Attorney, (another person legally authorised to make decisions on their behalf) this was documented in their care plans.

Good

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
● Staff had received training in personalised care, equality and diversity and dignity and respect. People's diverse and individual preferences on how they wanted to be supported were captured in their care records.
● People and relatives told us and we saw staff were kind and caring. People smiled and laughed with staff and had good relationships. When one person was visibly upset but was not able to verbally communicate this. The staff spent time with the person exploring what could be wrong and they were able to provide the support the person needed. The person then settled and relaxed.

Respecting and promoting people's privacy, dignity and independence
● All of the interactions we observed throughout the inspection between people and staff were dignified and respectful.
● People were encouraged to maintain their independence. Staff knew how much each person was able to do for themselves and what assistance they needed. For example, people were encouraged to manage their money, do their own shopping and take part in household chores if they chose to.
● People's right to confidentiality was protected. Staff had a good understanding of confidentiality and electronic records were secure.

Supporting people to express their views and be involved in making decisions about their care
● Where people were able to, they were encouraged to contribute and have their say about the care and support they received. However, peoples' care and support plans were not always accessible or in formats that they could access or understand. The provider and registered manager agreed to explore ways to enable people to be meaningfully involved in developing and producing their care and support plans.
● People told us staff listened to them. One person said about care planning, "They chatted to me about what I like doing".
● Electronic records had been completed detailing the care and support people had received. People and their families were able to obtain access to these electronic records, with the appropriate consent.
● Overall, relatives told us they were kept informed about any changes in their family member's health and or wellbeing. They also said they were able to discuss any issues with the team leader of their family member's home. For example, any changes in their family member's care and support needs.
● Relatives told us they were involved in people's care and support plan reviews and recently these reviews had been held using video or telephone calls.

Good

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

- People received care and support in a way that was flexible and responsive to their needs. The staff shortages in some people's homes meant they did not always receive their allocated one to one support at the times they preferred. We discussed this with the registered manager who acknowledged this and explained that wherever possible the allocated support was provided at alternative times. The service had been flexible in their approach to people's changing needs during the pandemic. Managers had proactively referred people for their one to one support to be reviewed by their funding authorities where they no longer needed additional one to one support or needed additional support.
- The care plans provided staff with descriptions of the person's abilities, risks associated with their care and how they should provide support in line with the person's preferences. Care plans at the service were regularly reviewed to ensure they were current.
- Changes to people's needs were communicated to staff via alerts on the electronic care monitoring system and at supervision and team meetings.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were identified, and care and support plans contained information on how people communicated. Staff were able to explain this, and we saw they understood people's different ways of communicating.
- The service was able to provide information in different formats, such as easy read, and were aware of their responsibility to meet the AIS. However, electronic care records were not currently accessible to people who use different ways of communicating and understanding.

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 involved in activities which they had chosen to make sure they were not socially isolated. People had recently resumed community activities such as the local community shed (a community project where people repair and make things), swimming, using the gym and drama and dance groups.
- People were supported to develop and maintain meaningful relationships with family and friends. People and relatives told us they had kept in touch using the phone, video calls and more recently visiting people at their home and going out together.

● The service was working with commissioners to provide additional funding for people to access activities both at home and in the community following the closure of some day services during the pandemic.

Improving care quality in response to complaints or concerns

● The provider had a complaints policy in place which provided a clear process to record and investigate any complaints received. Relatives told us that they were able to discuss any issues with the team leader at their family member's home. They said they had not needed to make any formal complaints recently, but they would feel able to do so if needed.

● People's care and support plans included details of how they would let staff know if they were unhappy or worried. One person told us, "If I'm worried, I talk to staff they sort it out".

● The service had received a number of compliments from relatives and other professionals. These were always shared with individual staff members and staff teams.

End of life care and support

● The service was not supporting anyone at the end of their life at the time of the inspection.

● The registered manager and a team leader told us they had worked with health professionals and people's families, where people had reached the end of their life. They gave examples of where they had worked with a local hospice to support one person at home. They also supported them to complete their bucket list. This had included a ride in a sports car and in a truck. The person's family were able to be with the person at the end of their life.

● A health professional told us that the service provided very personalised care and well managed end of life care.

Good

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 provider had created an open culture and demonstrated, along with the staff, a commitment to providing person centred, high-quality care.
- The team leaders worked alongside staff to ensure people received person-centred care, which supported them to achieve good outcomes. The registered manager had recently resumed visiting people in their homes. Managers and board members of the provider had held video calls with people and staff during the pandemic.
- Staff were very passionate about people receiving personalised care. One staff member said, "How I live my life is how I would expect them to live theirs".

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 registered manager understood the requirements of the duty of candour, that is, their duty to be honest and open about any incident or accident that had caused or placed a person at risk of harm.
- The provider and registered manager fulfilled their responsibilities to notify CQC of certain events such as allegations of abuse, and serious incidents.
- Overall, relatives felt they had been informed of incidents in a timely manner.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- There was a registered manager for the service, with additional management support (team leaders) providing oversight to a number of the supported living services. There was regular communication between the management team. This had been increased to daily video conferences during the height of the pandemic.
- The management team were open and transparent throughout our inspection demonstrating a commitment to provide person-centred and high-quality care. The registered manager and provider's representatives acted on any feedback given throughout the inspection.
- Staff spoke positively about the support they had from management team
- There were robust governance systems in place. These included reviewing services against the five key questions CQC uses, peer audit of services, electronic reporting and reviewing systems.
- Any incidents were used as learning for the provider. For example, when a staff member had whistle blown, the provider reviewed all their systems to ensure all staff knew how to contact senior managers and

the board members of the provider. In addition, following a number of medicines incidents, the provider worked with the electronic care records software developer to ensure there were robust ways of recording future accidents and incidents. This has meant that the provider's divisional director and the management team could remotely analyse and review information on a daily and weekly basis.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

● Relatives, and stakeholders had been asked to feedback on how the service was being run or what could be done better to drive improvements. Overall, the feedback seen from the last survey in December 2020 was positive. Any concerns identified were followed up.

● Most relatives told us communication with staff and management was good. However, some relatives said this could be improved. This related to how well the service kept them up to date with important matters. They said that staff on duty were not always aware of people's upcoming appointments and some relatives did not always find out about appointments until after the event. We shared this with the registered manager who agreed to ensure people's representatives were kept informed.

● There was a staff focus group that included board members, so staff had direct access to the board.

Working in partnership with others

● The service worked closely with other health and social care professionals to ensure people received consistent and timely care. People's care records detailed the involvement of family members, social workers, GPs and district nurses.

● The staff team received support from hospital consultants and specialist health workers to review and monitor people's mental health, epilepsy and diabetes. A specialist health professional told us, "During any home visits in the past, clinic appointments and telephone calls, staff seem to know the people for whom they care for very well and treat people with kindness, compassion and respect."

● The registered manager and staff understood the importance and benefits of working alongside other professionals.