

Encompass (Dorset)

Prince of Wales Road (5)

Inspection report

Encombe, 5 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 5 February 2016 and was unannounced. 5 Prince of Wales Road provides a respite facility for people who have a learning disability and /or a physical disability, and accommodation is available for a maximum of eight people at any one time. On the day of our visit five people were staying for respite care. Encompass (Dorset) owns this service and has other services in the Dorset area.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. The registered manager is also the registered provider. Registered providers 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.

5 Prince of Wales Road only provides respite care, this means people stay for different lengths of time. For example people stayed one or two nights or for longer periods including weekends or for a week's holiday. A thank you card recorded; "Thank you so much for all your care and kindness towards [...], also for making his stay an enjoyable one." A relative said; "They go above and beyond-brilliant service."

We met and spoke with all five people during our visits. We observed people and staff were relaxed in each other's company and there was a calm atmosphere. Most of the people who stayed for respite care were not able to fully verbalise their views. People responded positively when asked if they liked staying for respite care. Staff agreed that they felt people were safe when they stayed. Staff knew people well and had the knowledge to be able to support people effectively.

People did not all have full capacity to make all decisions for themselves, therefore staff made sure people had their legal rights protected and worked with others in their best interest. People's safety and liberty were promoted. Staff understood their role with regards to ensuring people's human rights and legal rights were respected. For example, the Mental Capacity Act (2005) (MCA) and the associated Deprivation of Liberty Safeguards (DoLS) were understood by staff. Staff had undertaken training on safeguarding adults from abuse, they displayed good knowledge about how to report any concerns and described what action they would take to protect people against harm. Staff felt confident any allegations or concerns would be fully investigated.

People's medicines were managed safely. People received their medicines as prescribed and received them on time. Staff were trained in the management and administration of medicines.

People were unable to respond when asked about the care they received. However a thank you card recorded; "Thank you to all the staff who took such good care of our son." Care records were comprehensive and personalised to meet each person's needs. Staff understood people's individual complex care needs and responded quickly when people needed support. People were involved as much as possible with their care and records documented how people liked to be supported. People were offered choice and their

preferences were respected.

People's risks were well managed and documented. People were supported to try a wide range of activities while staying for respite care. Activities were planned with people's interests in mind.

People enjoyed the meals provided and they had access to snacks and drinks at all times. People were involved in planning of menus and preparing meals.

Staff said the registered manager was very supportive and approachable and worked in the home regularly. Staff talked positively about their roles.

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 of their choice. Staff received an induction programme when they started working for Encompass. Staff had completed training and had the right skills and knowledge to meet people's needs.

People had access to healthcare if needed during their stay, for example GP services. Staff acted on the information provided by professionals to ensure people received the care they needed.

There were effective quality assurance systems in place. Any significant events were appropriately recorded, analysed and discussed at staff meetings. Evaluations of incidents were used to help make improvements and ensure positive progress was made in the delivery of care and support provided by the service. Feedback was sought from people who stayed for respite care, relatives, professionals and staff.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

This service was safe. There were sufficient skilled and experienced staff to support people.

People were protected by staff who understood how to recognise and report possible signs of abuse or unsafe practices. 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 to people.

People were protected by safe and appropriate systems for handling and administering medicines.

Is the service effective?

Good ●

The service was effective.

Staff had received the training they required and had the skills to carry out their role effectively.

The registered manager understood the Mental Capacity Act and the associated Deprivation of Liberty Safeguards.

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

People were encouraged to make choices and the service used a range of communication methods to enable people to express their views.

People were involved in the care they received and 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.

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

Prince of Wales Road (5)

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 5 February 2016 and was unannounced. We spoke with relatives via telephone after the inspection.

The provider completed a Provider information return (PIR). This 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. We also reviewed information we held about the service. This included previous inspection reports and notifications. A notification is information about important events, which the service is required to send us by law.

During the inspection we met and spoke with five people who stayed for respite care, the registered manager and six members of staff. We also spoke with two relatives.

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

Is the service safe?

Our findings

People who stayed at 5 Prince of Wales Road for respite care were not able to fully verbalise their views and used other methods of communication, for example pictures and symbols. People had complex individual needs therefore we spent time observing people and spoke with staff and professionals to ascertain if people were safe. During the inspection we observed people and staff were relaxed in each other's company and there was a pleasant atmosphere. Staff agreed and said they felt people were safe. One staff said; "Yes people are safe- we have hoist training to ensure people are safe." A relative said; "I would put my life in their hands! I know my relative is safe-absolutely."

We visited in the evening so we were able to meet people who used 5 Prince of Wales Road for respite care.

Staff told us there were sufficient numbers of staff on duty to keep people safe. Staff said they had time to sit and support people, as well as engage people in activities; for example some people needed one to one staff support due to their care needs.

Staff confirmed staffing levels were adjusted to keep people safe. There was a contingency plan in place to cover staff sickness and any unforeseen circumstances. The registered manager said if people needed extra staff they were able to provide this, for example when people needed two staff due to their physical care needs. This helped to keep people safe.

People were provided with a safe and secure environment. Staff checked the identity of visitors before letting them in. Smoke alarms were tested and evacuation drills were carried out to help ensure staff and people knew what to do in the event of a fire. People's needs were considered in the event of an emergency situation such as a fire and had personal evacuation plans in place. These plans helped ensure people's individual needs were known to staff and to emergency services, so they could be supported and evacuated from the building in the correct way.

The service had whistleblowing and safeguarding policies and procedures in place. Information was displayed that provided contact details for reporting any issues of concern. Staff had completed up to date safeguarding training and understood what steps they would need to take if they suspected abuse and they were able to identify different types of abuse. Staff said they were aware of who to contact externally should they feel their concerns had not been dealt with appropriately, for example the local authority. However, staff were confident that any reported concerns would be taken seriously and investigated by the management.

People's finances were kept safe. People who stayed overnight or longer brought money in for their stay. Any money remaining was then sent home with them. Receipts were kept where possible, to enable a clear audit trail on incoming and outgoing expenditure and people's money was regularly audited.

Incidents or accidents were recorded. These were analysed when needed to identify trends and then discussed amongst the team to enable staff to avoid any repetition and reduce any further risk to people.

This showed that learning from such incidents took place and appropriate changes were made. Staff received training and information on how to ensure people were safe and protected.

People identified as being at risk had clear risk assessments in place. For example, people who required a hoist or other lifting equipment to move had this supplied with clear guidelines for staff to follow. This included people bringing the appropriate sling needed to move them safely. Input had been sought from the occupational therapist and full details were recorded to help ensure staff knew how to move people safely.

People's medicines were managed safely. People brought their medicines with them when staying for respite care. All medicines were checked in by two staff. Medicines were managed, stored, given to people as prescribed. Staff were trained and confirmed they understood the importance of the safe administration and management of medicines. Staff were knowledgeable with regards to people's individual needs related to medicines. People had risk assessments and clear protocols in place for the administration of medicines and emergency medicines.

Safe recruitment practices were in place and records showed appropriate checks had been undertaken before staff began work. Staff confirmed these checks had been applied for and obtained prior to commencing their employment with the service. For example, disclosure and barring service checks [DBS] 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.

Is the service effective?

Our findings

People were supported by knowledgeable, skilled staff who effectively met their needs. Staff confirmed they received training to support people in the service for example manual handling training. One staff said; "Very impressed with the training. I have also done the Care certificate."

Staff completed the company's four day induction programme that included shadowing experienced staff and staff confirmed they did not work with individuals until they understood people's complex needs. Staff, including agency and bank staff, confirmed they had been given sufficient time to read records, shadowed and worked alongside experienced staff to fully understand people's care and physical needs. Training records showed staff had completed training to effectively meet the needs of people, for example learning disability awareness training. Discussions with staff showed they had the right skills and knowledge to meet people's needs. The registered manager and staff confirmed they had started or completed the Care Certificate (A nationally recognised training course) as part of their training. Ongoing training was planned to support staffs continued learning and was updated when required, for example training booked included gastrostomy care. Staff said; "I have been offered lots of training."

Staff received yearly appraisals and regular supervision. Team meetings were held to provide the 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 and records showed staff discussed topics including how best to meet people's needs effectively.

People's individual nutritional and hydration needs were met. Care records were used to provide individual guidance and information to staff about how to meet people's complex needs. People had their specific dietary needs met. People who required them had guidelines from the speech and language therapist to help ensure people had the consistency of food required.

People had individual detailed eating plans in place. Staff were familiar with the nutritional requirements of people and had received training on eating and drinking to help people. For example, some people received their food via a gastrostomy site (this is a procedure that allows a person to be fed directly into their stomach). One staff told us, "Only staff trained are able to provide care for the gastrostomy site." Care plans held a gastrostomy feed regime chart to support staff. Other charts provided information to staff on how to manage care for the gastrostomy site for example cleaning the site.

People who required it had the malnutrition universal screening tool (MUST) in place to help identify if a person was at risk of malnutrition. People identified at risk of malnutrition had their weight monitored and food and fluid charts were completed. Staff confirmed they had information about people's dietary requirements. Care records listed what the staff could do to help each person maintain a healthy balanced diet. People had access to drinks and snacks 24 hours a day.

People who used the respite service had a contact book and this was used to communicate with people's

carers or family. This helped ensure everyone had up dated information to protect the wellbeing of people who used the service.

People had access to healthcare services when needed. When people either informed staff or staff became aware that people were unwell, a GP was contacted. People's well-being in relation to their health care needs was clearly documented. Records held health action plans and hospital passports detailing people's past and current health needs as well as details of health services currently being provided. Health action plans and hospital passports helped to ensure people did not miss appointments and recorded outcomes of regular health check-ups. People had guidelines in place to help ensure their specific health and care needs were met in a way they wanted and needed.

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 or 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 records recorded best interest meetings to determine if they had the capacity to agree to medical treatment being carried out.

People's mental capacity was assessed which meant care being provided by staff was in line with people's wishes. 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 many staff had completed MCA training and were aware of the process to follow if it was assessed people could be deprived of their liberty and freedom. Records showed that people had the use of the Independent Mental Capacity Assessor (IMCA) this was to help them make decisions about their care and welfare.

The registered manager confirmed some people had been subject to a DoLS application to prevent them from leaving the service alone to keep them safe. The approved applications were held on people's individual files. They also told us they continually reviewed individuals to determine if a DoLS application was required.

People were encouraged to make choices on many areas of their lives. For example people made choices on what food they wanted to eat. People were encouraged to help to prepare their own snacks and drinks. The registered manager and staff recognised the need to support and encourage people who lacked capacity to make decisions and everyday choices whenever possible. For example, if they wished to partake in any activities. This included one person using pictures to communicate what they wished to do. Staff were observed seeking people's consent before providing individual care. Staff confirmed they encouraged everyday choices if possible.

People when asked if they liked the food smiled, indicating they did. We observed people enjoying their evening meal. We observed mealtimes were unrushed and people and staff were engaged in conversation.

The registered manager told us of the upgrades to the service to enhance the service people received. This included decorating and new flooring. The service also had a sensory bath, with lights, music and water jets for people to enjoy. The registered manager talked through future planned upgrades. The service was suitable to accommodate wheelchairs and lifting equipment to meet people's needs.

Is the service caring?

Our findings

People were supported by staff who were caring and we observed staff treated people with patience, kindness and compassion. We saw staff providing care and support to people and staff informed people what they were doing and ensured the person concerned understood and felt cared for. Thank you cards sent to the service said; "Thank you to all the staff who took such good care of our son, while we had a much needed break." and "Just to say a big thank you for taking care of me over the years I have been with you." A relative said; "They care for [...] (their relative) very very well."

People when asked if the staff were caring smiled, indicating they were happy with the staff. Staff were observed to interact with people in a caring way throughout our visit. If people became anxious, staff responded quickly to reassure people and provided information to help settle them.

People had support from staff who had the knowledge to care for them. Staff understood how to meet people's needs and knew about people's lifestyle choices to promote independence. Staff involved people and knew what people liked and disliked and what they enjoyed doing. Those people who required it had one to one staffing a designated to them for the shift. This provided consistency in care for the person. This staff had responsibility for ensuring the persons care records were updated at the end of each day to ensure consistency of care with the next staff member.

People were supported to express their views and be actively involved in making decisions about their care and support when possible. For example we observed staff asking one person which staff member they would like to assist them. People were provided with two to one support when needed. For example if a person required two people to assist them moving from their wheelchairs to their bed, two staff were in attendance.

People's needs in relation to any behaviour issues were clearly understood by staff and met in a positive way. For example, if a person became anxious staff went to support them. This provided reassurance to this person and reduced their anxiety. Staff sat and chatted with people throughout our visit. We saw many examples when staff responded to people's needs in a discreet manner. For example, one person became unwell. Staff supported them by sitting with them and talking and reassuring them. This showed staff were able to recognise people's needs and respond to them in a caring manner.

People's well-being was clearly documented. Care records held information about people's past and current health needs as well as details of any services currently involved with people.

Staff knew the people they cared for well and some staff had worked at the home for many years. The staff were able to tell us about individuals likes and dislikes, which matched what people had recorded in care records. For example, staff knew when people liked to spend time on their own or when they wanted company and respected these wishes and personal choices.

People's privacy and dignity was respected. Staff understood what privacy and dignity meant in relation to

supporting people. Staff said they always knocked on bedroom doors to respect people's privacy. Respecting people's dignity, choice and privacy was part of the services philosophy of care. Staff were observed providing patient support and excellent care whilst maintaining people's dignity. For example, staff repeated several times about the task they were going to carry out to help ensure the person understood what was going to happen. Charts were put in place to monitor people's health and wellbeing. Staff spoke with people respectfully and in ways they would like to be spoken to. We observed staff enjoying joking with one person who enjoyed this interaction. Staff were also courteous to people.

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.

Is the service responsive?

Our findings

People were supported by staff who were responsive to their individual needs. People, where possible, were involved with planning their care and records recorded information on how people chose and preferred to be supported. A relative said; "We had an emergency and they responded really quickly to help us."

People's individual needs were assessed prior to using the respite services. Health and social care professionals, family and friends were involved in this process to ensure the service could respond to people's needs. Staff took time to get to know people so they knew how people liked to be supported. Friends and family were encouraged to be a part of the assessment and the care planning process where appropriate.

People's care needs were discussed in staff handovers. 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. People had detailed care plans which contained information about their needs and how they chose and preferred to be supported. For example one person's record showed they only liked to have a female carer and this request was adhered to as much as possible. People had guidelines in place to help ensure their individual care and moving and handling needs were met in a way they wanted and needed.

People were encouraged to express their views and be actively involved in making decisions about the care and support they received. Care plans were personalised and reflected people's wishes. For example, care plans held information about how best to support people if they became upset or distressed. People also had information recorded about what activities they enjoyed. Staff got to know people through reading their care plans, working alongside experienced staff members and through talking to the person themselves. Staff knew what was important to the people they supported such as how their personal care needs were met and about people that mattered to them. This helped ensure the views and needs of the person concerned were documented and taken into account when care was planned.

People's care plans recorded people's physical needs, such as their mobility and personal care needs choices. People were asked if they wished to have a shower or bath. People were involved in their care planning as much as possible. Records recorded specific requirements in relation to people's physical needs and how staff were to meet those needs. For example there were guidelines on what sling and hoist were to be used to assist people. Staff confirmed plans had been put together with input from other people including family members as most people coming in for respite lived at home with family. Regular reviews were carried out to ensure staff had updated information about people.

Care plans were comprehensive and personalised. All records had been updated and reviewed to ensure staff had the correct information to provide for current care needs. This helped ensure the views and needs of the person concerned were documented and taken into account when care was planned.

People partook in a wide range of activities that were individual to their needs. For example some staff had

one to one staff support to enable them to access activities, like using the service's sensory room. People's social history was recorded. This provided staff with guidance as to what people liked and what interested them.

People were supported to visit the local shops and cafes to ensure they were not socially isolated or restricted due to their individual needs. People were encouraged to maintain relationships with those who mattered to them. For example when they stayed for respite people often met people they had known from the day service they attended. Staff confirmed relatives were involved in all areas of people's care.

Observation of staff's interactions with people showed they understood people's communication needs and we observed staff communicating with people in a way they understood. Records included information about how people communicated and what they liked and did not like. Staff knew what signs to look for when people were becoming upset and responded by following written guidance to support people, for example giving people their own space. One person had their own signs and symbols book to aid their communication. We observed this person using it to respond to questions staff had put to them enabling them to make their choice.

The provider had a policy and procedure in place for dealing with any concerns or complaints. This was made available to people, their friends and their families. The policy was not displayed; however the registered manager said they would ensure this was put in the entrance to the service. A complaint file showed no complaints had been received. However the registered manager was fully aware of the process and would record any complaints made, the action and outcome of the complaints and the response sent to the person concerned. The complaint would then be shared with staff to help reduce the risk of recurrence.

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

Is the service well-led?

Our findings

Staff spoke positively about the registered manager and management team. Comments included; "Very approachable", "Very much so (when asked if the registered manager was approachable)", "They (the registered manager) will take into account what we say and will listen to suggestions on the service and residents." One staff said; "Very good organisation to work for." One relative said; "[...] (the registered manager) - I can't speak highly enough of her." Another said; "Absolutely." When asked if they felt the service was well-led.

5 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 service's core values.

The registered manager took an active role within the running of the service and had good knowledge of the people and the staff. There were clear lines of responsibility and accountability within the management structure. For example the service had a registered manager, a deputy manager and senior staff to support each other. This helped ensure people received continuity of care. Staff spoke highly of the support they received from the registered manager. During our inspection we spoke with the registered manager, deputy manager and the staff on duty. They all 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. One new member of staff said of the staff team; "There to offer support and guidance."

The registered manager promoted the ethos of honesty, learned from mistakes and admitted when things had gone wrong. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.

Staff told us the registered manager was available and approachable. Staff were able to raise any concerns and issues raised were dealt with straight away. Staff agreed there was good communication within the team and they worked well together. Staff felt supported. The registered manager said they had an open door policy, were visible and ensured all staff understood people came first. The open leadership style of the management team encouraged feedback, good team working and sustained good practice.

Staff were motivated, hardworking and enthusiastic. Some staff had worked for the company for many years. They shared the philosophy of the management team. Regular staff meetings were held to allow staff to comment on how the service was run. This enabled open and transparent discussions about the service and updated staff on any new issues, and 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. Staff agreed they were able to contribute and raise any issue. Shift handovers, supervision and appraisals were seen as an opportunity to look at improvements and current practice. The service inspired staff to provide a quality service. Staff told us they were happy in their work, understood what was expected of them and were

motivated to provide and maintain a high standard of care.

People were involved in the day to day running of their service as much as possible. Though resident meetings don't take place, the registered manager confirmed they attended people's yearly reviews for feedback. The registered manager said they encouraged the staff to talk to and listen and observe if people had concerns. Staff confirmed they observe any changes in behaviour and reported these concerns.

There was a quality assurance system in place to drive continuous improvement within the service. Audits were carried out in line with policies and procedures, for example audits of care plans helped ensure they contained updated information and were accurate. Records showed regular checks were undertaken of the environment and staff training to maintain standards. Annual audits relating to health and safety, the equipment and the home's maintenance such as the fire alarms and electrical tests were carried out. The registered manager sought verbal feedback regularly from people and relatives to enhance their service. One feedback returned to the service said; "Still very, very happy with Encombe (5 Prince of Wales Road)."

The registered manager had notified the Care Quality Commission (CQC) of all significant events which had occurred, in line with their legal obligations.

Systems were in place to ensure reports of incidents, safeguarding concerns and complaints were overseen by the registered manager or the provider. This helped to ensure appropriate action had been taken and learning considered for future practice. We saw incident forms were detailed and encouraged staff to reflect on their practice.