Encompass (Dorset)

St Andrews Road

Inspection report

193 St Andrews Road
Bridport
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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 July 2016 and was announced. 193 St Andrews road provides care and support to three people with a range of complex health and support needs. It is situated on a main road just outside the centre of Bridport.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

There were enough staff to keep people safe. The registered manager worked shifts at the service as well as their management role and staff were deployed to meet the individual needs of each person and what they had chosen to do each day.

People were protected from avoidable harm by staff who knew them well and understood the risks they faced. Risk assessments were comprehensive and focussed on supporting people to be as independent as possible whilst supporting and managing their individual risks. Staff were recruited following appropriate pre-employment checks and received appropriate training for their role.

People were supported to live in a safe environment because fire safety, building and equipment checks were carried out regularly and any issues were recorded and actioned.

People received their medicines as prescribed and we saw that they were stored safely and recording was accurate and regularly audited.

Staff had daily contact with the registered manager and were encouraged to speak with them whenever they needed to. Supervisions were regular and staff were encouraged to discuss and raise any issues and to consider further development and training.

People were supported to make decisions or to be involved in best interests decisions where they were unable to make decisions for themselves. Staff understood the relevant legislation around this and records were robust.

Staff understood how to offer people choice and we saw that people were involved in choices about all aspects of their support in ways they were able to understand.

People were supported by staff in a way which was kind and respectful. Rapport between people and staff was good and there was a relaxed atmosphere at the home. Staff ensured that they were mindful about how to maintain peoples privacy and dignity.

Relatives were regularly contacted to discuss any issues and were involved in reviews of their relatives care. Records were person centred and detailed, they gave histories of the people living at the home and focussed on what people liked and what their interests were.

There was an open culture at the service and staff were clear about their roles and responsibilities. Communication between staff and the registered manager was good, they encouraged staff to tell them about ideas and they had plans for how to further develop the service.

The registered managed encouraged best practice by linking with other organisations and ensuring they provided staff with information from research and regular updates about the service and any policy changes.

Quality assurance was robust and included checks carried out at the service and overview audits which were completed by Encompass head office.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe

People were supported safely by staff who knew them, and there enough staff to support peoples needs.

Peoples risks were minimised because they had individual risk assessments and staff knew their role in reducing these risks.

People were protected from the risks of abuse because staff understood the possible signs of abuse and how to report these

People received their medicines safely and they were stored securely.

Is the service effective?

Good

The service was effective.

People received care from staff who had the necessary skills and knowledge to support them.

People who were unable to make decisions about their care had decisions made on their behalf. These decisions were in line with legislation and made in peoples best interests.

People were supported to make choose what they wanted to eat and drink and were involved in preparation of meals. Their likes and dislikes were taken into account.

People had prompt access to healthcare services

Is the service caring?

Good

The service was caring

People were supported by staff who were kind and caring in their approach and there was a relaxed atmosphere in the home.

Staff supported people to maintain their privacy and dignity
People were supported to make choices about how they were supported and staff knew how to communicate with people

Is the service responsive?

Good

The service was responsive

People had individual activities they were involved in and chose how to spend their time. Activities were varied and enjoyed by people at the service.

People were encouraged to feedback about their care and were included in any decisions about their support.

People had person centred support plans which focussed on how they wished to be supported.

Is the service well-led?

Good

The service was well led

People were supported by a registered manager who knew their individual needs and communicated effectively with staff.

People were supported by staff who had regular staff meetings to discuss any issues or changes and were encourage to suggest changes and developments which would improve the service for people.

There were quality assurance systems in place which ensured that any errors or issues were identified and improvements made.

St Andrews Road

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 4 July 2016 and was announced. The provider was given 48 hours' notice because the location was a small care home for adults who are often out during the day; we needed to be sure that someone would be in. The inspection was carried out by a single inspector and after the inspection visit we completed phone calls with relatives and health professionals who were involved with the service to gather their views.

Before the inspection we reviewed information we held about the service. We had not asked the provider to submit a Provide 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 were able to gather this information during the inspection. In addition we looked at notifications which the service had sent us. We also spoke with the local authority quality improvement team and the fire safety officer to obtain their views about the service.

During the inspection we observed staff interactions with three people who used the service. We also spoke with two relatives, the registered manager and two health professionals who had knowledge about the service.

We looked around the service and observed care practices throughout the inspection. We looked at the care records of three people and reviewed records relating to how the service was run. We also looked at two staff files including recruitment and training records. Other records we looked at included Medicine Administration Records (MAR), accident and incident information, personal emergency evacuation plans and quality assurance audits.

Good

Is the service safe?

Our findings

There were enough staff to support people's needs safely. There were two members of staff and the registered manager on duty during the inspection visit. In addition, a personal assistant took one person out for the day and another member of staff was present for some of the day providing 1:1 support for a person. The registered manager told us that they worked shifts at the service as well as their management role. Staffing levels and 1:1 time was based on peoples needs both at the service and out in the community. We saw that this worked well to support people to do what they wanted during their week. For example, one person used 1:1 support to access the gym, another used their 1:1 to support them to manage a volunteer job.

People were supported safely at the service because there were clear individual risk assessments and staff were aware of how to manage the identified risks. For example one person had a personal profile which detailed things that may have made them upset. For each area there were identified triggers and clear information for staff about how to support the person to manage the potential risks if the person became upset. There were also risk assessments which looked at how to support people when they were out in the community which included clear instructions to staff about how to support the person safely. A health professional told us that the risk assessments they had seen were personal and appropriately managed the identified risk.

Staff had received training in how to protect people from abuse and were able to explain how they would recognise the possible signs of abuse and report this. There was a flowchart detailing how to report concerns and this was displayed in the office for staff to access. Staff were also aware of how to whistle-blow if they had concerns and told us that they would be confident to do so. Staff told us that there were clear processes for safeguarding and whistleblowing and knew where to find the policies relating to these. Contact numbers for staff to whistle blow were on the notice boards within the service. Staff also told us about how they managed peoples money, the service had appointeeship for each person and all money was countersigned by two staff. An appointee looks after and manages someone else's benefits where a person does not have capacity to do this. The service had raised safeguarding alerts promptly and appropriately to outside agencies where this was necessary.

Recruitment records we looked at showed that appropriate pre-employment reference and identity checks had been completed prior to new staff starting. We also saw evidence that checks with the Disclosure and Barring Service(DBS) had been completed. Other information including identity checks and previous references were also kept on file. The registered manager told us that they had two vacancies and had been using some agency staff to cover sickness. They used the same agency and only accepted staff who were familiar with the people and the service. The registered manager had recruited to both vacancies at the time of inspection and had start dates for the new members of staff. They explained that one person at the service had been on the interview panel and had been encouraged to think of their own questions to ask prospective staff members.

People had appropriate equipment and staff told us that they had enough equipment to support people.

The registered manager told us that they were in the process of looking to purchase a piece of equipment to enable one person to access the car and had trialled this with the person. It had meant that they were able to operate the equipment themselves and manage the transfer into and out of the car. The service had also supported another person to successfully apply for a motability vehicle which was used on a very frequent basis by the person to enable them to access the community and commute to their job.

Accidents and injuries were clearly recorded at the service and actions followed up. Incident forms included details of what had happened and what actions had been taken. Staff had followed guidance in peoples records and this had been effective in protecting both the person and staff and managing the situation.

The service conducted safety checks in the home which included regular tests of the fire alarms, extinguishers and fire drills. People had personal emergency evacuation plans in place which were clear and detailed how to support each person. Plans also included emergency contact numbers for utilities and on call contact numbers for the organisation. Where evacuation plans for people included the use of manual handling, appropriate advice had been sought and guidelines followed around the techniques.

Medicines were stored safely and given as prescribed. Medicines were counted and checked each time they were given and recorded correctly on the Medicine Administration Records (MAR). The service had worked with the pharmacy to develop a robust process for ensuring people received their medicines appropriately when they were out in the community. We saw that this was working well and all medicines taken out of the service were countersigned. Some people had medication which were 'as required'(PRN). Staff were aware about how to administer these and people's records gave clear guidance about when these should be used. Any decision to administer PRN medicines had to be made by the registered manager. Checks on medicines were made several times daily and included accuracy of recording in the MAR, checks on numbers of medicines held and temperatures of medicines storage.

Good

Is the service effective?

Our findings

Staff received appropriate training to enable them to carry out their role. Staff had worked at the service for a number of years and told us that they received refresher training in a range of topics including manual handling, medicines and safeguarding. Training included a range of areas including equality and diversity, infection control, mental capacity and first aid. Training was up to date for all staff and a staff member told us that they had refresher training booked in soon because this was due annually for some courses. The registered manager told us that they were researching options for mental health training for staff and also planning for some staff to attend continence training and share this learning with the team. There were also plans for staff to undertake additional training to increase staff understanding of one person's needs. Staff had appropriate skills and knowledge to support people. We saw that they were confident about how to interact with people and support them appropriately. A health professional told us "staff are very conscientious and careful about things, they will contact asap and seek advice if they were ever unsure".

Staff were supported to do their jobs. One member of staff told us that they had supervision bi-monthly and that they were asked about how they were, provided with practice updates and any issues were discussed and development opportunities considered. There was a clear annual supervision schedule which showed that dates were planned bi-monthly. The registered manager saw staff daily and worked with them aswell as in the management role and told us that they "encourage staff to bring ideas and enable them to take the reins".

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

People had comprehensive capacity assessments. For example, we saw that one person had a capacity assessment which was relating to a specific decision. There was clear evidence that the principles of the MCA had been followed and an explanation about why the person lacked capacity and how this decision had been reached. There was a best interests decision which showed that the persons family had been consulted aswell as other involved professionals. For another person, a referral had been made for an Independent Mental Capacity Advocate(IMCA). This was in line with legislation. IMCAs are a legal safeguard for people who lack the capacity to make specific important decisions, they support and represent the person if they have no-one else who can do this. We saw evidence that applications for DoLS had been made and authorisations granted for people at the service. One DoLS authorisation had expired and the registered managed had promptly submitted a request for a further authorisation.

Staff understood and worked within the MCA. One told us that they "assume capacity" and knew that a best interests decision would be needed if someone lacked capacity. They also said that they "offer any choice that we can". Some people at the service had limited verbal communication and required support with all aspects of their daily lives. Some people needed their support provided in pre-agreed ways which met their individual needs. Risks needed to be managed by staff and we observed that they had the necessary skills and understanding to respond quickly and appropriately when people became upset and had minimised the risks by supporting them effectively. For example, staff explained the particular routine of one person and guided us to arrive at a time which would not disrupt this.

Communication with people was good and we observed that staff knew what people wanted, how they communicated and how to offer choices so that people understood these. For example, one member of staff told us about how they could use observation to find out what caused people distress. They knew how to approach and communicate with the person and told us that consistency and routines were key. We saw that people had choices about their support. For example, we observed a person choosing what they wanted to do when they went out with a member of staff that day. The registered manager explained that one person had chosen the curtains in the lounge and we saw that people had chosen the furniture in their rooms, decorations and colours. Choices were offered in appropriate ways for people. For example, one person enjoyed watching DVD's and listening to CD's. The service had purchased a tablet computer and created a photo album of all the choices. The person was not able to choose from all the options when looking at the cases, but could use the photo album to indicate their choice. A staff member told us: "if they have too much choice they get overwhelmed" they explained that they picked a couple of choices and discussed these with the person so they could make a choice.

People chose what they wanted for the menus at the service. We saw that each person chose a main meal for the service and this was displayed daily in the kitchen with a picture of the meal. One person told us what they enjoyed cooking and we saw that this was on the menu later in the week. Later in the day we saw that a person was making a large salad to go with the main meal and had already prepared the meal ready to be cooked. Each person at the service was involved in preparing and choosing meals, another person regularly shopped for food for their daily lunchboxes and then prepared these the night before with support from staff. One person did the weekly shopping online for the service with support from staff and told us that they enjoyed packing the shopping away when it was delivered. Meals were cooked for all three of the people at the service. One told us what they were having for their main meal and that another resident was cooking it for them. A member of staff told us about adapted cutlery which enabled a person to manage independently, they also explained that they encouraged and offered healthy choices with foods.

People had prompt access to healthcare when they needed it. Staff told us that they would contact the GP or District Nurse if they needed to for anyone and records clearly documented that people had input from a range of healthcare professionals. These included podiatry, GP and psychiatrists. The service had worked with the hospital to arrange for a person to undergo a necessary procedure and had ensured that this was done in a way that they were able to cope with. People at the service had care passports which were kept with them and would go with them to any other care setting, including hospital. These gave clear details about what other health professionals needed to know about the person and included their likes and dislikes aswell as clear details about routines and behaviours. Two health professionals told us that the service was prompt when referring for their support and that referrals were appropriate.

Good

Is the service caring?

Our findings

Staff knew the people they were supporting well and were able to tell us about their likes/dislikes and personal histories. For example, a member of staff told us about the history of a person and what was important to them. This included details about the preferences of the person about how they looked at dressed each day. Another member of staff told us about how the changes to the layout of the service which had taken place in the last few years, affected one person. They said that they had been very introverted previously but their anxiety and concerns were reduced significantly due to the change in layout and use of the home.

Staff supported people in a kind and caring way. We observed a good rapport between people and staff and one person told us that they liked the staff who supported them. A relative told us that staff knew their loved one "very, very well, they feel comfortable with them. (I can tell by) their body language". Another relative told us that staff "know them pretty well and what they like/dislike". A health professional told us that they had observed that "staff interaction is very good, they have a close relationship and know them well. Above all they clearly do care for and look after people".

People were involved in all areas of their day to day support. When we arrived we saw one person who was cleaning the bathroom with a member of staff. Staff supported people to manage their own laundry and there were clear signs on the laundry wall for a person to guide them about the washing symbols on their clothes. There was a large board on display where staff pictures were displayed so people knew who would be supporting them each day. One person had their own weekly planner on this board and was supported to fill in the details of what they were doing each week and have control over this. The registered managed told us that "everything is built around them being involved". Staff had introduced a way to support a person who struggled with anticipating long term events. They used a calendar which helped them focus on events that would be happening sooner. Other people at the service had seen this and wanted to be included, all three people now enjoyed anticipating activities and events they had planned for the end of the month.People were also involved in their reviews and setting outcomes they wanted to achieve by the next review. These included places they wanted to visit or events they wanted to attend.

People's privacy and dignity was respected at the service. People's preferences for male or female support workers was recorded and respected. Staff told us how they respected people's privacy when supporting them with intimate care and explained that they knocked on peoples door and ensured that blinds or curtains were closed. A health professional told us "interactions that I have seen between staff and people are appropriate and respectful".

Staff encouraged people to be independent in all areas of their lives. People were involved in the running of their home and each assisted with cleaning and washing at an appropriate level. Staff were working with one person to enable them to independently buy items from a local shop. They had ensured that risks were identified and had plans in place to manage these. The person had enjoyed buying something themselves and this was planned to be a regular occurrence. The service had clear signage to encourage people to be independent. Rooms had clear names and pictures, for example the laundry had a sign and a picture of

clothing. People's rooms had similar signs and for some people this meant that they were able to put away their own clothes and choose items independently. The service had colour coded bins because one person liked to recycle and was able to clean and separate out different items and take them to the appropriate bin to be recycled with support.

Good

Is the service responsive?

Our findings

Records were person centred and included details about people's backgrounds and what was important to them. For example, one person had particular details about their routine which were important to do as soon as they returned to the service each day after being out. Staff were aware of these and supported people to do things in the way they wanted. Another record gave details about the house hold tasks a person was able to undertake and the support needed from staff. We observed staff supporting the person in line with the details in the care record. Records also recorded peoples preferences and dislikes and staff were able to tell us about what peoples preferences were in line with their records.

People were encouraged to be active and had varied activities and interests. The registered manager was able to give a full verbal explanation of what each person at the service did each day and knew their interests very well. This was echoed with staff who encouraged and supported people with a range of activities. One person had a voluntary job they attended several days a week and then had paid employment one day, they also swum weekly and went out for regular walks which often included stopping for food at their favourite place. Another person went to an art group regularly, had paid employment weekly, attended the local gym and also enjoyed a pamper evening. The person told me that they enjoyed this and also told me about the gym where they had participated in fundraising, they were proud to tell us about their achievement. Another person visited a local residential home regularly which they looked forward to. The service had been for a holiday just before our inspection and people had chosen the destination for this and the activities they did while they were away. We observed that one person went out on the bus with a member of staff and returned later in the day, another person was supported to go out in their mobility vehicle.

People's activities had been carefully balanced to ensure they met individual needs. A member of staff explained that one person had previously been involved in another activity, however this was too much for them in the week and now it had stopped, the balance was better and they had some alone time which was important to them. Weekends were more relaxed at the service and people chose how to spend their time. Staff told us they had evenings out or ordered food in if people chose this. Another member of staff told us that a person enjoyed trying different foods which they did when they went out. They also told us that "everyone is always included and have lots of different things(to do)". A staff member told us that activities was something the service did well and they worked hard to "find activities for people that they thoroughly enjoy". A relative told us that their loved one enjoyed the holidays and trips and another told us that the service was helpful and arranged to take the person to spend time with their family regularly which worked well.

Feedback was sought regularly. There were monthly meetings where the three people using the service met and feedback about different areas including discussing menus and activities. A member of staff co-ordinated this and we saw that people had suggested ideas for things to do and new activities and that these had been followed up. Staff used picture books in these meetings to enable people to feedback about their emotions and how they were feeling about certain things if they were unable to verbally communicate this. A member of staff told us that at the meetings, people talked about "things they like and what they

want to do. We are careful not to lead the discussions and feedback". People, relatives and involved professionals were involved in reviews about peoples support. Records showed that reviews included looking at whether people had achieved the outcomes they had set at the previous reviews and choosing what they wanted their new outcomes to be for the next review. A relative told us that they were contacted regularly by the service to feedback about how things were going and update on any changes. Records showed updates and changes that had been made as a result of a review and that the new objectives had been updated.

People and relatives knew how to complain. There was a clear process for recording and actioning complaints. A relative told us that they were kept in the loop by the registered manager and would feel confident to raise any issues. We saw that there were easy read versions of the complaints procedures for people to use. There was a complaints policy for the service and there had not been any complaints within the last 12 months.

Good

Is the service well-led?

Our findings

The service was well led and there was a registered manager in post. The registered manager worked shifts at the service also and we saw that they had a good working relationship with staff. One member of staff told us that the registered manager was "supportive and works on shift aswell, keeps them the same as us and we all work together – no hierarchy". Another member of staff said that the registered manager was "open and approachable" and felt that they managed the home very well. A health professional told us that the registered manager was very thorough and receptive to ideas. They also felt that they were proactive in their approach. We observed that the service was well organised, staff were clear about what people were doing each day and the support they needed to provide to people. Staff were encouraged to raise ideas and these were listened to. For example, one staff member had made suggestions regarding the boundaries for one person. The registered manager discussed this with the member of staff and had agreed a plan to take this forward. The changes were implemented and had worked well for the person. A member of staff told us that they were "encouraged to make suggestions and (the registered manager) listens to us".

Communication between the registered manager and staff was good. Staff told us that they had a verbal handover at each shift change and they also used a handover book and diary to ensure that everyone was up to date with any changes or appointments. A member of staff told us that they were very involved with how the service was run and there was lots of "informal chit chat" between staff and the registered manager. They also said that they their input was valued and that the registered manager tried to "lead by example". Staff told us that they worked well together as a team and there was no divide between shifts. Staff also felt that the registered manager working shifts worked well. Staff had meetings monthly and these were planned in to take place after the residents meetings. This meant that peoples ideas and feedback was shared and discussed with staff. Minutes from staff meetings showed the updates that had been shared from the residents and planned actions agreed. For example, one resident had suggested an activity they had been interested in. This had been shared at the staff meeting and staff had then discussed and planned how to organise this and possible support and equipment they might need. A member of staff told us that "if there is anything we want to discuss, we bring it up. They always listen and take note". The registered manager also produced a monthly update for staff, they included any policy updates and staff signed to say that they had received and read these.

The registered manager told us that they attended monthly organisational management meetings and they had specific forums for key areas of interest. Any issues from staff and residents meetings were discussed at these also. They told us that they used the Social Care Institute for Excellence (SCIE) to guide best practice and also used guidance from the National Institute for Health and Care Excellence(NICE). They said that they researched information on specific areas to inform staff. For example, they had looked at research linked to the support needed for people and provided this for staff to read up on and investigate further. The registered manager said that the service was signed up to the social care commitment. The Social Care Commitment is a promise made by people who work in social care to give the best care and support they can. They explained that staff set their own targets as part of their appraisals.

Quality assurance checks at the service were regular and robust. Information about incident reports, staffing and other areas of the service were sent to the head office at Encompass who completed quality audits and graded the services on a traffic light system. The registered manager explained that if they had prolonged staff shortages or high levels of incidents reporting, this would puch them to an amber or red rating. A rating or Amber or Red would mean that Encompass would increase support and oversight of the service. Within the service there were monthly audits of incidents and any trends or patterns were actioned. The registered manager also carried out regular observations of staff practice and these were documented. Other regular audits included infection control, health and safety and medicines. The service carried out service user satisfaction surveys annually. The registered manager explained that these were done with people by outside professionals instead of staff from the home. This ensured that people could be independently supported to raise any issues about the service if they needed to. We saw that these surveys were completed for each person with support from another professional they knew. As part of these surveys, copies of the easy read comments, complaints and suggestions information was also given to people again to make sure that they were able to raise any issues if they needed to. A health professional also told us that they were included in annual audits of risk assessments for people and to discuss staffing levels to ensure that they were sufficient to meet peoples complex needs.

The registered manager spoke with us about the development plans for the service. They were working with a volunteer project to design and develop the garden at the service. People were involved in this and had chosen all the details including colours for flowers, a sensory area and space for people to have some personal space of their own. One person told me about what they would be having in the garden and was proud to explain what their area would include. The development plan included issues and actions identified, as well as timescales and confirmation when things were completed. It also included a section for staff to write their own ideas or areas that they felt needed to be addressed.