

Encompass (Dorset)

# Prince of Wales Road (5)

## Inspection report

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Date of inspection visit:  
20 April 2018  
23 April 2018

Date of publication:  
05 June 2018

### 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

Prince of Wales Road (5) is a respite care home for up to eight people with a learning disability, physical disability, and dual or multi-complex disabilities with some sensory loss. The home is on two floors and is close to the town centre. There are seven rooms and a self-contained flat.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

There were enough staff to keep people safe and meet people's needs. Staff had received training in how to safeguard people from harm and abuse and were confident in how they would raise concerns internally or externally. There were processes in place to ensure safe recruitment of staff who were suitable to work with vulnerable people.

People's needs were thoroughly assessed prior to them coming to respite with their input sought wherever possible alongside involvement from their relatives, regular support staff and health professionals. People were supported by staff with the skills, experience and attitude to meet their individual needs and help them relax and enjoy their stay. Most people were non-verbal but the staff's in-depth knowledge of each person's preferred means of communication meant that they were given the opportunity to express their views and make decisions about what they wanted to happen while there.

People were supported by staff who were consistently kind, caring and attentive. Relatives told us they felt their family members were safe and well looked after. When people required reassurance or emotional support this was provided in a timely and respectful way. We observed people relaxed and smiling in the presence of staff. Interactions were person-centred and respectful. People were supported to have maximum choice and control, as their abilities allowed, and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

There was a strong emphasis on maintaining continuity for people on respite so that they could continue enjoying activities that they usually enjoyed in the community. This included attending local day centres, listening to their favourite music, trips to the cinema, and baking. The home conducted annual surveys to ensure that people and those important to them had an opportunity to provide feedback on the quality of the service. Relatives told us that they were happy with the service and felt consulted and listened to. Health professionals praised the home's responsiveness and adaptability when people needed emergency respite and viewed the home as an integral contributor to reviews of risks people faced. This meant people and their family members received maximum benefit from respite stays ensuring that placements at home were sustained.

The home had a homely and relaxed atmosphere. Staff, relatives and health professionals expressed confidence in the management of the home. Staff said that they felt supported and were praised for their

achievements. This helped to motivate them. Staff were encouraged to raise issues or concerns. They said they felt able to do this as the management were approachable and listened to them. There were systems in place to measure quality and performance and these were used to drive improvements.

The home 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.

## 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 remains Good.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Good ●

The service remains Good.

# 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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 20 April and 23 April 2018 and was carried out by one inspector. The inspection was announced. We gave the service 48 hours' notice because it is small and we needed to be sure that the manager would be in.

In planning the inspection we used information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information we hold about the service including previous inspection reports and notifications.

People using the service could not speak with us. We observed how staff supported people to help us understand their experience. During the inspection we spoke to three relatives. We spoke with five care staff, the deputy manager, and the registered manager. Following the inspection we spoke to seven more relatives and four health professionals including two social workers, a dietician and a psychiatrist.

We looked at three peoples' assessment and support plans. We also looked at records relating to the management of the respite service including staff rotas, medicine administration records, meeting minutes and the recruitment information for three staff.

We pathway tracked three people having respite at the service. Pathway tracking is where we review records and do observations to see if people are supported in line with their assessed needs.

## Is the service safe?

### Our findings

Staff had received safeguarding training and knew how to raise concerns both internally and externally if they had reason to believe a person was at risk of harm or abuse. Team meetings and supervisions included safeguarding as a standing agenda item. We reviewed minutes from a staff meeting which reminded staff about the whistleblowing policy and stated, 'Anyone can come to [the registered manager or deputy manager] with any concerns.' The staff confirmed this.

People's risks were assessed prior to them coming for respite. Each person had a risk assessment profile which included ways to support them with their health, accessing the community, road safety, and support needed in the event of fire. A relative told us, "I feel [name] is safe there and the staff take care of [name]." The home was supported by a full time maintenance person that visited once a week. Monthly maintenance audits were carried out to ensure that any identified issues were quickly resolved. In addition the home received regular support visits from the head office health and safety officer.

There were enough staff to keep people safe although the home was looking to recruit a part time waking night carer and a part time day support worker. The rotas matched the service that people were receiving including 1:1 time. The deputy manager told us that sometimes they used bank staff to cover shifts although they had chosen to limit this to five staff with knowledge of the home and people who come for respite. This meant people received support from staff they were familiar with. Recruitment processes helped ensure that people were supported by staff who had undergone background checks and were safe to work with them.

Medicines were managed safely. Staff knew what medicines people required and the reason they took them. They had training which made them competent and confident in supporting people with their medicines including rescue medicines which people require if they have seizures.

People had respite in a home that was visibly clean and free from odours. There was an infection control policy in place and staff had been trained in infection prevention and control. The home had a weekly cleaning schedule which was audited.

After an incident where a person's bedrails had failed the provider had conducted a thorough investigation and shared the learning with the staff at Prince of Wales Road (5) and other services they operate in order to reduce the risk of it happening again. Daily checks have been introduced and reminders to do this have been added to the electronic recording system that staff use. The provider had also incorporated the incident into staff training.

## Is the service effective?

### Our findings

People's needs were assessed prior to them coming for respite including where this was required at short notice. In cases where people were known to the service from previous respite stays the home still worked closely with relatives, support staff and health professionals to get an up to date understanding of people's current needs, abilities and risks. The home carried out assessments where people felt most comfortable meeting them for example at their home, in the community or at a day service. Pre-assessments included an appreciation of specialist equipment required and the impact people may have on others on respite. This helped with decisions about respite bookings and ensured that people enjoyed and benefitted from their stay as much as possible. One health professional feedback that the home had offered 'daily reassurance to a family' that had been anxious about their family member having respite and that this support had enabled the person 'to have a positive first stay away from home.' They felt this approach, and the opportunity for familiarisation visits ahead of the respite break, was an example of the home being 'adaptable and sensitive to both the person and [their] family's needs.'

People were supported by staff who had received a comprehensive induction which included training in privacy and dignity, medicines, and mental capacity. One staff member said they had been supported to do "quite a few shadow shifts" during their induction. Staff told us that they received "very effective" training which enabled them to meet the range of needs people had on respite. The home had a matrix which identified what training people required and when. An electronic messaging system was used to notify staff when they had upcoming training.

Supervisions were held every six to eight weeks and were used as an opportunity for reflection, learning and to suggest ideas that could help the service improve. One staff member said, "Supervisions are two-way and I get time to talk about what I want to." Another member of staff told us, "I really enjoy working here. The best thing is feeling like you are helping someone – it's rewarding. I feel really supported."

People were supported in line with their identified eating and drinking needs. Support was given in a calm way and at the person's pace. Staff knew how to support people who had their nutrition through an enteral tube (this is a tube that goes directly into a person's stomach), required a soft diet, were vegetarian, or needed foods fortified to help them maintain their weight. A health professional said the staff had experience with all types of tube feeding. This person had confidence in the care provided to people and said they had no hesitation in signposting people to Prince of Wales Road (5). Staff had put together menu plans which acknowledged people's favourite meals, food allergies and included alternatives to be offered if they wanted something else. People were supported to make choices through the use of colour photos which helped people decide what they wanted to eat. The home was in the process of developing photo cards to make it easier for people to make choices around drinks.

While people were on respite they were supported to access health services including hospitals, dentists and GP surgeries.

The spacious, open plan design of the home allowed people to have free movement. One relative said, "I

quite like the layout...the openness of it." Another relative said, "The layout is spot on. The communal dining room supports people to socialise and eat together if they want to."

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Where required the home had applied for authorisation for DoLS to ensure that they were protecting people's rights while they were on respite and not inappropriately depriving them of their liberty. Each person who needed the protection afforded by DoLS had one in place.

The registered manager had participated in best interests meetings with family, advocates, and health professionals where people had been assessed as lacking the capacity to make a decision on issues affecting their health and wellbeing. This helped to ensure that while people were on respite they were supported in the least restrictive and safest way.



## Is the service caring?

### Our findings

Relatives told us that the staff were kind and that they felt their family members were cared for. One relative described the staff as "attentive" and said that her family member "likes [Prince of Wales Road (5)]." Another said that her relative starts "joking with staff as soon as [name] gets there." Before people had respite for the first time they were invited to visit the home with their parents or carers to become familiar with the environment and staff. One person's parents told us, "We have been supported to see the home on a couple of occasions so we would feel less anxious."

We observed staff showing respect and emotional support to people throughout the inspection. When one person became tearful the staff member with them got down to the person's level and spoke to them with a kind and reassuring tone. Another person's care plan stated that they preferred staff speaking to them in 'a clear and calm voice' – we observed staff taking this approach with them during the inspection.

Most people who came for respite were non-verbal. This reinforced the importance of people being supported by staff who were familiar to them. In this way they were able to interpret people's body language and be informed by what they had previously enjoyed doing. Peoples' families, community support staff and health professionals were an integral resource in helping determine what people wanted to happen and how they wished to be supported while on respite.

Care plans clearly detailed how people liked to communicate and lives their lives and who they wanted to be involved in decisions that could affect them. We observed people making decisions about their support using non-verbal cues which the staff knew and responded to in a timely way. People were supported by staff who knew their preferences. For example, staff knew that one person liked to lie in at weekends and had a favourite seat in the dining room.

Although none of the people on respite were known to be in an intimate relationship the deputy manager said that if a person came to stay that was in a relationship, or decided to start one while there, they would support them by seeking health professional guidance and requesting a mental capacity assessment to determine what support they may require to maintain the relationship and stay safe. People were also supported by staff that recognised people's need for private time. This was done in a way that maintained people's dignity.

The home had a self-contained flat which was being redecorated. This could accommodate people who preferred a more private respite stay. People could then choose how much time they wished to spend in the flat whilst still having the opportunity to interact freely with other people and staff.

## Is the service responsive?

### Our findings

People's care plans were detailed, reviewed monthly and written from their perspective. The plans included what was important for the person and their preferred way to communicate. Staff worked alongside people's regular support staff to enable them to take part in a varied range of activities both in the home and out in the community. This included time in the sensory room, massage, trips to the cinema and to the pub. One relative said, "They even invite people to help cook which helps them build skills" while adding that their family member had been supported to follow their keen interest in gardening. Another relative said, "They make things relevant for the people they've got staying there." We observed this personalised approach during the inspection. One person with autism was supported to have respite when there were fewer people staying at the home because this helped them to have a more settled time. Another person was encouraged to bring in their recipe book so that they could continue their love of baking during their stay. They then chose to share what they had baked with other people on respite. The staff were attentive and timely in responding to people's needs. For example we observed staff getting an electric fan for a person who appeared unsettled with the unseasonably humid weather.

The home sent out annual satisfaction surveys to people and their families so that they could feedback on the quality of the care. The surveys were pictorial which made them more accessible and enabled people to be more involved in the process of expressing their views. Comments included, 'I am very pleased with [Prince of Wales (5)] and know [name] is safe and well looked after' with another indicating that the home were 'very good' at making sure their family member could choose who supported them.

The home had a complaints policy, and a copy was available in reception, although the survey results suggested not everybody had received a copy. When this was raised with the management they arranged for new copies to be sent out to all parents and carers. The home had not received any formal complaints in the last 12 months. One relative told us that the staff were "very good at picking up the phone and letting me know things." Another said, "They listen to me."

At the time of the inspection the home were not supporting anybody with end of life care needs. However, when required, the home had worked with people, family members, health professionals and outside agencies to develop and deliver care plans that met people's end of life needs in a way that acknowledged their spiritual and cultural diversity.

## Is the service well-led?

### Our findings

There was a strong ethos of putting people first and this was shared among the staff team. One staff member said, "We're professional here but not regimented so people can still feel relaxed." One relative said that they felt the registered manager was "easy going and experienced." One staff member described Prince of Wales Road (5) as, "The homeliest home I've ever worked in." When asked what made them feel that way they added, "The building and the people...as a staff team we get on well." Another staff member commented, "I think it's homely and has a very nice feel here. It's a home from home." The registered manager said that they were "proud of supporting a diverse range of people who enjoy coming here."

Relatives, staff and health professionals expressed confidence in the management. One relative said "I think the home is well managed." A health professional said, "I always find them approachable and they communicate well with our team." The deputy manager said "I definitely feel supported here. I can always speak to [the registered manager] even if [they] are busy." The deputy manager added, "It's a good company to work for. They always try their best to help. Head Office are very good. You ask them for something and it's done." The registered manager felt the same stating, "If I felt I needed it the Chief Executive would give [their] time and support me."

Staff felt valued and appreciated that they were encouraged and supported to improve their practice. One staff member told us, "One of the things I love about this place is that you get thanked at the end of the shift." They added, "Management are good at praising you during supervision and also discussing things you need to work on." We saw one staff members supervision included the comment, '[name] is a valued member of the team, hardworking and willing to help where [name] can.'

One relative said the staff are always "very polite on the phone and helpful." Another said, "I'd give [the home] 9/10 as it is very welcoming." The home had recently carried out an online staff training survey. This was a provider led initiative 'to help [the service] develop better insight into training needs and to build and strengthen training delivery.' Staff felt involved and there was evidence of this approach being supported at team meetings.

Systems were in place to ensure that service quality was monitored to drive improvement. This included quarterly audits on health and safety, fire procedures, induction, appraisals and core training. The results were used to produce home development and actions plans. A new on-call system had been introduced to ensure that Prince of Wales Road (5) staff could contact senior managers for advice and to report adverse incidents out of hours.

The deputy manager and registered manager contributed to people's annual reviews which were also attended by relatives, people's personal assistants, and health professionals such as social workers and speech and language therapists. The registered manager attended people's risk management meetings to contribute to a shared understanding of how to meet people's needs and keep them safe. One health professional said that the home was 'pivotal' in ensuring a person's placement at home was sustainable with them offering telephone support to the person's relative in between planned respite breaks. Other

health professionals' comments included - "They are able to support people with varying needs and step in at short notice. If I had a family member that needed respite I feel the service would be good enough for them" and, "The service fits the bill. The staff are knowledgeable and the manager is very good. [The manager] listens to issues raised and always aims to come up with solutions." One health professional feedback, 'I have a lot of [people] who look forward to going and going back again!'