



# Inspection Report on

**Encompass Care**

**1 West View Crescent  
Oakdale  
Blackwood  
NP12 0JG**

**Date Inspection Completed**

25/07/2023

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## About Encompass Care

Type of care provided	Domiciliary Support Service
Registered Provider	Angela Evans-Manning
Language of the service	English
Previous Care Inspectorate Wales inspection	<a href="#">26 October 2021</a>
Does this service promote Welsh language and culture?	This service does not provide an 'Active Offer' of the Welsh language and does not demonstrate a significant effort to promoting the use of the Welsh language and culture.

### Summary

Encompass Care supports people in shared 'supported living' homes in the Gwent area. The service benefits from an experienced, skilled and consistent team of care workers. Care staff know the people they support well, the service is currently recruiting for some vacant positions. Care staff interact with people in a positive, warm and encouraging way. The service recognises and respects what is important to people.

The leadership and management of the service needs to be improved in some key areas. Care staff do not have an opportunity to have one to one, formal supervisions with their line manager on a regular basis. The provider does not inform CIW as the regulator of key events which should be reported. Policies do not all refer to current national guidance and refer to outdated organisations. The Statement of Purpose, which is a document that explains how the service will be provided, requires updating. The Quality-of-Care reports do not cover all of the required areas to ensure the service maintains and improves the quality of care and support provided.

## Well-being

People's care files contain sufficient detail to inform care staff how best to support them to achieve their aims. However, this information is not currently all included in an individual personal plan so important information may be missed. People have autonomy over their own lives and care staff know what they like and dislike. Detailed risk assessments are in place and people are supported to be as independent as possible whilst maintaining their safety. We saw that people have choice about how and where they spend their time, with activities readily available. Care workers record detailed notes on people's progress and wellbeing throughout the day.

Individuals are supported to access medical and specialist services, as required. Care workers recognise when people need emotional support and provide this with compassion. Residents are encouraged to achieve individual goals which help to develop their skills and independence. People receive appropriate support with their medication, which helps to maintain their health.

Care documentation highlights what people are able to do for themselves and care staff encourage people to be as independent as they can be. Care staff encourage people to improve their independence with household tasks such as cooking, cleaning and laundry. People are supported to maintain their personal appearance and all residents are well cared for. Staff support people with care, compassion and good humour. During our visits, we saw staff sitting with residents, engaging them in conversation, encouraging them to join in with activities, and supporting them in the local community.

People are protected from harm and abuse. The care team liaise with social services regarding any concerns about people's safety. Staff are trained in the safeguarding of adults at risk of abuse but need to better understand how to report suspected abuse to relevant agencies. A safeguarding policy is in place; however, this needs to be updated to reflect current national guidance.

## Care and Support

People receive the support they require, as and when they need it. Throughout our visits, we saw there were sufficient care staff on duty to support people. Care staff engage with people in conversation and activities in a relaxed manner. We saw staff interacting well with residents and evidence of positive relationships. Care workers provide care with genuine warmth and compassion. Care staff are confident in providing people with emotional support. People and their representatives are complimentary about the support provided, we saw evidence of people achieving positive outcomes and making progress in areas important to them.

Residents' files contain relevant information to inform the care team on how best to support them. However, this information is not compiled comprehensively into one personal plan. The personal plans are task focussed and lack detail on peoples desired outcomes and how they would like to be supported to achieve their goals. This information is found elsewhere in the care files, we saw evidence of effective key working practices and reviews of people's progress. The responsible individual (RI) assured us the personal plans would be updated to ensure they reflect all of the required information and focus on what people can do for themselves along with what they would like support to achieve. We saw evidence that referrals are made to external professionals as required. Guidance and information from such referrals are reflected within peoples care files and followed correctly.

Robust medication procedures are followed; we found that all medication, which had been administered, was accurately recorded on the people's medication records. People have choice over their day-to-day lives. During the inspection, we were able to see that staff understand people's needs and preferences. Some people chose to engage in activities while others chose to spend time doing other things of their choice, including chatting to staff or watching TV. The service encourages people to be as independent as they can be activities are arranged in the local community to compliment those in the home.

## Leadership and Management

The service is in the process of moving offices, due to unforeseen circumstances. The RI assured us they have invested in new technology and made changes to the structure of the management team to address ongoing issues with completing reports and making notifications to other agencies.

The RI regularly visits the services and has a good understanding of the care provided. However, there is insufficient evidence of effective governance arrangements being in place to support the smooth running of the service. A Quality-of-Care report was not made available to us when requested for this inspection. The provider has failed to submit an annual report as required by the Regulations. Notifications, including the update of the statement of purpose for the service, had not been made available to CIW. We received some updated policies, but the policies for Safeguarding and the safe management of medication require further updates to be aligned with current guidance. While no immediate action is required, these are areas for improvement, and we expect the provider to take action.

The service benefits from an experienced staff team who work well together. Recruitment is ongoing for some current vacancies. We saw that staff personnel files are well organised and contain all of the required information. Staff told us that they feel valued and supported in their roles and that the training is good. The RI told us that refresher training for Safeguarding and food hygiene had been arranged for all staff. Care staff do not have frequent supervisions with their line manager. This one-to-one support provides opportunity for staff members to discuss any concerns or training needs they may have and for their line manager to provide feedback on their work performance. While no immediate action is required, this is an area for improvement, and we expect the provider to take action.

### Summary of Non-Compliance

Status	What each means
<b>New</b>	This non-compliance was identified at this inspection.
<b>Reviewed</b>	Compliance was reviewed at this inspection and was not achieved. The target date for compliance is in the future and will be tested at next inspection.
<b>Not Achieved</b>	Compliance was tested at this inspection and was not achieved.
<b>Achieved</b>	Compliance was tested at this inspection and was achieved.

We respond to non-compliance with regulations where poor outcomes for people, and / or risk to people’s well-being are identified by issuing Priority Action Notice (s).

The provider must take immediate steps to address this and make improvements. Where providers fail to take priority action by the target date we may escalate the matter to an Improvement and Enforcement Panel.

### Priority Action Notice(s)

Regulation	Summary	Status
N/A	No non-compliance of this type was identified at this inspection	N/A

Where we find non-compliance with regulations but no immediate or significant risk for people using the service is identified we highlight these as Areas for Improvement.

We expect the provider to take action to rectify this and we will follow this up at the next inspection. Where the provider has failed to make the necessary improvements we will escalate the matter by issuing a Priority Action Notice.

### Area(s) for Improvement

Regulation	Summary	Status
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N/A	No non-compliance of this type was identified at this inspection	N/A
7	The Statement of Purpose does not contain all required information and refers to outdated organisations and contact details. Ensure the Statement of Purpose is accurate and up to date The provider has not notified the regulator of them reviewing the Statement of Purpose. Ensure the regulator is notified of changes to the Statement of Purpose	Not Achieved
12	Policies do not all refer to latest national guidance and make reference to outdated organisations. Ensure all policies are up-to-date and refer to latest national guidance.	Not Achieved
36	Care staff have not received one to one supervision with their line manager on a regular basis. Ensure that all care staff received a one to one supervision with their line manager at least every three months	Not Achieved
60	Notifications have not been made to the regulator as required. Ensure notifications are made promptly as required using the CIW online portal	Not Achieved
80	Suitable arrangements are not in place for monitoring, reviewing and improving the quality of care and support delivered by the service. Ensure that adequate Quality of Care reviews are completed at least every six months.	Not Achieved
35	Checks to ensure that staff are suitable to be working with adults at risk had not been updated as often as required. Ensure DBS checks are carried out in accordance with requirements	Achieved



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