



Inspection Report on

Encompass Care

**29 Brynhyfryd Street
Pontllanfraith
Blackwood
NP12 2BP**

Date Inspection Completed

26 October and 08 November 2021

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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	
Does this service provide the Welsh Language active offer?	The service does not provide an 'Active Offer' of the Welsh language

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. Staff turnover is low which allows for the care staff to know the people they support well. Staff are overall suitably recruited and trained, however we found some areas where this could be improved. Interactions between care staff and residents are positive, warm and dignified. The service recognises and respects what is important to people. Personal plans are in place for each individual but these need to be more focussed on the outcomes each person would like to achieve. Care staff record daily notes in good detail, which allows for effective review of the plans.

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 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 Policies do not all refer to current national guidance and refer to outdated organisations.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

The individual circumstances of people are considered. People's individual plans contain some good detail but should be more person centred and specific to their needs and preferences. People have autonomy over their own lives and staff know what they like and dislike. This ensures that care staff can support people accordingly. 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, which informs regular reviews of personal plans.

Individuals are supported to access medical and specialist services, as required. Care workers recognise when people need emotional support and provide this with kindness and compassion. Residents are encouraged to achieve individual goals that 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 the visit, 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 or abuse. Staff are trained in the safeguarding of adults at risk of abuse and understand how to report suspected abuse. A safeguarding policy is in place; however, this needs to be updated to reflect current national guidance.

Care and Development

People receive the support they require, as and when they need it. Throughout the visit, we saw there were sufficient care staff on duty to support people. Care staff engage with people in conversation and activities. 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 supporting people who are distressed or anxious. People and their representatives were complimentary about the support provided.

Residents' files contain information including risk assessments and personal plans of care. These are reflective of the person being cared for and regularly reviewed. Although these plans contain relevant information, they should focus more on what people would like to achieve and how they will be supported to do so. We saw evidence that referrals are made to external professionals as required. Guidance and information is reflected within personal plans and followed correctly.

Robust medication procedures are followed; we found that all medication, which had been administered, was accurately recorded on the person's medication records. People have choice and autonomy. 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.

Robust infection prevention and control procedures are followed. We saw staff all wearing the appropriate personal protective equipment (PPE) throughout our inspection visit. On arrival, our temperature was taken and the manager checked that we had a recent negative COVID-19 test result.

Leadership and Management

The governance arrangements in place are not sufficient to support the smooth running of the service. We saw that some satisfaction surveys are completed. However, the quality of care reports provided do not capture enough information to assess the overall quality of the service and identify the areas which can be improved. The Statement of Purpose is a document, which describes how the service will be delivered. We found that this document refers to some outdated organisations and does not contain all of the required information. Some of the service's policies do not refer to the latest national guidance, such as for the safeguarding of adults at risk. The provider has not informed CIW as the regulator of certain key events which they must do. We have discussed these matters with the Responsible Individual (RI) who has assured us that new IT equipment will be bought to support the service to achieve the required tasks digitally. We expect the provider to take action to rectify these issues and will review them again at the next inspection.

The service benefits from an experienced staff team who work well together. Staff told us that they feel valued and supported in their roles and that the training is good. We spoke to the RI about arranging some additional specific training courses to compliment those already attended. The RI assured us that these courses have now been arranged. Care staff had all recently received a supervision with their line manager. However, we saw that supervisions do not take place as often as they should do. 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. We expect the provider to take action to rectify these issues and will review them again at the next inspection.

We saw that staff personnel files are well organised and contain all of the required information. However, the care staff Disclosure & Barring Service (DBS) checks had not been completed as often as they are required to be. We saw that these were updated during our inspection. We expect the provider to ensure that these checks continue to be done within the required timescales.

Summary of Non-Compliance

Status	What each means
New	This non-compliance was identified at this inspection.
Reviewed	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.
Not Achieved	Compliance was tested at this inspection and was not achieved.
Achieved	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
7	The Statement of Purpose does not contain all required information and refers to outdated	New

	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	
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.	New
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	New
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	New
60	Notifications have not been made to the regulator as required. Ensure notifications are made promptly as required using the CIW online portal	New
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.	New

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