



Inspection Report on

Encompass Care

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

Date Inspection Completed

08/08/2024

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About Encompass Care

Type of care provided	Domiciliary Support Service
Registered Provider	Angela Evans-Manning
Registered places	0
Language of the service	English
Previous Care Inspectorate Wales inspection	15 August 2023
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

People are happy with the support they receive from a kind, compassionate, and consistent team of care staff. The service cares for people who are tenants in shared supported living settings. The manager has made improvements to the service and the outcomes people achieve. Care staff are safely recruited, enjoy their jobs, and are well supported by the manager.

The responsible individual (RI) has consistently failed to carry out their duties as required by the Regulations. The RI does not have effective oversight of the management of the service.

Well-being

People are supported to live as independently as they can and to have as much control as possible over their day-to-day lives. People achieve positive outcomes as a direct result of the support they receive. We saw a person whose anxiety levels had reduced significantly after being supported positively and patiently by care staff and the manager. The person has managed to access the local community more frequently and for longer periods which helps them to feel more integrated into the area they live. This positive outcome has allowed for the persons prescribed medication to be reduced, with the service liaising with health professionals closely to achieve this and keep the person safe.

Positive relationships are supported and encouraged, and people enjoy spending time with family members and friends. The service facilitates arrangements to ensure people have as much contact with their loved ones as they choose. People told us they enjoy day trips out with the staff and some people are looking forward to going on holiday supported by staff soon.

People are protected from harm and abuse. The staff team receive training in the safeguarding of vulnerable adults and are familiar with reporting processes if they have any concerns. It is not evident that people have been supported to understand their tenancy agreements, rights, and responsibilities. The RI assured us this would be addressed, and independent advocates would be found to support people in this regard.

Care and Support

People benefit from the support they receive. Care staff know people well and enjoy supporting them. Care files include information on the social history of each person, and clearly documents what they like and dislike. This allows care staff to relate conversations and interactions with people in a way that works best for each individual. We saw care staff supporting people with genuine warmth, care, and encouragement. Infection prevention controls are effectively followed, the settings are kept clean and hygienic.

Personal plans are clearly written, they explain to care staff how to support each person in accordance with their needs and preferences. Plans focus on the outcomes people would like to achieve in each identified area and how to support them to achieve this. Some plans contain information on the persons strengths and what they can do for themselves as well as their needs. However, this is not the case with all plans. The manager assured us they would address this. Plans correspond with risk assessments where a person has specific identified areas of risk to them. Risk assessments clearly identify what measures are in place to minimise the risk of harm to the person. Specialist needs are considered, and further relevant information included in care files for specific conditions people are living with.

People are encouraged to be as independent as possible and to lead active, healthy lifestyles. Health and social care professionals are involved in people's care. We saw prompt referrals are made by the service when required, and any advice received is evidenced in plans and followed by care staff. Care records are frequently recorded which evidence people are supported in accordance with their plans.

Leadership and Management

A new manager has been appointed since our last inspection. The manager is experienced and knowledgeable and is working towards promoting a more positive culture within the service. The manager has quickly got to know the people who receive support, their families, and the staff team. Improvements have been made with the organisation of records, training, and supervision of care staff. Sufficient care staff are employed to support people effectively and the manager works closely with service commissioners where it has been identified there is a change in the support requirements for anyone.

Care staff are safely recruited; their files contain the required information; they have current disclosure and barring service (DBS) checks. Established care staff are registered with Social Care Wales (SCW), the workforce regulator. Newer staff complete induction programmes before they can be registered with SCW. Staff enjoy working for the service and feel well supported. The manager has introduced a system to ensure all staff receive one to one supervision with their line manager at least every three months. These meetings are documented and include information on staff wellbeing, performance, and any concerns or areas of development they are working on. The staff training programme has been reviewed and enhanced, all care staff have completed their mandatory training, and the manager told us they are seeking to arrange some more specialist training to further increase staff knowledge.

The statement of purpose for the service contains some inaccurate and misleading information about how it is registered, and the service it provides. This has been an ongoing concern at recent inspections. We have therefore issued a priority action notice. The provider must take immediate action to address this issue.

There are insufficient governance arrangements in place to ensure the RI has effective oversight of the management of the service. The RI has not completed the required reports to evidence they have sufficient knowledge and understanding of the quality of care provided, or where this can be improved. The RI has not recorded visits to services or meetings with people being supported, and staff, as required. The RI has not informed the regulator of events which required formally notifying, without the support of others. We have therefore issued a priority action notice. The provider must take immediate action to address this issue.

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
66	The RI has not responded to previous areas for improvement for revising an accurate and up to date statement of purpose for the service. The RI has failed to respond to previous areas for improvement for Regulation 80, to provide a report evidencing effective review of the quality of care of the service, they have also not provided evidence of their regulatory visits to services, despite reminders to do so. The RI has signed a tenancy agreement on behalf of the support provider, which brings into question her understanding of the requirement to have a genuine separation between the landlord and support provider	New
7	The provider has failed to revise the statement of purpose despite previous areas of improvement for this at the last two inspections. Now the statement of purpose has been revised, it contains misleading and	Not Achieved

	<p>incorrect information about the service provided. There is reference to providing accommodation and a description of the accommodation. The service provides domiciliary support so does not provide accommodation. The statement of purpose states the service is registered to support eight adults, as a domiciliary support service, it is registered to provide hours of support and not numbers of people supported. There is no reference to the geographical area where the provider is registered to provide support. There is reference to respite care which is not offered as a domiciliary support provider. There is insufficient detail of the staff training programme. The statement of purpose must be re-written to ensure it accurately describes the service provided and the registration of the service with CIW</p>	
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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.

Area(s) for Improvement		
Regulation	Summary	Status
N/A	No non-compliance of this type was identified at this inspection	N/A
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
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.	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	Achieved

	with their line manager at least every three months	
60	Notifications have not been made to the regulator as required. Ensure notifications are made promptly as required using the CIW online portal	Achieved

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