

Encompass Care Organisation UK

# Rawleigh House

## Inspection report

The Avenue  
Sherborne  
Dorset  
DT9 3AJ

Tel: 01935816630

Website: [www.encompassdorset.co.uk](http://www.encompassdorset.co.uk)

Date of inspection visit:  
29 June 2023

Date of publication:  
17 July 2023

### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Rawleigh House is a residential care home for up to 6 people who are autistic and / or who have a learning disability. The home is laid out over 3 floors with stairs and a lift for accessibility. At the time of the inspection there were 5 people living there.

### People's experience of using this service and what we found

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

### Right Support:

Risks to people were assessed and regularly reviewed. People told us they felt safe and happy at the home. Relatives and a health professional agreed. People looked happy and content when spending time with staff. A familiar and consistent group of care staff meant they knew people well. Although agency staff were sometimes required to cover sickness these staff had a good understanding of people's needs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

### Right Care:

Staff understood how to protect people from poor care and abuse. A health professional commented positively about the care people received and the way in which staff interacted with them. People received their medicines on time and had annual health reviews. People could communicate with staff and understand information given to them because staff supported them consistently and understood their individual communication needs.

### Right Culture:

There was an open and supportive culture at the home. Staff told us they felt supported and encouraged to take on new skills and qualifications. Relatives were encouraged to provide their views on the care family members received and felt listened to. The registered manager was held in high regard by relatives and staff. They also had a good rapport with the people living at Rawleigh House. The home worked well with other organisations and recognised the benefits to people of establishing and maintaining links with the wider community.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk).

### Rating at last inspection

The last rating for this service was good (published 6 September 2018).

### Why we inspected

This inspection was prompted by a review of the information we held about this service. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has remained good based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Rawleigh House on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

# The five questions we ask about services and what we found

We always ask the following five questions of services.

<p><b>Is the service safe?</b></p> <p>The service was safe.</p> <p>Details are in our safe findings below.</p>	<p><b>Good</b> ●</p>
<p><b>Is the service well-led?</b></p> <p>The service was well-led.</p> <p>Details are in our well-led findings below.</p>	<p><b>Good</b> ●</p>

# Rawleigh House

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by 1 inspector.

#### Service and service type

Rawleigh House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Rawleigh House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

Inspection activity started on 29 June 2023 and ended on 4 July 2023. We visited the service on 29 June 2023.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke and interacted with all 5 people who lived at the service and 3 relatives about their experience of the care provided. We spoke with and received written feedback from 8 members of staff including the registered manager, senior support workers, personal assistants and support workers. We received written feedback from 1 health professional.

We reviewed a range of records. This included 3 people's risk assessments and multiple medication records. We looked at 3 staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People who were able to, told us they felt safe and happy at the home. We spoke and interacted with all 5 people living at Rawleigh House. Four people smiled and initiated conversation with staff. One person did not communicate using words but appeared content in the company of a staff member. One person said, "I feel safe and I like the food." Another told us, "I feel safe living here."
- Relatives' comments included: "[Name] is happy and safe. We've really fallen on our feet with [personal assistant], is lovely and so attentive to [name's] needs", "I've always been very happy with Rawleigh House. It ticks all the boxes for us. I feel he is safe. Never had reason for concern" and, "Oh yes, I definitely feel [name] is safe."
- The service had up to date safeguarding policies and procedures for safeguarding people from abuse and harm.
- Staff demonstrated a good understanding of the signs and symptoms that could indicate people were experiencing abuse or harm. Staff knew how to raise concerns internally and to external agencies such as the local authority and CQC.
- Staff told us they would feel confident whistleblowing if they observed or heard about poor practice. They felt confident they would be listened to and action taken in a timely way if they raised concerns.

Assessing risk, safety monitoring and management

- People's risks were assessed, monitored and regularly reviewed. These covered aspects of people's lives including: going out, moving and repositioning, epilepsy and diabetes. A relative expressed, "I feel they manage and know [name's] risks well." Another told us, "I feel they work to manage the risks in [name's] life. I can't fault them. [Name] is happy and well looked after." A health professional said, "No concerns from any staff nurses who have visited [people]. We visit there daily to support with insulin. Each time I have visited, I have been welcomed by staff and witnessed kindness and appropriate professional care for [people]."
- Each person's care and support plan included ways to avoid or minimise the need for restricting their freedom. Where people had been known to express emotional distress, they had personalised support guidelines to help staff identify the triggers and support them to mitigate risks.
- Staff managed the safety of the living environment and equipment in it through checks and follow up action to minimise risk. A business continuity plan meant people and staff were at reduced risk in the event of an emergency such as utility failure or flooding.
- Risks to people from fire had been minimised. Fire safety records evidenced regular fire drills, equipment tests and servicing. In addition, people had personalised evacuation plans that detailed how they should be supported in the event of an emergency such as a fire.
- Staff had competency checks to help ensure they provided safe and good quality care. A staff member

said, "These are all important to ensure we know how to do our jobs safely and efficiently." Another told us, "This is done in a supportive manner and training offered if required."

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 MCA 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 to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

#### Staffing and recruitment

- The numbers and skills of staff matched the needs of people using the service. People were supported by a consistent group of staff some of whom had been at the home for a considerable time. This meant staff knew people well. When required, a regular group of agency staff were used to cover sickness. The service faced the same recruitment challenges as other providers due to the national shortage of care workers.
- The home had safe recruitment practices including checks with the Disclosure and Barring Service (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

#### Using medicines safely

- People were supported to take their medicines safely and in a way that met their medicines support needs.
- Staff who administered medicines were trained and competent to administer medicines safely.
- Staff recorded on medicines administration records (MAR) when medicines were given to people. These were complete and accurate. An updated staff signature sheet was in place for reference.
- Medicines were stored safely. Each person had a locked cabinet in their room. The medication room door now had an automatic closure device fitted.
- For each person prescribed medicines they only needed to take occasionally, guidance was in place for staff to follow to ensure those medicines were administered in a consistent way. The rationale for administering these type of medicines was noted on the reverse of people's MAR.
- The service had an up to date medicines policy.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or



managed.

- Visits to the home were conducted in line with the latest government guidance. A relative told us, "I visit regularly totally unrestricted."

#### Learning lessons when things go wrong

- Staff recognised accidents and incidents and reported them appropriately. This helped keep people safe. Management staff audited these records and shared learning with staff and people in a way they could understand.
- Staff told us adequate time was given to debrief and learn from incidents during handovers, supervision and monthly staff meetings.
- Relatives told us they were kept updated if accidents or incidents occurred. One relative said, "I'm always updated if there are incidents – all necessary action is taken – I have no question they wouldn't do things to the best of their ability."

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. At this inspection the rating has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements;

- The culture of the service was positive and supportive. The registered manager told us, "They [staff] are all hardworking, it's like a family and staff make things fun. People are happy here. Staff retention is good." Staff comments included: "Warm and welcoming", "It's like a big family everyone helps everyone no one has to struggle in their work, we are all a supportive and a hardworking team", "Our service is hardworking, professional, supportive and, being a small home, very much a family environment" and, "[Registered manager] creates a happy, nurturing and caring environment."
- The registered manager was held in high regard. Staff and a relative commented, "Very knowledgeable as well as being capable of making strong leadership decisions", "Has a heart of gold and is always on the ball", "Is always willing to listen and offer help and advice", "Brings a confident calmness, whilst being an excellent leader, is approachable, supportive and very open to new ideas that would potentially benefit the running of Rawleigh House and service users' quality of life" and, "Gets on well with all the staff and is liked by the people there."
- The registered manager praised her staff team when telling us, "They all have wide range of knowledge, all very supportive of each other. They all get on and look out for each other which is brilliant. They respect it's the people's home. They always strive to make things better. They come up with fabulous ideas. They are very good at thinking outside the box which makes them extra special."
- The registered manager had a good understanding of CQC requirements, in particular, to notify us, and where appropriate the local safeguarding team, of incidents including potential safeguarding issues, disruption to the service and serious injury. This is a legal requirement.
- The registered manager told us they felt supported by the provider. They said, "They are all very good people and supportive. That makes a huge difference. I feel good when I get approached to do different things by the provider as I would like to progress."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager had a good understanding of the duty of candour. They said, "It's about always being honest when something has not gone right. Being open and honest, informing people if something has happened during the delivery of care, being truthful and apologising and looking why it has happened and learning from that."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and their relatives had been given the opportunity to provide feedback on the service via surveys and well-being reviews. Feedback was used to maintain and improve the quality and safety of care people received. A relative said, "I do feel listened to."
- Reasonable adjustments were made to support staff with family and health commitments. Staff commented, "[Registered manager] has gone out of [their] way, along with head office to enable me to continue to work at Rawleigh House", "Is a good manager, good listener, I can talk to [them] if I have a problem personal or professional, a very helpful person" and, "The fact my manager is willing to help me with this makes me feel seen and appreciated."

Continuous learning and improving care

- Various audits were carried out to monitor and improve the quality and safety of the service people received. These included health and safety and medicines. All audits were completed regularly and contributed to a service improvement plan that looked to maintain and improve standards of care people received.
- Staff told us they were supported to obtain new skills and qualifications. One staff member was being supported to carry out surveys to people supported at Rawleigh House and the provider's other locations. Staff told us, "When I go back to work I will be learning to be a key worker for one person", "I know the options are there to progress forward" and, "I am reaching the end of my [name of qualification], [registered manager] has actively encouraged, supported and enabled me to do this."

Working in partnership with others

- The home had established and maintained good working relationships with other organisations such as GP surgeries, district nurses, physiotherapy, and a community learning disability team.
- The home understood the benefits of establishing links with the wider community. A summer fête was held last year and people from the surrounding area were invited. Another fête is planned for this year. Some people from the home went to a local day centre which was previously only attended by older people. People from Rawleigh House attend regularly and have integrated into this community service.