

Encompass (Dorset)

# Rawleigh House

## Inspection report

The Avenue  
Sherborne  
Dorset  
DT9 3AJ

Tel: 01935816630  
Website: [www.drh-uk.org](http://www.drh-uk.org)

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### 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

We inspected Rawleigh House on 19 November 2015, the inspection was unannounced. The service was previously inspected on the 22 January 2014 when it was fully compliant with the regulations. The inspection team consisted of a single inspector.

The service is registered to provide care and accommodation for up to six people who have a learning disability. At the time of our inspection six people were living at the service. There was a registered manager in post. 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.

People were relaxed and comfortable in the Rawleigh House and we saw people freely approached staff for support and reassurance throughout our inspection. People told us, "They [the staff] are good, they look after me" and "I like living here." We observed that staff and managers knew people well and were able to communicate effectively with each person they supported.

Staff spoke warmly of the people they supported and told us, "[People] are great, easy to get on with" and, "I enjoy it here. We have a good set of people, they are a nice bunch." People's relatives said, "[my relative] is happy there" and, "It's a really nice house with a good atmosphere." Staff understood local procedures for the safeguarding of vulnerable adults and their responsibilities in relation to protecting people from possible abuse.

People's care plans were detailed, informative and up to date. Each person's care plan provided staff with detailed guidance on how to meet their individual care needs. This including information on the level of support the person normally required with specific activities as well as guidance on the individuals specific likes and preferences. Risks had been clearly identified and people's care plans provided staff with guidance on the actions staff must take to protect people from identified risks.

People and their staff got on well together and were able to communicate effectively. We saw that staff varied their approach in accordance with each person's individual preferences and needs. When one person became anxious at lunch time staff appropriately supported this person to manage their anxiety using techniques described in the individuals care plan.

People were supported to lead full and varied lives and staff supported people to engage in a wide variety of activities they enjoyed. People told us they enjoyed living at Rawleigh House and one person said, "One day we went to Longleat (safari park), it was good. We also go to the Swannary, beach park, fun fair and that." Relatives told us, "I know [my relative] has a busy schedule." Staff said, "We try to encourage people to do lots of activities." We saw individual activities schedules were in place for each person living at Rawleigh

house and that the service employed personal assistants to support people on an individual basis with activities both within the service and in the local community.

Staff supported people to maintain relationships with people who were important to them. Wi Fi internet access was available throughout the service and staff supported one person to contact one of their relatives using video conferencing technology during our inspection. Staff regularly supported people to go on holiday and records showed one person had recently enjoyed a family cruise trips while another person had been supported on a holiday to Disney Land Paris.

There were enough well trained staff on duty on the day of our inspection to meet people's care and support needs. The services recruitment processes were safe and robust. All new staff received appropriate induction training designed to ensure staff understood their new role and felt confident they could meet people's needs before they provided care and support independently. Staff told us "It's [the training] been really good actually", "I feel I have had a lot of support while I was learning here" and "I have learned a lot."

The staff team were well motivated and focused on enabling the people they supported to be as independent as possible. Staff told us their managers were "brilliant" and commented, "Everyone is a team, it's really good here" and, "They [managers] are lovely, very approachable and very easy to talk to." Records showed staff received regular supervision, annual performance appraisals and staff meetings were held regularly at Rawleigh House.

Weekly menu planning meetings were held at Rawleigh House and people were involved in both the planning of the service's menu and shopping for ingredients. We observed that people and staff shared meals together in the dining room. Staff sat with the person they were supporting and provided appropriate equipment and encouragement to enable people to eat as independently as possible.

Accidents and incidents were appropriately recorded and had been fully investigated by the service's registered manager. These records were reviewed regularly as part of the service's quality assurance processes to identify any areas of increased risk or where any improvements could be made to systems to further protect people from harm.

The service had not received any formal complaints but did regularly received positive feedback and compliments from people's relatives. People's relative told us; "I have absolutely no concerns" and "We have no complaints, [our relative] is happy."

We saw regular audits were completed by the registered manager to assess the service performance and identify any areas where improvements could be made.

## 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 was safe. There were enough staff available to meet people's care needs.

Recruitment procedures were safe and staff understood the local procedures for the reporting of suspected abuse.

The risks assessments were detailed and provided staff with necessary guidance on how to protect people from harm while enabling them to take appropriate risks.

People's medicines were well managed and there were effective arrangements in place to assist people with their finances.

### Is the service effective?

Good ●

The service was effective. Staff knew people well and had received training designed to provide them with the skills necessary to meet people's care needs.

People's choices were respected. Staff and managers understood the requirements of the Mental Capacity Act and consistently acted in people's best interests.

The building was well maintained and had been appropriately adapted to meet people's needs.

### Is the service caring?

Good ●

The service was caring. Staff had developed caring and supportive relationships with people at Rawleigh House.

People and their care staff were able to communicate effectively together.

People's privacy and choices was respected and their achievements celebrated.

### Is the service responsive?

Good ●

The service was responsive. People's care plans were detailed, personalised and up to date. These documents contained

sufficient guidance to enable staff to meet people's care needs.

People were supported to engage with the local community, access a variety of recreational activities and voluntary employment.

Although the service had not received any complaints there were appropriate procedures in place to ensure any complaints received were investigated and resolved.

**Is the service well-led?**

**Good** ●

The service was well led. The registered manager had provided the well-motivated staff team with appropriate leadership.

Quality assurance systems were appropriate and designed to identify any areas in which the service could improve.

# Rawleigh House

## **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 checked 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 19 November 2015 and was unannounced. The inspection team consisted of one inspector.

The service was previously inspected on 22 January 2014 when it was found to be fully compliant with the regulations. Prior to our inspection we reviewed the information we held about the service and all of the notifications we had received. A notification is information about important events which the service is required to send us by law.

Due to people's health care needs we were not able to verbally communicate with everyone who lived at the service in order to find out their experience of the care and support they received. We were able to speak with three people who used the service, two relatives, four members of care staff, the deputy manager, registered manager and a health professional who regularly visited the service. In addition we observed staff supporting people throughout the inspection. We also inspected a range of records. These included two care plans, four staff files, training records and the services policies and procedures.

# Is the service safe?

## Our findings

People's relatives told us their family members were, safe and well cared for at Rawleigh House and staff told us, "People are happy and safe here." Throughout our inspection we saw that people were relaxed and comfortable in their home. People freely approached their staff for support and reassurance throughout our inspection.

People were protected from the risk of abuse as all staff had received appropriate training to help them identify possible signs of abuse. Staff understood the actions they must take to safeguard the individuals they supported. When questioned staff told us they would report any concerns about people's safety directly to the registered manager. Staff were confident any concerns they reported would be appropriately investigated. Staff also understood how to report concerns outside the organisation if they felt their concerns had not been resolved or individuals were at risk of harm.

Staff understood their duties and responsibilities in relation to the safety of the people they supported. The service had appropriate staff disciplinary procedures in place and these had been used effectively to ensure staff carried out their duties and ensured people's safety. A health and social care professional who visited the service regularly told us the service had appropriately responded to incidents that had occurred.

People's care plans included detailed risk assessments and clear guidance for staff on the action they must take to protect individuals and themselves from identified risks. Staff told us these documents were accurate and reflected current risks within the service. People's individual risk assessments provided staff with detailed guidance on how to protect people from identified risks while enabling individuals to be as independent as possible. For example, one person's risk assessment identified that cooking was a high risk activity. The person's care plan described how they enjoyed cooking and helping in the kitchen and provided staff with detailed guidance on the specific support the person needed while in the kitchen. Staff followed the guidance while supporting this person in the kitchen.

The building was well maintained and records demonstrated all necessary safety checks and tests had been completed by appropriately skilled contractors. All manual handling equipment and the buildings lift were regularly tested and serviced to ensure they were safe to use. We saw fire drills had been completed regularly and that all firefighting equipment had been regularly serviced.

The service had a detailed emergency plan that included details of the support people would require during any evacuation. This plan included details of the arrangements in place for people to be moved to a local place of refuge in event that the service was no longer habitable due to an emergency.

Where accidents or incidents had occurred they were fully investigated by the registered manager. Each month an analysis of all reported accidents and incidents was completed to identify any trends. Where investigations identified areas for improvement or any incident trends were identified the service's procedures were reviewed and updated to further protect individuals and staff.

There were enough staff on duty to safely meet people's care and support needs. On the day of our inspection four care staff, a personal assistant who was supporting one person to access activities in the local community, the deputy manager and the registered manager were on duty to support the six people who used the service. Staff consistently told us there were enough staff available to meet people's care needs. Their comments included; "We have enough staff, we are a good team" and, "Yes there are enough staff here". Rawleigh House had a small team of bank staff who worked regularly in the service and were available to provide care at short notice to cover periods of staff illness or annual leave. This meant people were always supported by staff they knew who understood their individual care and support needs.

Rawleigh House's recruitment processes were robust. Necessary Disclosure and Barring Service (DBS) checks had been completed. The identities of new members of staff had been confirmed and their references from previous employers reviewed as part of the recruitment process.

People's medicines were stored securely in a lockable dedicated medicines room that included facilities for the storage of medicines that required stricter controls by law. Medicine administration records (MAR) were fully completed and we found people had received their medicines when required. The service had robust procedures in place to ensure people received their medicines safely. All staff had received appropriate training in how to support people with their medicines and all medicines were checked by a second member of staff before being dispensed. Each day a medicine audit was completed by a third member of staff to ensure no errors had occurred. The service's medicines procedures had recently been externally audited by a pharmacist and we saw all recommendations made as a result of this audit had been addressed.

The service had effective procedures in place to support people to manage the quantities of cash they chose to store within the home. Each person's monies were stored individually. Staff signed all money in and out and receipts were recorded for all cash purchases. We checked one person's money and found these records were accurate.

Rawleigh House was clean and there were appropriate infection control procedures in place. One person told us, "I clean my room with [staff member's name]" and we saw people were involved in a variety of domestic tasks within the service.



## Is the service effective?

### Our findings

One person told us, "They [the staff] are good, they look after me." We saw staff knew people well and were able to meet their care and support needs. The service's training matrix and individual staff training records demonstrated staff had received regular training in topics including; manual handling, food hygiene, health and safety, infection control and Epilepsy. Staff told us they felt confident in their role and had received appropriate training to enable them to meet people's needs. Staff comments included; "Training is ongoing" and "It's been really good actually."

Staff told us they were well supported by the service's management team and commented, "We have a meeting with our managers every 6 weeks or so" and "I had supervision last week." Staff records showed that all staff received regular formal supervision from the manager and an annual performance appraisal.

The induction process for new members of staff included a mix of formal training and shadowing of experienced care staff. Staff told us they had been well supported during the induction process and had not been asked to provide care until they felt confident that they could meet people care needs. Staff commented; "The first few weeks were shadowing while I got to know people, it was about a month before I was on my own," "I feel I have had a lot of support while I was learning here" and "I have learned a lot." During their three month probationary period staff, new to the care sector, were expected to complete training in the 15 fundamental standards of care in line with the Care Certificate. This training is designed to help ensure new care staff have a wide theoretical knowledge of good working practices within the care sector.

People's care plans demonstrated that professionals had been appropriately involved in the review and planning of people's care. Health action plans had been completed and care records showed people were regularly supported to access services from health professionals including; GPs, speech and language therapists and dentists. People's care plans included information for health professionals on how the person would like to be supported in the event that a hospital admission was necessary. The health and social care professional we spoke with reported that the service shared information with them effectively.

People and staff were able to communicate effectively together using combinations of speech, sign language and gestures. People's care plans included information about their preferred methods of communication and descriptions of how people choose to express themselves. For example, one person's care plan said, "When I am happy I laugh a lot and rub my hands together with joy". During our inspection we observed staff tailored their communication methods to meet each person's individual needs.

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 Act 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. We found that staff and managers understood the requirements of the act. Where people lacked the capacity to make specific decisions the service had consistently acted in the person's best interests.

Where appropriate, people's family members, staff and health professionals had been involved in these decisions making processes.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and is legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We found the services external doors were alarmed and risk assessments had identified that people who lacked capacity could be at significant risk if they left the building without support from staff. The registered manager had correctly identified some people's care plans were restrictive and thus required authorisation. Appropriate applications had been made to the managing authority for these restrictions to be authorised.

People's care plans included guidance for staff on how to support people to make day to day decisions. For example one person's care plan said, "I like to choose my own clothes but I sometimes need advice on what is appropriate for the weather". On the day of our inspection one person chose to remain in their room while another person chose to have their lunch in the quiet lounge. Staff respected and supported these decisions.

People's care plans included specific detailed guidance for staff on how to support people if they became upset or anxious. This included descriptions of events thought to have previously caused people to become anxious and guidance on how support people to manage their anxiety. We saw that staff consistently followed the provided guidance when one person began to feel upset at lunchtime. All staff had received appropriate training on how to support people when they became upset or anxious. Incidents of behaviours that challenged staff were appropriately documented and had been thoroughly investigated. The presence of an inspector in the service caused one person to become anxious. Staff provided this person with reassurance and increased support throughout the inspection.

One person told us, "Lunch was nice." We saw that meal times were social occasions with people and staff sharing a meal together. Staff sat with people while providing support at meal times and provided gentle and discrete support. Appropriate equipment was provided to enable people to be as independent as possible at meal times. We saw that people's care plans included detailed guidance for staff on how to support people with their meals and we observed that staff followed this guidance during lunch. People were able to prepare their own drinks with support from staff and helped with meal preparation occasionally. Each week a menu planning meeting was held in the home and people were involved in both menu planning and shopping for ingredients.

Rawleigh House is a detached building set within its own gardens. The building was purpose built to meet the needs of some of the people currently living in the service. A communal kitchen, dining room, lounge and quiet lounge were located on the ground floor with the majority of people's bedrooms located on the first floor and the manager's office on the second floor. The building was fully accessible to people who used wheelchairs and bathrooms were equipped appropriately to meet people's needs. People's rooms had been decorated in accordance with their individual wishes and included numerous personal items. Bed rooms and where appropriate communal areas had been adapted to meet people's specific needs. For example, one person had limited peripheral vision. Coloured tape had been fitted to hand rails and walls to help enable this person to mobilise independently within the service.

## Is the service caring?

### Our findings

Due to people's complex health needs we were not always able to find out people's views on the care and support they received by speaking with them. The people we met were all happy and comfortable in their home. People and staff enjoyed each other's company and noted that one staff member visited the service on their day off to chat with people. There was a positive and supportive atmosphere within the service and we saw people and staff laughing and joking together. People sought reassurance and support from their staff throughout our inspection without fear or hesitation. People told us, "I had a nice morning, I didn't do anything I just ate cake" and "I like living here." People's relatives said, "[my relative] is happy there" and professionals told us there was a caring culture among the staff team at Rawleigh House.

Staff and managers knew people well and demonstrated throughout our inspection a detailed understanding of each person's individual care and support needs. When asked staff were able to provide clear explanations as to why specific techniques were used to support individuals. Staff told us they knew people well and told us this knowledge helped them to identify when someone was feeling unwell or upset. Care staff were attentive and responded promptly when people requested support.

People spoke warmly of their care staff and relatives said, "[my relative] adores [staff member's name]" and "It's a really nice house with a good atmosphere." Staff told us they enjoyed the company of the people they supported and commented; "I know people really well", "They are great, easy to get on with" and, "I enjoy it here. We have a good set of people, they are a nice bunch." Throughout our inspection we saw numerous positive caring interactions between people and their staff.

People's privacy and dignity was consistently respected by staff. Everyone at Rawleigh House was well dressed and staff consistently knocked on people's door and awaited a response before entering people's rooms.

We saw regular residents' meetings were held at Rawleigh House to enable people to be involved in making decisions about how the service operated. In addition, we saw that people were able to choose what activities they engaged with each day. On the day of our inspection two people decided that they wished to visit a local cider farm during the afternoon and this trip was then arranged by staff.

The staff and managers recognised and celebrated people's achievements. There was a system of "wages" in place to provide people with small financial rewards for completing chores or voluntary work tasks. This system was funded by the provider and had been introduced to recognise and value people's contributions to the running of the service. Relatives told us, "They look for ways to improve [my relatives] quality of life all the time" while managers and staff took pride in describing to us people's recent achievements.

## Is the service responsive?

### Our findings

The service aimed to provide personalised care and recognised that move into Rawleigh House could represent a significant challenge to individuals. Before people moved into Rawleigh House the manager visited individuals at their previous home to discuss their specific care needs and confirm that the service would be able to meet their needs. During the assessment process managers reviewed all information provided by the person, their relatives, the commissioners of care and previous support staff as part of the care plan development process. People were encouraged to visit the service and stay overnight if they wished, to meet the other people living at Rawleigh House and staff team before deciding to move in. Health and social care professionals told us the service's assessment procedures were appropriate and designed to ensure the service was able to meet people's needs.

People's care plans were informative, detailed and designed to help ensure people received personalised care that met their needs. Staff told us, "I find them straight forward, there is enough information so you know what to do." Care plans described people's normal routines and provided staff with detailed information about how the person preferred to be supported and the degree of support they required with specific activities. For example, one person's care plan said, "I need support to wash my back and hair but I can wash the rest of myself." Where people required support from equipment to mobilise their care plans included clear guidance on how to operate the equipment and photographs showing staff how the person normally used this equipment.

The care plans were regularly reviewed and updated to ensure they accurately reflected the person's current care needs. Staff told us of recent changes in one person's ability to mobilise independently and we found that this person's care plans had been updated to reflect the change to the person's support needs. Relatives told us they had been involved in the development of people's care plans and were regularly asked to comment on any proposed changes. One person's relative told us, "They showed us a copy of the care plan and we made some suggestions."

Daily care records recorded details of the care and support people had received as well as details of activities they had engaged with or any household tasks completed.

On the day of our inspection two people were away from the home for most of the day attending day care centres and relatives told us that people lived full and active lives at Rawleigh House. One relative commented, "I know [my relative] has a busy schedule." Staff told us; "We try to encourage people to do lots of activities", "We sit and play dominos together, chat and go out to on café visits" and "there are plenty of things for people to do, I do know people go out in the evenings as well." Each person had their own schedule of planned activities they enjoyed and the service employed additional staff known as "personal assistants" to support people on a one to one basis to engage with activities within the local community. Records showed people regularly engaged with a wide variety of activities within the local community including horse riding, fitness classes and voluntary work placements.

The service had two vehicles, both of which were able to transport people who used wheel chairs, available

to enable people to access local attractions. People were involved in planning and arranging activities at Rawleigh House and we saw two people decided to visit a local cider farm together during the afternoon of our inspection. People told us they enjoyed their activities and one person told us, "One day we went to Longleat (safari park), it was good. We also go to the Swannary, beach park, fun fair and that."

People were involved in planning activities and events at Rawleigh House. We heard one person planning their forthcoming birthday party with staff during the morning of our inspection. The person was clearly looking forward to the event and staff spent time with the person discussing games and other activities that could be included in the celebrations.

Staff regularly supported people to plan and go on holiday. In the week prior to our inspection one person had been on holiday in Cornwall while records showed staff had also supported others to enjoy a family cruise and visit Disney Land Paris during the summer.

Care staff and personal assistants also supported people to engage with a variety of art and craft activities within the service. One person had built a model airplane while another person was currently working on decorating an ornament. People had created scrap books to record details of activities and events they had particularly enjoyed.

Staff supported and encouraged people to maintain links with their friends and relatives. Wi-Fi was available throughout the home and one person was supported to contact a relative using video conferencing technology during our inspection. One person said, "I talk to [my relatives] on skype." Relatives told us they were always welcomed when they visited Rawleigh House and said, "They help [the person] keep in touch with other family members as well." Daily care records showed staff routinely supported people to meet with friends at local cafes and community events. In addition there were systems in place to enable people to visit their friends independently. For example one person liked to regularly visit a friend who lived nearby. When the person wished to visit staff called to check the friend was in and asked them to let the service know when the person arrived safely. This arrangement enabled the person to visit their friend independently while ensuring their safety.

The service had appropriate procedures in place for the management and investigation of any complaints received. Relatives told us they understood how to make complaints and commented, "I have absolutely no concerns" and "We have no complaints, [our relative] is happy". We found that the service had not received any formal complaints and that any minor issues reported to staff had been addressed and appropriately resolved.

## Is the service well-led?

### Our findings

One person told us, "I like living here" while relatives said "I think it is marvellous, absolutely wonderful." Staff said us they enjoyed their roles and commented, "I like coming to work here everybody is nice."

The staff team were lead effectively by the long serving registered manager who knew people extremely well and understood their individual care and support needs. The manager was supported by a deputy manager whose working week was split equally between providing care and completing office based management tasks. The manager on duty each day was supernumerary and available to provide additional care at short notice if required. Staff told us their managers were "brilliant" and commented, "Everyone is a team, it's really good here" and, "They (managers) are lovely, very approachable and very easy to talk to."

The staff team were well motivated and clearly focused on enabling people to live full and active lives while ensuring their care needs were met. The registered manger told us, "The staff do put themselves out for us, it's a two way respect." Staff were happy to alter their working routines to enable people to engage with activities and events that they enjoyed.

Staff had confidence in the service's management team and felt any concerns they reported would be appropriately investigated. Where incidents or concerns had been reported to managers these had been thoroughly investigated. Where issues were identified in relation to the performance of individual members of staff appropriate additional supervision or disciplinary action had been taken in accordance with the provider's policies and procedures.

The registered manager actively encouraged staff to continue their professional development and staff had been supported to complete additional training in areas they were specifically interested in. For example, one staff member was currently being supported by managers to complete their level four diploma.

There were effective systems in place to ensure the service provided high quality care. Each month the registered manager completed a detailed audit of the services performance. This audit reviewed all areas of the services performance including , staff availability, incidents, accidents, staff training needs and any changes necessary within people's care plans . Where audits identified any areas of concern action was taken promptly to resolve the identified issue.

The registered manager valued feedback on the services performance and regularly received compliments from people's relatives. In the month prior to our inspection one relative had complemented staff on their "homely and welcoming" approach and the high standards of support they provided. Staff told us, "We have regular resident meetings and are always looking for feedback." The minutes of these meetings showed people's views were valued and acted upon.