

Encompass (Dorset)

# Rawleigh House

## Inspection report

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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

This inspection took place on the 13 July 2018 and was unannounced.

Rawleigh House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Rawleigh House is registered to provide accommodation and care for up to six people with learning disabilities or autistic spectrum disorder. At the time of our inspection there were five people living at the home.

The service had not had a registered manager in place since 08 January 2018. However, there was a new manager in position who had applied to the Care Quality Commission to become the registered manager of the service.

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.

At the last inspection carried out in September and October 2017 we found concerns relating to the care and support people received. We asked the provider to complete an action plan to show what they would do, and by when to improve the key questions safe, effective, caring, responsive and well led. We found during this inspection the action plan had been followed and improvements had been made.

Following the last inspection improvements had been learnt in regards the culture of the service. The manager informed us improved systems and process ensured people were protected from harm or abuse. They ensured staff received the appropriate mentoring and support to ensure safe practice was in place, which ensured there was an open culture.

Improvements had been made to people's welfare and safety. The provider had taken action to ensure quality monitoring systems were in place with greater emphasis on whistle blowing, safeguarding and training. Safeguarding alerts were being managed and lessons learnt by the home. Professionals confirmed that improvements had been made. Staff were able to tell us how they would feel confident to report safeguarding concerns, where previously they had not. Staff had received training in safeguarding vulnerable adults.

People, staff and relatives told us the culture of the home had improved and changed for the better. They all felt the home was now well-led. One member of staff told us, "I used to feel intimidated, and we could not express our opinions, whereas now with the new manager it is so easy to talk and share our thoughts."

Improvement had been made to ensure systems were in place to assess, monitor, manage and mitigate risk.

Risk assessments were in place which identified risks and listed measures in place to minimise risk to people. People, relatives, health professionals and staff told us that the service was safe.

Improvement had been made in regards to people's right to be treated with dignity and respect. Staff demonstrated that they knew, understood and responded to each person's diverse needs in a caring and compassionate way. When staff discussed people's care needs they did so in a confidential manner.

People, their relatives and professionals told us that staff were caring. We observed positive interactions between staff, managers and people. This showed us that people felt comfortable with the staff supporting them. We asked one person if staff were kind, they said, "Yes staff are nice."

People their relatives and friends had opportunities to feedback in regard their care by way of a complaints procedure and suggestion box. Where complaints and suggestions had been made the provider had acted upon them.

Staff were aware of the Mental Capacity Act and training records showed that they had received training in this. Improvements had been made in relation to the completion and assessment of capacity assessments and best interest decisions.

Systems were in place to ensure people received their medicines safely. All staff received medicine administration training and had to be assessed as competent before they were allowed to administer people's medicines. When errors occurred staff were supported to reflect and learn from their mistake.

Care plans were in place which detailed the care and support people needed to remain safe whilst having control and making choices about their lives. Each person had a care plan and associated files which included guidelines to make sure staff supported people in a way they preferred. The provider used an on line system to record and monitor the daily support people received.

Improvements had been made in regards supporting people with their communication needs. A rota board had been placed in the hall to ensure people were aware of who would be coming on duty to support them. Staff were aware of people's communication needs and we observed staff communicating with people in a personalised way to give them information verbally and visually.

People were supported by sufficient numbers of staff to meet their needs in a relaxed and unhurried manner. Safe recruitment practices were followed.

People were supported by staff who had undergone an induction programme which gave them the skills to care for people effectively. Staff were positive about their training opportunities. Staff told us they received regular supervisions which were carried out by the management team. We reviewed records which confirmed this.

Improvements had been made to quality monitoring systems within the home. Audits and additional daily checks were completed by the manager and senior managers. The management team analysed the detail and identified trends, actions and learning which was then shared as appropriate.

People living at Rawleigh House were not receiving end of life care. However Information about people's preferences following death had been clearly recorded in their plan of care.

There were effective quality assurance systems in place to monitor care and plan on going improvements.

There were audits and checks in place to monitor safety and quality of care. Where shortfalls in the service had been identified action had been taken to improve practice.

## 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 sufficient staff available to meet people's assessed care and support needs.

Staff had completed safeguarding adults training and were able to tell us how they would recognise and report abuse.

Medicines were managed safely, securely stored, correctly recorded and only administered by staff that were trained and competent to give medicines.

Lessons were learnt and improvements were made when things went wrong

### Is the service effective?

Good ●

The service was effective.

People were supported to eat and drink enough and dietary needs were met.

The service was acting in line with the requirements of the MCA.

Staff received training and supervision to give them the skills they needed to carry out their roles.

Staff were supported and given opportunities for additional training and personal development.

The service worked within and across other healthcare services to deliver effective care.

### Is the service caring?

Good ●

The service was caring

People were supported by staff that treated them with kindness, respect and compassion.

Staff had a good understanding of the people they cared for and

supported them in decisions about how they liked to live their lives.

People were supported by staff who respected their privacy and dignity.

### **Is the service responsive?**

**Good** ●

The service was responsive

People were supported by staff that used person centred approaches to deliver the care and support they required.

People were supported to access the community and take part in activities within the home.

There was a system in place to manage complaints.

### **Is the service well-led?**

**Good** ●

The service was well led

There had not been a registered manager in post for a long period of time. However there was a manager in position who was awaiting an interview in regard their registration to become the registered manager.

Quality monitoring systems were in place which ensured the management had a good oversight of service delivery.

The home was led by a management team that was approachable and respected by the people, relatives and staff.

The home was continuously working to learn, improve and measure the delivery of care to people.

Staff received feedback from the management and felt valued for their work. They felt there was an open door policy and open and honest approach by the management team.

# 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 was planned to check 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 site visit took place on 13 July 2018 and was unannounced. The inspection was carried out by one inspector.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

Some people were not able to tell us about their experiences of life at the home so we therefore used our observations of care and our discussions with staff and other stakeholders to help form our judgements. We walked around the building and observed care practice and interactions between care staff and people. We were able to meet with three people. We spoke with five members of staff, and received feedback from two professionals who had involvement with the service, and one relative.

We looked at a sample of records relating to the running of the home and the care of individuals. These included the care and financial records of two people who lived at the home. We also looked at records relating to the management and administration of people's medicines, health and safety, quality assurance and staff recruitment, training, complaints and supervision files.

We asked the manager to send us information after the visit. This included policies and additional contact details. The manager supplied the requested information.

# Is the service safe?

## Our findings

At our last inspection on 29 September and 4 October 2017 we found people had not been fully protected from the risk of abuse, because staff were not always confident in raising concerns. At this inspection we found that improvement had been made.

Following the last inspection, the provider told us lessons had been learnt and they had ensured staff had access to raise concerns at any time day or night in a safe and confidential manner to ensure people remained safe at Rawleigh House. Staff were able to discuss how they had access to a confidential whistleblowing email address, which was monitored and only accessible by the board of trustees. Staff told us they had received additional support and training in regards safeguarding vulnerable adults, and they knew the procedures to follow if they had concerns. They informed us they would not hesitate in raising concerns and they felt confident allegations would be fully investigated and action would be taken to make sure people were safe. One member of staff told us, "It is so different here now, there is a different attitude. I feel very confident to challenge if I think something is wrong. I didn't feel safe to do that before". Another told us, "Yes I would be happy to speak out if I think there were concerns here. I have learnt so much about safeguarding since the new manager came here.

There was an open culture from learning from mistakes, concerns and incidents. The manager informed us systems and process ensured people were protected from harm or abuse. They ensured staff received the appropriate mentoring and support to ensure safe practice was in place. They told us, "I use the disciplinary and supervision process and ensure we have on going checks on staff morale and practice. I am confident that staff would inform me if they were unhappy with a colleague's behaviour." The manager was able to demonstrate the effective use of the provider's disciplinary process in regards effective performance.

The provider's policy and procedure for the safe handling of money protected people from financial abuse. Staff were able to discuss the provider's policy and procedures for the safe handling of financial transactions. Records showed audits and checks were completed on a daily and weekly basis, by staff and managers. People received support from staff whilst out in the community in regards accessing their money. Staff followed the provider's financial procedures, following an outing in the community. The manager told us if any financial concerns were raised these would be reported to the police and an internal investigation would take place, by the provider. Where allegations or concerns had been brought to the provider's attention they worked in partnership with relevant authorities to make sure issues were fully investigated and people were protected.

Safe recruitment practices were followed. Recruitment checks included obtaining references from previous employers, checking people's eligibility to work in the UK and undertaking criminal record checks. These checks help employers make safer recruitment decisions and help to prevent unsuitable people from working with vulnerable adults. We checked four staff files and found there was a full employment history and staff confirmed they had not been able to start work until all their checks were in place.

People were supported by sufficient numbers of staff to meet their needs in a relaxed and unhurried



manner. For example, we observed staff supporting two people with their usual morning routine at a pace determined by the people. Staff told us there were always enough staff available to meet people's needs, including their social needs. One member of staff told us people had access to personal assistants to do specific activities. The personal assistants were employed to provide additional support to people. The deputy manager was also additional on the rota to offer support and guide staff when necessary.

Risk assessments were in place which identified risks and listed measures in place to minimise risk to people. The balance between people's safety and their freedom was well managed. For example, one person had fallen four times during the month of May 2018 and twice in June 2018. A trend and analysis of the falls had been undertaken by the provider. They involved other professionals who advised new mobility equipment to reduce the risk of falls. The manager told us. "[Name] is at high risk of falls but we have worked closely with their circle of support and other health professionals to ensure we keep them safe but also do not restrict their mobility or independence."

The service worked in partnership with local GP's and other health professionals to regularly review and assess medicines in line with Stopping over medication of people with learning disability, autism or both (STOMP). STOMP is an NHS-led campaign and is about making sure people get the right medicine if they need it. It encourages people to have regular medicine reviews, supporting health professionals to involve people in decisions and showing how families and social care providers can be involved. The manager informed all people living at Rawleigh House were in the process of having their medicines reviewed.

Systems were in place to ensure people received their medicines safely. All staff received medicine administration training and had to be assessed as competent before they administered people's medicines. Staff confirmed they had received this training. One person was receiving their medicine covertly. This meant they were having their medicines administered in a disguised form such that the person would not know that they were taking them. The appropriate risk assessment and best interest documentation were in place to support this practice.

Arrangements were in place to review and learn from mistakes. For example, following a medicine error the manager told us, "We reviewed why some mistakes were happening, we felt that staff were not focusing on the administration of the medicine as they were doing medicines administration in pairs. We have amended our practice whereby one member of staff now administers medicines and then another will complete checks at a set time in the day to ensure all medicines have been administered and prescribed". They informed us there had been no further errors.

There were suitable secure storage facilities for medicines which included secure storage for medicines which needed refrigeration and those that required additional security. We checked stock levels during our inspection and found these to be correct. Each cabinet held a thermometer to ensure medicines were stored at the correct temperature. Medicines had been moved to a secure room due to the hot weather. The manager informed us, "We have been unable to ensure the medicine are stored at the correct temperature, therefore we have moved all medicines into our medicine room which is much cooler."

Staff were clear on their responsibilities. People were protected from avoidable risks from infection as staff had completed infection control and food hygiene training. The home had the required equipment and cleaning schedules in place to clean the home effectively. All areas of the home were kept clean to minimise the risks of the spread of infection. There were hand washing facilities and staff had access to Personal Protective Equipment (PPE) such as gloves.

There were systems in place to carry out checks on the building to ensure it was safe. There were certificates

to confirm it complied with gas, fire safety and electrical safety standards. There were risk assessments in place relating to health and safety and fire safety. Following a fire risk assessment of the building, the provider told us additional measures were being completed to fit an updated smoke detector.

Each person had a Personal Emergency Evacuation plan (PEEP), which set out the specific requirements that each person had to ensure that they were safely evacuated from the service in the event of a fire.

## Is the service effective?

### Our findings

At our last inspection on 29 September and 4 October 2017 we found people had restrictions on their choices, and best interest decision making process were not in place. At this inspection we found improvements had been made.

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. Best interest decisions were in place such as supporting people with their medicines, access to the community and health procedures.

Improvement had been made in regards supporting people to make decisions. Although previously staff understood the principles of the MCA and how it applied to the people living at Rawleigh House, they had not supported people to be able to make decisions in their day to day choices. At this inspection, records identified how restrictions had been reviewed and decisions had been made in people's best interests. Staff were able to tell us when and who they would involve if a person lacked capacity and were observed involving people in day to day decisions. The provider told us, advocacy support had been arranged for all people living at Rawleigh House and sessions would be run independently to give people and their circle of support the opportunity to raise concern and highlight any issues.

Where people were assessed to lack capacity to give consent, decisions were made in their best interest. Records identified who had been involved in the decision making progress, and evidenced the least restrictive options were agreed. For example, the manager shared an example of supporting one person in regards their recent review. They told us "Although the person lacked capacity in some of the decision making process they were able to communicate what they agreed with. We ensured the person was supported by family and staff and professionals they knew well, and who knew them well. This process supported their judgements and formed part of their communication profile on the choices they were making.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The relevant documents were in place to support people and any restrictions which were in place.

People were supported by staff who had undergone a thorough induction programme which gave them the skills to care for people safely. In addition to completing induction training new staff had opportunities to shadow more experienced staff. This enabled them to get to know people and how they liked to be cared for. One member of staff who was completing their induction training told us, "I am working nights but I am also shadowing during the day to get to know people. It has been a really good induction." Many staff had nationally recognised qualifications in care which helped to ensure they were competent in their roles.

During their induction staff were encouraged through the supervision process to reflect on their practice. Staff told us they received regular supervision sessions and annual appraisals. This helped to monitor the skills and competencies of staff and to identify any training needs staff might have. Staff told us they were encouraged to do training. One member of staff told us, "I am all up to date with training, must admit we get a lot of support [manager's name] is brilliant".

People's eating and drinking needs were reviewed on a regular basis. Staff supported people to eat and drink sufficient amounts to meet their nutritional needs. Improvement had taken place in regards people's involvement in preparing and cooking their meals. For example, people were supported to make choices about what food they wanted to eat, by way of menu cards and support with shopping. The menu cards were laminated and showed people pictures of the food they may wish to choose and eat. Once people had chosen their meals a large picture was placed on in the dining room to remind them of their choice. One member of staff told us, "We often support [person's name] to make cakes, they have their own cookery cupboard now." One person gave positive feedback to us about the meals provided. They showed us the menu on the notice board and what they liked to eat. Another person told us, "I like to help peel the potatoes."

When people required support with their eating and drinking, safe swallow guidelines were followed. Staff were observed to support people effectively with their meals. One health professional informed us, "I was able to visit over a lunch time, and observe four residents who have had input from SALT [Speech And Language Therapy] recently around eating and drinking support. During my visit I did not have any concerns. Staff provided appropriate support for each resident and were following all SALT advice".

People were supported to maintain good health and wellbeing. Each person had a health action plan and a 'hospital passport'. This is a document containing important information to help support people with a learning disability when admitted to hospital. People were supported to attend health appointments to maintain their health and also to respond when this changed. This included supporting access to GPs, hospital consultants and chiropodists. We observed staff supported someone during our inspection to attend an appointment with their podiatrist. They were informed what would be happening and at what time.

The home was spacious and well maintained. There were different areas for people to sit either with other people or alone. There was a large communal lounge and also a smaller private lounge. People had access to the first floor via a lift or stairs. All areas were maintained and decorated to a high standard. The kitchen area was accessible to all. People were seen to access the outside area independently. The manager told us improvements were being planned to the environment which included a sensory room and sensory garden. They told us, "We are planning on making our sensory garden accessible to all. It will include colour, smell, and touch. We are planning which plants will give the best smell. We can then use the herbs we grow in our cooking."

## Is the service caring?

### Our findings

At our last inspection on 29 September and 4 October 2017, we found people had not been treated with dignity and respect. When staff discussed people's care needs they did not do so in a confidential manner.

At this inspection improvements had been made in regards staff respecting people's right to privacy and respect. Staff meetings were no longer held in communal lounges, and staff no longer stored their personal belongings, or took breaks in communal lounges. The provider had ensured that staff were aware of their confidentiality procedures and had ensured that staff had a dedicated area to take their breaks. One member of staff told us, "When we take our breaks now we have staff areas to go to".

Staff spoke warmly and respectfully about the people they supported. Staff understood the need to respect people's confidentiality and to develop trusting relationships. Staff had a good understanding of what was important to people and provided support to people in a timely manner. Staff were observed speaking softly and kindly to people reminding them to use mobility aids. One member of staff was overheard asking a person if it was ok to fetch a flannel to wipe their mouth following a drink of coffee before their trip out. The member of staff was gentle in their interaction whilst supporting the person.

People were observed to be relaxed in the company of staff. We asked one person if staff were kind, the person smiled and put their thumb up in the air which indicated yes. Another said, "Yes staff are nice". People involved their family in decisions about their care. One member of staff told us, "We hold keyworker responsibilities where we keep in contact with families and make sure important events are not missed like birthdays, or keep them informed of any changes". One relative told us, "Communication is now excellent. They help [name] to Face Time with me each week. A couple of weeks ago I was later than usual calling and they [staff] called me, which was lovely". People were supported to maintain contacts with friends and family. This was called their 'circle of support'.

People's privacy, dignity and independence were respected and promoted by staff. The staff team worked together to ensure that people's wishes were respected. Staff were aware when people liked to be alone and the importance of them being given space and time to relax or calm down if they were distressed. The provider told us in their PIR, 'We are creating and have sought funding for a sensory garden and sensory room for our service users at Rawleigh House, which will change the layout of service to ensure there is a second sitting room for a service user who is autistic and needs their own space and to be in control of their interaction with others, and this area to be available for service users to meet in private with their families or friends and have another area to use if they need space'.

People were able to have visitors at any time. Each person who lived at the home had a single room where they were able to see personal or professional visitors in private. Rooms were personalised with pictures, soft furnishing and soft toys according to individual taste. A relative told us, "On occasions I have spent the whole day with [relative] at Rawleigh House. This has given me the chance to see how very well the staff interact with the residents, supporting them with them cooking and doing the regular household tasks it really feels like a 'home' and I know [relative] is very happy, secure and feels loved there".

The home recorded compliments they received. These included; "I am appreciative of your kindness towards [relative] and even more appreciative of you keeping me updated with their recent [health condition]. "Our family are very happy that [relative] has found the high level of care and security at Rawleigh House and are very grateful for all they [staff] do".

## Is the service responsive?

### Our findings

At our last inspection on 29 September and 4 October 2017, we found people did not always receive care that was responsive to their needs and personalised to their wishes and preferences. At this inspection we found improvements had been made.

Improvements had been made in regards supporting people with their communication needs. A rota board had been placed in the hall to ensure people were aware of who would be coming on duty to support them. People received personalised care that was responsive to their needs. Staff were knowledgeable people's like and dislikes. For example, one person was now able to have the cigarette at a time they choose. The manager told us people had personal development plans, whereby new goals were set. They told us, the provider, "Had really listened they are now looking at ways that service users can be represented on the board of trustees."

Care plans detailed people's care and support needs. Each person had a care plan to make sure staff supported people in a way they preferred. Care plans were reviewed on a monthly basis and were also available on the providers online care system. The deputy manager told us, "I have spent a lot of time with [manager] updating the care plans on to [on line system name]". The manager informed us they were ensuring they worked in partnership with learning disabilities services 'Dorset People First'. They told us, "Our service users are at different stages of their lives, some are becoming frail, we want to ensure we continue to meet their individual needs."

There was an established group of staff that enabled them to know people and understand their needs and how they liked to be supported. For example, one member of staff told us, "There is so much change to make sure we offer person centred care, we involve our residents so much more now. I enjoy my job again." A newer member of staff told us, "I have been given time to read the care plans, they reflect what people like and don't like. There are pictorial guides this has helped me as some can't communicate too well". New rota boards showed people who would be coming into the home to support them on a daily basis.

People and their families and staff were provided opportunities to feedback to the service. However, the last satisfaction survey was completed in 2015. The manager told us plans were in place to ensure easy read surveys were sent out by August 2018. Rawleigh House had a suggestion box in place for all staff, people and visitors. The manager told us this was checked weekly and action taken or information fed back when required. They gave an example of a suggestion which had led to changes. They told us, "We looked into how we could change the garden, and got in touch with a local charity who supported us with a donation, to improve the garden, add a sensory area and change the layout. We held a volunteer day in June, with the help of the local community, including a local Garden Centre who gave us a discounted price on all plants and donated soil, ornaments and time to help. All friends and family were informed and have helped with further suggestions. we are continuing to develop the garden area, ready hope fully mid August the summer house, and continue to plant and create the sensory and wild flowers".

The provider had a policy and procedure for managing complaints about the service. The manager was able to demonstrate they were responding to complaints in line with the provider's time scales. Records

demonstrated complaints were being fully investigated for example. At the time of the inspection the manager was able to discuss an on going complaint. They were able to demonstrate they had responded to the complaint in line with the provider's policy and had involved the relevant professional people who needed to be informed of the nature of complaint.

People were supported to ensure that they received responsive care by the involvement of family, friends and advocates. The manager informed us reviews had been requested in regards historic practices such as prescribed medicines and choices in regards different activities. One health professional informed us, "Staff appear very caring and responsive, a number of staff members have been working there over long periods of time, I feel they know residents very well and understand their needs. Any concerns have been flagged up in a timely manner".

The service met the requirements of the Accessible Information Standard. The Accessible Information Standard is a law which aims to make sure people with a disability or sensory loss are given information they can understand, and the communication support they need. We found that information was available in easy read pictorial formats. For example, daily menu choices, staff rota board. The provider had a complaints, comments and compliments procedure which was accessible in different communication formats on their website and posters in the home sign posting people how to raise any concerns.

People who attended day services, had communication books to ensure that information was shared in regards their daily activity. We observed staff communicating with people in a personalised way to give them information verbally. The manager and deputy manager recognised although improvement had been made in regards communication, there remained room for additional improvement. They informed us, "We have on going improvement in mind for example updating the satisfaction survey to ensure we have used objects of reference to gain service user views." The manager told us they planned to have a new format in place by the end of August 2018.

People had a weekly programme of activities which included regular scheduled activities of choice, as well as ad hoc sessions where people choose what they wanted to do during those times. Activities included those relating to daily living skills, such as food shopping, as well as leisure activities and day services. The manager told us, they were ensuring each person had a new review in regards their activities and daily planners. They informed us, "We have arranged local authority reviews for one to one individualised activities as well as group activity. We recognise each service users' needs to be able to express themselves individually and have dedicated support with ultimate flexibility. We will be seeking individual funding for the support of personal assistants."

People living at Rawleigh House were not receiving end of life care. However, information about people's preferences following death had been clearly recorded in their plan of care. One person had chosen their hymns and burial wishes in the event of their death.



## Is the service well-led?

### Our findings

At our last inspection on 29 September and 4 October 2017 we, found the service was not well led. The providers systems had failed to identify concerns in relation to, safeguarding in regards staff not feeling able to raise safeguarding alert. Audits had failed to identify area of improvement. This meant people were at risk of receiving unsafe care and treatment. At this inspection, we found that actions had been taken by the manager and provider, and improvements had been made.

There had been a change in the management structure of the home following the last inspection. There had not been a registered manager in position since the last inspection. However, there was a manager in position who had submitted their application to registered with the Care Quality commission.

Improvements had been implemented to ensure that lessons had been learnt and the service was monitored to keep people safe and were supported by staff who were confident to raise concerns.

Following the last inspection the provider had taken action to ensure quality monitoring system were in place with greater emphasis on whistle blowing, safeguarding and training. The provider had created an additional post to support the operational manager and allow for more robust monitoring. The provider told us, as well as the monthly and quarterly reports an additional report was produced which included a summary analysis of trends and additional monitoring of any service on the providers risk register. The provider told us as from July 2018 they had ensured additional reviews and monitoring were being taken place across services by the appointment of an external independent consultant.

At the last inspection there was not a culture of openness that ensured staff had the confidence to speak out about concerns in regard to the protection of vulnerable adults. At this inspection, staff spoke positively about the culture in the home as being person centred and led by people's needs. Comments from staff included, "There have been a lot of changes since the last inspection. There seems more to do now, but we should have been doing it before. We just didn't get the guidance. It is so much better here now the manager is on top of things, [title] chases up things like SALT assessments, physio. I think the quality of care here is so much better than a year ago."

People, staff and relatives told us the culture of the home had improved and changed for the better. They all felt the home was now well-led. One member of staff told us, "I used to feel intimidated, and we could not express our opinions, whereas now with the new manager it is so easy to talk and share our thoughts." A relative told us, communication had improved with the new manager in position. Staff confirmed they saw senior managers in the home on a regular basis. The provider told us, they had ensured staff were able to raise concerns in a confidential manner, by having access to undertake any staff investigations in a neutral location to give staff greater confidence to speak up and a clear message in regards expected behaviours.

As part of the governance arrangements, the provider had monthly audits which set out areas expected to be monitored by the manager. For example, complaints, pressure ulcer incidents, review of previous month's action plan, review of reports from other agency's such the fire department and environmental health. The quality monitoring report completed on 3 July 2018, commented on an unannounced fire drill,

including the use of a rescue mat. Feedback was recorded for the manager on the observed practice and any lessons which should be learnt. The operations manager informed us, "The management of the service is working well, and we don't have any current concerns".

A health professional told us they had no concerns with the management of Rawleigh House, they said, "I have had very good communication with the home manager and actions have been dealt with in a timely way". The management team analysed the detail and identified trends, actions and learning which was then shared as appropriate.

People, their family and friends were involved in the service. Contemporaneous records were maintained in respect of each person and the management of the service. For example, care plans, health action plans, communication plans and hospital passports were kept up to date on the provider's online systems. The provider told us in their PIR, 'They used the system for, daily records, care and support plans, reports and data storage'. The manager told us the system was being updated to enable the service to securely share information with people's circle of support, and other professionals.

The registered manager looked for ways to continually improve the service and keep up to date with current trends. They had developed community links and partnerships with a range of professionals. The manager told us, "We have built up close working relationships with the local Speech and Language Therapist Learning Disability Services to look at each individual's communication needs". They informed us plans were in place to ensure people were able to express their views in regards the service by using communication methods which would be meaningful to them individually.

People were supported by a service in which, the manager kept their skills and knowledge up to date by on-going training, research and reading. They informed us they shared the knowledge they gained with staff at staff meetings and supervisions, and linked with the providers other managers to share knowledge and gain experience.

Systems and process were in place to learn from other services. The manager told us their vision for Rawleigh House was to ensure, "It is service user led, and specific to the people who live here. I want to ensure that the home is person centred and our residents are empowered to make their own decisions and choices". They informed us "Communication is key to the future development of the service".

It is a requirement that provider's display the rating we have given in a conspicuous place. The last Care Quality Commission (CQC) report was displayed in the home and on the provider's website. The provider is required by law to notify the CQC of important events which occur in the home to protect the safety of people who use the service and this was being done.

Accidents and incidents which occurred in the home were recorded and analysed. In line with their legal responsibilities the manager had notified the Care Quality Commission which had occurred.