

# SHC Rapkyns Group Limited

# The Granary

## Inspection report

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## Ratings

Overall rating for this service	Inadequate ●
Is the service safe?	Inadequate ●
Is the service well-led?	Inadequate ●

# Summary of findings

## Overall summary

### About the service

The Granary is a residential care service that is registered to provide accommodation, nursing and personal care for people with learning disabilities or autistic spectrum disorder, physical disabilities, and a range of neurological conditions and/or acquired brain injury. The service was registered for the support of up to 41 people. At the time of the inspection 15 people were using the service.

The service consisted of four separate lodges within one building. Each person had their own bedroom and en-suite bathroom. There were shared living and eating areas in each lodge. At the time of the inspection, there were six people living in one lodge and nine people in another. The other two lodges were not in use.

The Granary is owned and operated by the provider Sussex Healthcare. Services operated by Sussex Healthcare have been subject to a period of increased monitoring and support by local authority commissioners. Due to concerns raised about the provider, Sussex Healthcare is currently subject to a police investigation. The investigation is on-going, and no conclusions have yet been reached.

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

There was unsafe assessment, monitoring and management of risk for people with support needs regarding constipation, behaviours that may challenge, mental health, choking and breathing.

Risks around people's deteriorating health and well-being were inconsistently managed and monitored by staff. Lessons were not always learnt, and actions not taken to investigate safety incidents, and prevent them re-occurring.

Service management, and the provider's wider quality assurance and governance systems, had not always ensured actions were taken to address any issues and risks in a timely manner. People's care records were not always up to date or accurate.

The provider had failed to act upon known areas of concern, non-compliance, and risk to improve the quality of care for people at The Granary. This had exposed people to on-going poor care and risk of avoidable harm.

The provider had acted to manage infection risks during the Covid-19 pandemic. Additional infection prevention and control measures in line with Department of Health and Social care guidelines had been put in place to ensure people's safety.

We observed the service was clean and staff had access to and wore appropriate personal protective equipment. Relatives told us the service was always clean and well maintained whenever they had visited,

or from what they had seen on video calls.

There were systems in place to protect people from abuse and improper treatment. A relative said they had "No doubts" their family member was at very low risk of abuse at this service. Medicines were ordered, transported, stored and disposed of safely. There was a high ratio of staff supporting people during the inspection. Staff and people said there were currently enough staff. One person said, "We have more full-time staff so no more agencies which is good I suppose."

Staff were offered training in relevant subjects and received the registered manager and clinical leads had recently introduced additional knowledge checks and practical training scenarios in high risk areas of practice to help embed learning from training.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

This service was not able to demonstrate how they were meeting some of the underpinning principles of Right support, right care, right culture.

Right support:

The model of care and setting did not maximise people's choice, control and independence.

The service was in private grounds in the countryside. Opportunities for people to access the local community were limited.

The service is bigger than most domestic style properties. There were identifying signs on the road before the service's private drive, the service grounds and on the exterior of the service to indicate it was a care home.

Right care:

Care was not always person-centred or promoted people's dignity, privacy and human rights.

People were not always supported safely.

Staff did not always respond in a compassionate or appropriate way when people experienced pain or distress.

Right culture:

The provider's senior management team had recently been re-structured. We were told there was a strong commitment from the new leadership team to create a culture of good quality, personalised and respectful support that involved people using their services.

The provider and the registered manager had recently begun to support staff to reflect and share ideas

about improving culture and the quality of the care being provided at the service. Staff supporting people with learning disabilities did not wear uniforms or name badges when they were coming or going with people.

However, work was still needed to embed necessary changes to the existing culture, ethos, attitude and practice of staff at The Granary in order to achieve this vision.

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 (and update)

The last rating for this service was Requires Improvement (published 20 November 2019). There was a breach of Regulation 17 Good Governance. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection enough improvement had not been made and sustained and the provider was still in breach of regulations.

### Why we inspected

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.

We carried out an unannounced comprehensive inspection of this service on 30 September 2019. A breach of legal requirements was found. The provider completed an action plan after the last inspection to show what they would do and by when to improve Good Governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from Requires Improvement to Inadequate. This is based on the findings at this inspection. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Granary on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

### Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection.

We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to Regulation 12 Safe care and treatment and Regulation 17 Good Governance at this inspection.

On 29 July 2021 we imposed conditions on the provider's registration telling them how they must act to address serious concerns regarding unsafe care for people with known risks associated with their support needs regarding choking and/or aspiration, constipation, respiration, monitoring and managing service users' healthcare needs, including use of RESTORE2 and behaviours that may challenge at the Granary

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

We always ask the following five questions of services.

### Is the service safe?

Inadequate ●

The service was not safe.

Details are in our safe findings below.

### Is the service well-led?

Inadequate ●

The service was not well-led.

Details are in our well-Led findings below

# The Granary

## **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 Care Act 2014.

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

This inspection was carried out by two inspectors.

### Service and service type

The Granary is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

### Notice of inspection

This inspection was unannounced.

### What we did before the inspection

Before the inspection, we reviewed information we held about the service. We considered the information which had been shared with us since the last inspection by the provider, the local authority and other agencies and health and social care professionals.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We used all this information to plan our inspection.

During the inspection

We spoke with the registered manager, the clinical leads, registered nurses (RGN), various support staff and the provider's quality officer and operations manager.

We reviewed people's care and medicine records. We spent time talking to and observing people being supported, including during lunch. We visited some people's bedrooms.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

After the inspection –

We reviewed copies of people's care and medicine records, training records, rotas, incident reports and quality assurance records. We spoke with the registered manager, staff and four relatives of people using the service via telephone.



# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has deteriorated to Inadequate. This meant people were not supported safely.

### Assessing risk, safety monitoring and management

- Risks associated with ensuring people's health and well-being was maintained were not always assessed and monitored safely. Staff had not taken people's vital health observations, such as blood pressure and oxygen saturation as required when they had become unwell. This increased the chances staff may not recognise and act quickly to get urgent medical support if there was a serious risk to people's health.
- Staff had not always monitored and managed risks to some people's mental and physical health effectively. One person had experienced a repeated health infection for over three months. Staff had not always followed agreed actions to reduce infection risks. Staff had not escalated concerns quickly to get further treatment, although they said they knew this should be done. Staff had not planned or offered effective mental health support to one person, although they knew of the potential high risk to the person's well-being and quality of life. This had not been properly reviewed to reduce the risk.
- Risks relating to people's behaviours that may challenge were not always assessed, monitored or managed safely. There were not effective assessments of people's behaviour support needs and their care plans and risk assessments lacked guidance about how to safely support them. Staff were not always confident or knowledgeable about how to support people with behaviours that may challenge and reduce risks.
- Risks to people with respiration (breathing) support needs were not always monitored or managed safely. One person's care plan advised staff to immediately report any faults with their oxygen support machine, as there was a high potential risk of harm to their health if the machine did not work. A fault was noticed with the machine but was not reported for over a week. During this time, the machine had remained in use although it may have been unsafe to continue using it, placing the person at risk of harm to their health.
- Risks relating to people's constipation needs were not assessed, monitored or managed safely. People living at this service could be at increased risk of harmful medical complications if this happened. People's constipation care plans and protocols contained inconsistent advice about the medicines and support they needed. On several recent occasions, some people had not received laxatives when they required them, increasing the risks to their well-being. Nurses were unaware they had followed the protocols incorrectly.
- Risks of aspiration (breathing in liquids, food or saliva) and choking for people were not always assessed, monitored or managed safely. Some people living at the service received food, fluids and medicines via a tube to their stomach due to swallowing difficulties. Staff were aware they should pause feeds and elevate

people to help prevent aspiration. However, staff had not always paused people's feeds for a safe amount of time, which increased the risk of aspiration.

- Staff had not recorded people were at a safe angle when having tube feeds as they were directed to do. People's tube feeding related care plans and risk assessments contained different advice about how to support them safely. These issues had not been reviewed properly to check people were being supported safely and all staff knew how to reduce aspiration risks.
- Some people experienced reflux, which is where stomach acid can flow back up into a person's throat. If reflux happens, there can be a risk of aspiration. One person needed medicines before they ate to reduce reflux. Staff had consistently given this medicine to the person at the wrong time. The medicine was less likely to work as well, which increased the chance of the person aspirating.
- Risks associated with people's complex eating and drinking needs were not always assessed, monitored or managed safely. Although some staff said they understood the importance of supporting people to have enough to eat and drink, people had not always been given fluids when they needed them to prevent the risk of dehydration. People's care plans had not always been updated when their eating and drinking needs had changed to help make sure all staff knew how to support them safely.

#### Learning lessons when things go wrong

- Systems in place for staff and management to report, review and investigate safety incidents, and act to prevent them re-occurring were not always effective. During this inspection we identified risks, issues and concerns relating to safety incidents that had either not been reported or had not been adequately acted on regarding people's constipation, respiration, aspiration, behaviours that may challenge and healthcare monitoring.
- In February 2019 we imposed conditions on the provider's registration due to our serious concerns about risks related to behaviours that may challenge, epilepsy, and hydration at this service. We identified improvements in these areas at an inspection in September 2019. However, at this inspection improvements had not been sustained and issues relating to behaviours and hydration had re-occurred.
- The themes of risks regarding respiration, constipation, aspiration and monitoring healthcare have been highlighted in inspection reports for many of the provider's other services. This information had prevented similar risks to people living at The Granary.

The provider had failed to provide safe care and treatment to service users. This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Improvements had been sustained regarding monitoring and managing epilepsy risks. During people's lunchtime experience, staff followed Speech and Language therapists' guidelines to help reduce choking risks. A Positive behaviour Support (PBS) practitioner had been recruited very shortly before our inspection to help improve people's behaviour support. Staff had recently been booked onto PBS training and all staff were expected to complete this soon.

#### Systems and processes to safeguard people from the risk of abuse

- There were systems in place to report, review and investigate safety and safeguarding incidents. Staff

knew how to recognise and report signs of abuse. Recent safeguarding concerns had been reported by staff to the local authority and the CQC, to share information and implement actions to help keep people safe. A relative said their family member had never communicated they felt unsafe around staff. Other relatives said they had no concerns about abuse at the service.

### Staffing and recruitment

- There were enough staff supporting people during the inspection. One person said, "We have more full-time staff so no more agencies which is good I suppose." Relatives said staffing levels had increased recently. One relative said, "I think there is enough staff. There is always a staff member nearby when I have visited, or when making a video call".

- Staff were offered training in relevant subjects. The registered manager was currently supporting staff to complete all their training in a timely manner. Nursing staff received clinical competency checks such as suctioning. The clinical leads had recently introduced knowledge checks and scenarios in high risk areas of support, such as choking and epilepsy, to help embed learning from training.

### Using medicines safely

- Although staff had been trained and assessed as competent to undertake medicines tasks before administering medicines for people, we found medicines were not always administered safely to people. We have commented more on this in the risk management section above. Systems to order, transport, store and dispose of medicines were otherwise working well.

### 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 meeting shielding and social distancing rules.
- 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 accessing testing for people using the service and staff.
- 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.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

# 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 the last inspection this key question was rated as Requires Improvement. At this inspection this key question has deteriorated and is now Inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements, continuous learning and improving care, 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

- At the last inspection in September 2019 a previous breach of Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Regulation 12 Safe care and treatment had been met. Improvements had been made regarding hydration, epilepsy and behaviours that may challenge risks. There was a continued breach of Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Regulation 17 Good Governance as further work was required to sustain and embed improvements. At this inspection in April 2021 improvements in relation to epilepsy support had been sustained, but not regarding people's hydration and behaviour support. The quality of care in relation to people's respiration, constipation, aspiration and monitoring of health needs had also deteriorated, resulting in a breach of Regulation 12 re-occurring.
- The themes of risks and concerns at this inspection have been highlighted in inspection reports about many of the provider's other services. In December 2018 we imposed conditions on the provider's registration due to these repeated and significant concerns about quality and safety of care at services operated by the provider. The conditions are therefore imposed at each service operated by the provider. CQC imposed the conditions. These provider level conditions and repeated reporting of information about themes of unsafe care for people being supported had not led to similar risks to people at The Granary being reduced, and the quality of care deteriorating.
- People did not always have an accurate and contemporaneous record of their care in place, to make sure there was information available about how to support them safely and to enable effective monitoring and oversight of their care. Despite repeated re-writes and reviews by the service clinical leads, registered nurses and the provider's quality team people's care plans, risk assessments and monitoring forms regarding constipation, behaviours that may challenge, hydration, tube feeding, respiration and healthcare monitoring were not always accurate, complete or up to date.
- Quality assurance systems and processes included a variety of internal auditing and review processes relating to service performance and the safety and quality of care. These processes had not always identified or prevented issues occurring or continuing at the service. Where issues had been identified, there had not

always been effective action to maintain or improve the quality and safety of the support being delivered.

- There was a system of registered manager and clinical lead appraisals and supervisions of staff. These had been taking place regularly in recent months but had not supported staff to consistently meet people's support needs and act appropriately in response to quality and safety issues.

The provider had failed to ensure quality assurance and governance systems were effective, risks to people's safety were identified and managed safely, records related to the provision of support for people were adequately maintained, service performance was evaluated and improved. This was a continued breach of Regulation 17 (Governance) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

- The registered manager acknowledged there was still more work to be undertaken to help staff to understand and fulfil their responsibilities. The registered manager and clinical leads had recently introduced coaching based unannounced supervisory practice and knowledge checks, and instigated daily 'safety huddles', manager walk arounds and handovers to help achieve this.
- The provider's operations manager said there was a new performance framework to support accountability on all levels within the organisation. They said, "The senior management and quality support staff are doing a lot of work with the teams to look at what support we are giving them and what they need to help them make improvements. It's important we all understand what needs to change and the reasons for this". Part of this work involved setting agreed objectives as part of a more measurable performance management programme.
- At the time of the inspection, the registered manager and provider had re-written the existing service improvement plan, as well as a new 'learning disability support action plan'. Both plans identified areas of improvement and areas to build on to improve quality and safety. This action was taken in response to acknowledgement that previous quality assurance and improvement plans had not always been effective.

#### Working in partnership with others

- The local authority and CCG provided feedback that staff and management at the service were willing to engage with their teams to help address quality and safety issues or ask for support. Some professionals commented staff could be more proactive about implementing recommendations consistently asking for support before issues had occurred, rather than doing this reactively.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people, Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There was not currently evidence of a sustained and embedded positive culture at The Granary. The registered manager was still developing a shared set of values with staff and people at the service, as part of the leadership improvement process begun at the previous inspection.
- The registered manager was aware of how poor culture within a service could present an increased risk of harm to people living there, even if this was not always deliberate or intentional. These issues, also known as 'Closed cultures', had been discussed at a recent staff meeting to help staff reflect and contribute ideas about how they could improve and prevent this happening at The Granary.

- Relatives said staff and management at The Granary were open and approachable. Some relatives felt the senior leadership team within the organisation had not always been open or communicated well since the last inspection.
- There had been a recent senior management and organisational re-structure. The operations manager said there was a new focus on building a more open, person-centred and inclusive culture. They said part of this change process involved "The importance of transparency is being discussed with all staff and we are encouraging more visible management support at all levels".
- Staff said the registered manager was supportive and encouraged their input into how the service was run. The registered manager gave us examples of how they had promoted equality and inclusion amongst the staff team by introducing flexible working arrangements in respect of staff religious and cultural beliefs.

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	The provider had not done all that is reasonably practical to assess and mitigate risks and provide safe care and treatment to service users, thoroughly review, investigate, monitor and act to make improvements in relation to incidents that affect the health safety and welfare of service users or manage medicines safely. This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### The enforcement action we took:

We imposed conditions on the provider's registration.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The provider had failed to ensure quality assurance and governance systems were effective, risks to people's safety were identified and managed safely, records related to the provision of support for people were adequately maintained, service performance was evaluated and improved.

### The enforcement action we took:

We imposed conditions on the provider's registration.