SHC Rapkyns Group Limited

Rapkyns Nursing Home

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

The inspection took place on 16 and 19 May 2016 and was unannounced.

Rapkyns Nursing Home provides nursing and personal care for up to 60 people who are living with a learning disability or physical disability. Rapkyns Nursing Home provides accommodation in two buildings on the same site, Rapkyns Nursing Home and Sycamore Lodge. At the time of our inspection, there were 37 people living at Rapkyns Nursing Home and ten people living in Sycamore Lodge. Rapkyns Nursing Home specialised in supporting and treating people who have Huntington's Disease. The provider and staff were engaged with wider Huntington's Disease links and research. The aim of which was to improve the lives of people using their service but also to find treatment solutions to help others living with the disease.

There was no registered manager in place at the time of the inspection. However, a new manager had been appointed in March 2016 and had begun the process of applying for registration.. 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 living at the service had their own bedroom and en-suite bathroom. In both buildings, there was a communal lounge and separate dining room on the ground floor where people could socialise and eat their meals if they wish. The buildings shared transport for access to the community and offers the use of specialist baths, spa pool and physiotherapy. The service had weekly GP visits, 24-hour nurse support, a multi-sensory room and a social and recreational activities programme. The service could accommodate relatives who wished to visit their family.

Risk assessments and care plans contained information on people's preferred routines, likes, dislikes and medical histories. However, we identified six risk assessments and care plans that did not include guidance for health conditions, which had been identified. This meant that people were at risk of not receiving the care and treatment they needed. We brought this to the managers attention at the time of our visit. The manager reviewed and updated these risk assessments and care plans before our visit concluded. We were satisfied that people were not at risk from receiving treatment.

Staff worked closely with community health professionals and therapists to maximise people's well-being. People felt safe at Rapkyns Nursing Home and had positive and caring relationships with the staff who supported them.

People were protected against avoidable harm and abuse. Good systems were in place for reporting accidents and incidents and the service was responsive to people's individual needs.

Staff enjoyed working at the service and felt well supported in their roles. They had access to a wide range of

training, which equipped them to deliver their roles effectively. Staff completed an induction course based on nationally recognised standards and spent time working with experienced staff before they were allowed to support people unsupervised. This ensured they had the appropriate knowledge and skills to support people effectively. Records showed that the training, which the provider had assessed as mandatory was up to date. Staff told us that they felt supported and received training to enable them to understand about the needs of the people they care for. People and their relatives felt the staff had the skills and knowledge to support people well.

There were sufficient numbers of staff on duty to keep people safe and to meet people's needs. We saw that staff recruited had the right values, and skills to work with people who used the service. Staff rotas showed that the staffing levels remained at the levels required to ensure all peoples needs were met and helped to keep people safe.

Policies and procedures were in place to ensure the safe ordering, administration, storage and disposal of medicines. Medicines were managed, stored, given to people as prescribed and disposed of safely. Nurses had completed safe management of medicines training and had their competency assessed annually. The nurses were able to tell us about people's different medicines and why they were prescribed, together with any potential side effects.

People who used the service expressed satisfaction with their care and felt confident that staff understood their needs. Staff were kind and caring. People who lived at the service were allocated key workers and we observed trusting friendships between people who lived in the service and staff members. A key worker is a named member of staff responsible for ensuring people's care needs were met.

The Care Quality Commission monitors the operation of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS) which applies to care services. The members of the management team and nurses we spoke with had a full and up to date understanding of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). These safeguards protect the rights of adults by ensuring that if there are restrictions on their freedom and liberty these are assessed by appropriately trained professionals. We found that appropriate DoLS applications had been made, and staff were acting in accordance with DoLS authorisations.

The service placed a strong emphasis on meeting people's emotional well-being through the provision of meaningful social activities and opportunities. People were offered a wide range of both group and individual activities, which met their needs and preferences. Visiting was unrestricted and people's relatives felt included in the care of their loved ones.

People were provided with a variety of meals and the menu catered for any specialist dietary needs or preferences. Mealtimes were often viewed as a social occasion, but equally any choice to dine alone was fully respected.

People were supported to maintain a healthy balanced diet through the provision of nutritious food and drink by staff who understood their dietary preferences. We observed communal mealtimes where people ate together. Where people had been identified to be at risk of choking staff supported them discreetly to minimise such risks, while protecting them from harm and promoting their dignity

We looked at care records and found good standards of person centred care planning. Care plans represented people's needs, preferences and life stories to enable staff to fully understand people's needs and wishes. The service was responsive to people's individual needs. The good level of person centred care

meant that people could lead independent lifestyles, maintain relationships and be fully involved in the local community.

The service had robust systems in place for monitoring the quality of care and support. The auditing systems showed that the manager was responsive to the needs of people who lived at the service.

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 systems in place to protect people from the risk of harm and abuse. People were protected from harm and received support from staff who safeguarded them.

Risks to the health, safety and well-being of people had been identified and assessed. They were addressed in a personalised, enabling way that promoted their independence and kept people safe.

The service had safe and robust recruitment procedures, which ensured that people were supported by suitable and sufficient numbers of staff.

The service had good systems in place to safely support people with the management of their medicines.

Is the service effective?

Good

The service was effective.

Staff had received training as required to ensure that they were able to meet people's needs effectively.

People were supported to maintain good health and had regular contact with health care professionals.

People had sufficient to eat and drink and were encouraged to eat a healthy diet.

The service had Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) policies, procedures, and staff were trained in this. The legislation was being followed to ensure people's consent was lawfully obtained and their rights protected.

Is the service caring?

Good

The service was caring.

People were treated with kindness and dignity by staff who took time to speak and listen to people.

Staff acknowledged people's privacy.

People were consulted about their care and had opportunities to maintain and develop their independence.

Is the service responsive?

Good

The service was responsive.

People received care, which was personalised and responsive to their needs.

There were structured and meaningful activities for people.

People told us that any concerns raised with the service were responded to appropriately.

Is the service well-led?

Good

The service was well-led.

A new manager was in post and had begun the process to become the registered manager.

The provider sought the views of people, relatives, staff and professionals regarding the quality of the service and to check if improvements needed to be made.

There was an open culture at the service and staff told us they would not hesitate to raise any concerns.

There were a number of systems for checking and auditing the safety and quality of the service.

Rapkyns Nursing Home

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 was 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 16 and 19 May 2016 and was unannounced. On day one, the inspection team consisted of two inspectors and one specialist professional advisor in nursing care. On day two, the inspection team consisted of one inspector and one inspection manager.

Before the inspection, we reviewed records held by CQC, which included notifications and other correspondence. A notification is information about important events, which the registered person is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at the inspection.

As part of this inspection, we spent some time with people who used the service talking with them and observing support which helped us understand the experience of people who used the service.

We spoke with nine people who lived at the service, two relatives, four staff, two registered nurses, a trainer employed by the service, a physiotherapist employed by the service and the home manager.

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.

We looked at a variety of documents and records, which included six people's care plans, three staff files and other records relating to medicines management and the management of the service.

The service was last inspected on 2 and 3 March 2015. No breaches of regulation were identified.

Good

Is the service safe?

Our findings

People told us they felt safe living at Rapkyns Nursing Home.

We identified six care plans and risk assessments, which lacked information around people's needs. The six care plans and risk assessments did not provide information on how people were being protected against risk and what measures were being taken to prevent them from potential harm. For example, as part of two people's pre admission assessments, one person was identified as being prone to chest infections and another person was diagnosed with a foot condition. The care plans and risk assessments did not include guidance for staff in how to support these conditions. A person identified at risk of choking and had experienced a choking episode in the service, but did not have their care plan and risk assessment reviewed to include the speech and language therapist's advice. We brought our concerns to the attention of the manager at the time of our visit who reviewed and updated those particular care plans and risk assessments before our visit concluded. The manager showed us a service improvement plan which highlighted everyone's care plans and risk assessments would be reviewed. The immediate action taken in response to these records safeguarded people from harm and further work was planned to improve people's care records.

Other risks affecting people's health and welfare were understood and managed safely by staff. We observed examples where risks specific to each person had been identified, assessed, and actions taken to protect them. People's care plans noted what support, people needed to keep them safe, for example in relation to safety awareness and completing activities, such as swimming and going out independently. These risk assessments detailed the required staffing ratio at different times and for specific activities to ensure the safety of people, staff and others. One person said, "Sometimes it's frustrating how many rules there are, but I know they're there for care. I am a bit of a rebel. I can go for a walk if I want, but I have to take someone with me as I can fall". A member of staff told us, "We don't stop people from doing things. Everyone's risk assessed. We keep an eye on people and make sure they stay safe".

We observed staff supporting people being transferred from a wheelchair to chair safely and in accordance with their risk assessments and care plans. One member of staff told us that they had been trained to deliver training to other staff on moving and handling people safely. They described how they assessed people when they came to the service and advised on equipment to be used, as well as providing guidance to staff on people's individual needs. This member of staff explained their understanding of the management of pressure ulcers, how to move people without comprising their skin integrity and of the need for turning charts. Turning charts are kept to reposition people who are cared for in bed and help to minimise the risk of people developing pressure ulcers.

Staff had completed the provider's required safeguarding training and had access to guidance to help them identify abuse and respond appropriately if it occurred. Staff had the knowledge and confidence to identify safeguarding concerns and acted on these to keep people safe. Staff were able to explain their role and responsibility to protect people. The provider's training schedule and staff files confirmed that staff safeguarding training was up to date. Posters in the service reminded staff of their responsibility to protect

people from abuse.

People involved in accidents and incidents were supported to stay safe, the manager and provider had taken action to prevent further injury or harm. Staff had a good understanding of how to keep people safe and their responsibilities for reporting accidents, incidents or concerns. When people had accidents, incidents or near misses these were recorded and monitored to look for developing trends. We checked the previous five months incidents and accident records and found that senior management had completed an analysis report detailing any trends to show incidents were being monitored and dealt with.

There were arrangements in place to keep people safe in an emergency and staff understood these and knew where to access the information. Equipment and utilities were serviced in accordance with manufacturers' guidance to ensure they were safe to use. Gas and electric safety was reviewed by contractors to ensure any risks were identified and addressed promptly. Fire equipment such as emergency lighting, extinguishers and alarms, were tested regularly by the provider's maintenance engineer to ensure they were in good working order. We found, due to the age of the building that some areas of the environment were tired looking and in need of refurbishment. The manager showed us maintenance plans that showed improvements to be made and these were on going. This included the décor of hallways and replacement of carpets.
The service had a fire risk assessment in place, which included an emergency evacuation plan. We also found that each person who used the service had a personal emergency evacuation plan (PEEP) which identified the number of staff required to assist the person and any equipment needed.

People felt there were sufficient numbers of staff to keep them safe. One person said, "Staff come quickly, but I try not to ring my bell too much". They confirmed that night staff made regular checks on their wellbeing throughout the night. Staff felt that staffing levels were adequate. One staff member explained, "With the residents we have now, we have enough staff and I can chat with people". Another member of staff told us that agency staff were used to make up any shortfalls in staffing levels. They said, "We really need staff. Some people need 1:1 and they gave us extra. We mostly have the same agency staff who know the residents".

Daily staffing needs were analysed by the manager. This ensured there were always sufficient numbers of staff with the necessary experience and skills to support people safely. Staff confirmed there were eight care staff and two registered nurse's on duty which was enough to meet people's needs. Rotas reflected people who required 1:1 support, received this. Staff told us there was always enough staff to respond immediately when people required support, which we observed in practice. If more staff were needed due to unforeseen circumstances, such as staff illness, they were provided from one agency. The manager told us wherever possible they used the same staff, which improved the consistency of care and support by temporary staff. Rotas we reviewed confirmed there was always sufficient staff to meet people's needs safely.

Staff had undergone pre- employment checks as part of their recruitment, which were documented in their records. These included the provision of suitable references in order to obtain satisfactory evidence of the applicant's conduct in their previous employment and a Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Records showed checks were made that staff from overseas had the authority to work in the UK and that registered nurses were registered with the Nursing and Midwifery Council (NMC). Prospective staff underwent a practical assessment and role related interview before being appointed. People were safe as they were cared for by sufficient staff whose suitability for their role had been assessed by the provider.

People received their medicines safely, administered by staff that had completed safe management of medicines training and had their competency assessed annually by the registered nurses. Staff were able to tell us about people's different medicines and why they were prescribed, together with any potential side effects.

Where people took medicines 'As required' there was guidance for staff about their use. These are medicines, which people take only when needed such as painkillers. People had a protocol in place for the use of homely remedies. These are medicines the public can buy to treat minor illnesses like headaches and colds.

There was appropriate storage for medicines to be kept safely and securely. Temperatures of the storage facilities were checked and recorded daily to ensure that medicines were stored within specified limits to remain effective. Staff knew the temperature range within which the medicines remained effective. People's prescribed medicines were managed safely in accordance with current legislation and guidance.

Good

Is the service effective?

Our findings

People spoke positively about staff and told us they were skilled to need their needs. Comments included, "Staff are encouraging" and "I can do the things I want." Another person told us, "There is nothing wrong with it here."

People were supported by staff who had access to a range of training to develop the skills and knowledge they needed to meet people's needs. New staff were required to complete the Care Certificate, a nationally recognised set of standards that health and social care workers adhere to in their daily working life. This covered 15 standards of health and social care topics.

We viewed the training records for staff; which confirmed staff received training on a range of subjects. Training completed by staff included, moving and handling, health and safety, infection prevention and control, safeguarding, medicines, food hygiene, first aid, equality and diversity, Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS).

Staff told us they had the training and skills they needed to meet people's needs. Comments included, "We have a yearly notice on the board. Training topics and dates are put on the board. If staff don't attend, the manager will send a letter," and, "There is always training being offered to ensure we can support people properly."

People received individualised care from staff who had the skills, knowledge and understanding needed to carry out their roles. All staff were required to complete essential training; this was over a four-day period when they first started and then refreshed. Staff were also encouraged to attend additional training on topics that were relevant to the needs of people they cared for. For example, staff had received training on Huntington's disease and on Multiple Sclerosis. Staff were also encouraged in their professional development, with some staff studying for vocational qualifications or qualifications that could lead to nursing training.

People were supported by staff that had supervisions (one to one meeting) with their manager. The majority of staff told us supervisions were carried out regularly and enabled them to discuss any training needs or concerns they had. Staff told us they were happy with the supervision and appraisal process. Staff who had not received the number of support and supervisions stipulated in the provider's policy stated they still felt supported and felt they could approach the manager if they had any concerns or required support.
We found that not all staff were receiving support and supervision in line with the provider's policy. We discussed this issue with the manager who agreed that not all staff had received regular supervision meetings or appraisals as required. They showed us a supervision plan for 2016, which documented dates to ensure that all staff had supervisions and appraisals in place.

The manager also demonstrated that staff meetings were organised and records confirmed that three meetings had taken place in 2015 and one in April this year. Separate meetings were held for the registered nurses. The minutes reflected that these were also used as a method to support staff. Staff confirmed that

regular staff meetings were held and that if they were unable to attend, they could read the minutes later.

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. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care services and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We found that appropriate DoLS applications had been made, and staff were acting in accordance with DoLS authorisations. Where Deprivation of Liberty Safeguards decisions had been approved, we found that the necessary consideration and consultation had taken place. This had included the involvement of families and multi-disciplinary teams.

We checked people's records in relation to decision making for people who were unable to give consent. Documentation in people's care records showed that when decisions had been made about a person's care, where they lacked capacity, these had been made in the person's best interests. All staff were able to tell us their understanding of the MCA and DoLS and were able to apply the requirements of the acts in practice ensuring peoples day-to-day care and support was appropriate, and that their needs were met. One staff member told us, "All people have mental capacity, but some people can say 'yes' or 'no', but cannot make big decisions. They can decide about their care and things like that. Sometimes we need to have a best interests meeting". They added, "People can make decisions if they have capacity" and gave an example of one person who was free to take walks in the garden by themselves. Another member of staff referred to assessing people's capacity and said, "It's done individually for each person. Mental capacity can change day to day for each person".

People told us that they enjoyed their meals at the service. One person said, "It's lovely, but I can't eat green vegetables". Another person told us, "Great food, you get lots of choices".

We observed people having their lunch in both Sycamore Lodge and the nursing home in the dining room. Tables were laid attractively with tablecloths, serviettes and vases of flowers. Staff were assisting people to eat if required and ensured that people had food that they liked. For example, one person was offered a sponge pudding with custard, which they declined. Staff then asked them if they would like a yogurt instead and this was accepted. We looked at people's care plans in relation to their dietary needs and found they included detailed information about their dietary needs and the level of support they needed to ensure that they received a balanced diet. We saw people's weight was monitored where they were either assessed as at risk of not receiving adequate nutrition or at risk of becoming overweight due to their medical conditions. This was monitored and professional advice obtained if required. Records demonstrated staff sought advice and guidance when needed.

People told us they were able to access healthcare professionals as needed. One person told us they had recently visited the dentist and hoped to be fitted with some dentures soon. Staff told us they would contact the nurse on duty for advice on people's health. One staff member explained, "You can tell by people's expressions if they're unwell or not".

People's care records showed relevant health and social care professionals were involved with people's care. People had good access to healthcare services such as dentist, optical services and GPs. People's care plans provided evidence of effective joint working with community healthcare professionals. We saw that

staff were proactive in seeking input from professionals such as dieticians. Care plans were in place to meet people's needs in these areas and were regularly reviewed. People had a health action plan, which described the support they needed to stay healthy.

Each person had their own bedroom, which was individually personalised by bringing in personal belongings that were important to them. Rooms we saw were individualised and contained items of importance from their lives. Where people did not have family or friends to help them to personalise their rooms, staff had helped them to make their rooms homely.

Good

Is the service caring?

Our findings

Positive caring relationships had been developed between people and staff. We observed staff were patient with people and waited for them to verbally express their wishes or indicate what they wanted through signs and gestures. One person told us, "The staff are great, wonderful and friendly. Fortunately they do have time to stop and chat".

Staff explained that some people wanted their support to be delivered in a particular way or with specific staff. One member of staff gave an example of a person who had not been washed nor had a change of clothes for some time before they were admitted to the service. They told us, "I built up the trust. I cared for her 1:1. Now she will have a shower every day". Another member of staff said, "I like to see people presentable and clean. If they can, they do it for themselves. Because of their illness, sometimes we have to assess and help them to do it". A third member of staff talked of the need to be empathic for people who had complex needs. They said, "I normally talk with people. We spend time with people to gain their trust". Staff were observed to spend time chatting with people and supported them with activities throughout the day.

Staff showed concern for people's well-being in a caring and meaningful way, and they responded to their needs quickly. For example, one person became anxious when having their lunch, due to the noise around them. We observed staff comfort the person and reassured them they did not have to eat their lunch now if they wanted to wait. The staff member gave the person time to think about this and then asked them if they wished to remain at the dining room table. The person chose to remain at the table. The staff member explained to the person how lunchtime can become noisy and that they did not have to stay; the person appeared satisfied with this and continued eating. Staff then encouraged the person to engage in conversation on a topic they enjoyed to reduce their anxiety further.

People had their own activity schedules, which showed what they were doing, when and with whom. This ensured people were informed about who would be supporting them during the day to reduce their anxieties. Staff gave people time to communicate their wishes and did not rush them. Although people were encouraged to take part in scheduled activities, they were able to exercise their right of choice and to decide when they had had enough.

People's rooms were personalised to reflect their tastes, preferences and interests. Photographs of families and activities were displayed in the service to remind people of events and others important to them. This ensured that relationships were maintained to promote people's wellbeing.

We observed good interaction between people and staff who consistently took care to ask permission before assisting them. There was a high level of engagement between people and staff. Staff were knowledgeable on how different people they supported responded to different communication methods. This included Makaton and visual aids. We saw staff using visual aids to help people be able to make decisions. For example, a person was participating in an art and craft session, before the staff member glued pictures to a card; they showed the person who was unable to do this their selves, a choice of pictures

available. The person then pointed to the one they wanted to be on the card.
Consequently, people felt empowered to express their views. It was obvious that staff had the skills and experience to manage situations as they arose and provided care to a consistently good standard.

People told us they were encouraged to express their views and, as much as they were able, to be involved in making decisions about their care. One person said they always liked to be ready for bed by 6pm and then watched their television in their room. People could choose when they wanted to get up and when they wanted to go to bed. A member of staff talked about involving people with decisions and said, "By knowing their condition, we ask them what they like us to do and offer help. If they agree with it – it's all their decision". Another staff member told us, "People are always involved. We sometimes ask the next of kin. We try and help people to be independent".

People confirmed they were treated with dignity and respect by staff. Staff described how they treated people with dignity and respect. One staff member said, "I explain everything I do to them, especially with personal care. Before I do anything, I get their consent. I do everything according to the care plan. I will draw the curtains, close doors and cover them". Another member of staff said, "Even if people can't talk, I close doors and windows, cover people when giving personal care. We respect people's choices. One man likes to have a shower every day".

Good

Is the service responsive?

Our findings

Records showed that people were involved in developing their care and care plans, which were personalised and detailed daily routines specific to each person.
Care plans contained comprehensive details about people's life story, their preferences interests and aspirations. Staff spoke passionately about peoples' needs and the daily challenges they faced. Without exception, staff were able to tell us about the personal histories and preferences of each person. Staff understood people's care plans and the events that had informed them.

Each person had a communication plan. This provided staff with information about how people communicated and their level of understanding.

The care plans had been reviewed on a regular basis to make sure they were accurate and up to date. Where changes were identified, the information had been disseminated to staff, who responded quickly when people's needs changed, which ensured their individual needs were met.

People's needs were assessed before they moved into the service and re-assessed regularly. People, their families, relevant health professionals and the commissioners of people's care were involved in the assessment process. Care plans and risk assessments were completed and agreed with individuals and relatives, where appropriate. The provider reviewed people's needs and risk assessments regularly to ensure that their changing needs were met.

Keyworkers reviewed and updated people's needs and risk assessments monthly. A key worker is a named member of staff responsible for ensuring people's care needs were met. The nature of the service provided meant that people's needs changed frequently and care plans were reviewed whenever a change was required. Where any concerns or changes was identified these were immediately addressed to the management team. Each care plan contained a record of any changes to the person's health or behaviour and the resulting changes to their risk assessments. This ensured staff provided care that was consistent but flexible to meet people's changing needs.

Each person had a care plan to set their own goals and learning objectives and record how they wanted to be supported. This meant staff had access to information, which enabled them to provide support in line with the individual's wishes and preferences. Staff talked knowledgably about the people they supported and took account of their changing views and preferences.

Handover meetings took place twice a day between shifts at 8am and 7.45pm. These meetings enabled staff to discuss people's care needs, their mood, behaviour, and what they had been doing during the day or night. Significant events were recorded in a communication book, which staff signed daily to show they had read all entries since their last shift. A member of staff told us, "It's about the service users, their behaviour, how they're doing or any issues we're concerned about; whether we have any ideas to solve problems".

People were supported to keep in contact with their family and friends. One relative told us they were very

pleased with the sensitive support provided to their family member in relation to a personal relationship. This ensured their emotional needs were supported, while promoting their independence.

An activities co-ordinator had recently joined the staff team and had organised a residents' meeting to discuss the kinds of activities that might be of interest to people. Some people liked individual 1:1 support with various activities. Workshops had been organised and people had been involved in making a tapestry and mosaics. Some people enjoyed playing board games such as Connect 4 or snakes and ladders. The activities co-ordinator described an activity, which they organised recently to place bird feeders in the trees in the grounds. They told us that people had enjoyed going outside and looking at the birds in the garden, as well as squirrels who had purloined the bird food. The activities co-ordinator told us that they tried to talk with people every day and said, "We respect people's choices. I try and take anyone out who wants to go for a walk". They explained that activities tended to be organised for people in 'short bursts' as some people found it difficult to concentrate for long periods of time.

On the day of our inspection, an external entertainer was singing songs from the 60s and 70s and we observed people were joining in with the songs they remembered. An activity monitoring form was completed for people every day. This detailed what activities people had been doing during the day and whether they had enjoyed them or not. The activities co-ordinator told us that an additional member of staff was to commence in June and this would enable more people to be supported to participate in activities or to go out.

There was an accessible complaints procedure in place and on display in the communal areas. People knew who to speak with if they had any concerns or complaints. People confirmed they could talk to staff and felt listened to. The complaints policy included clear guidelines on how and by when issues should be resolved. It contained details of relevant external agencies, such as the Local Government Ombudsman and the Care Quality Commission. The complaints received in 2016, had investigated by the manager and area manager. The manager told us they had provided a response in relation to those they had investigated. The provider responded to complaints effectively and in line with their complaints procedure. We were able to see examples of written responses from the area manager addressing each complaint that had been made.

Good

Is the service well-led?

Our findings

People told us they were happy with the care they received. One person said, "It's a nice, friendly home. They try and make it as homely as possible". Another person told us, "Everything's good about this home".

All staff we spoke with felt the new manager was approachable and supportive. One person said, "[manager] is very good. She's got to know everyone well. She's involved with service users and she's really good. She listens to people. She will help you out if needed". Another member of staff told us how kind and caring senior members of staff and management had been when they needed emotional support, for example, when a person had died. They said that a member of the management team, "Sat me down and we had a cup of tea". A third member of staff referred to the manager and said, "She is very approachable. She always asks about issues and whether we need anything".

Staff told us they were encouraged to express their views about the service and support being provided to people, which records confirmed. Staff told us they were impressed with the management team who encouraged all staff to share a joint responsibility to continually improve the service. Records demonstrated staff meetings allowed staff to discuss the operation of the service and they were encouraged to use the processes of reporting poor care to their line manager or to the provider's head office, which could be done confidentiality. Several staff meetings took place such as full staff meetings, nurses meetings and chefs' meetings.

People and staff felt they could raise concerns with the manager and that they would be supported. We spoke with a staff member who had raised a grievance with the manager. They told us they had been well supported by the manager who took prompt action to deal with the concerns raised. Staff confirmed they had regular discussions with the manager where they could discuss issues about people's care needs or could discuss policies and procedures. Staff said their views were listened to.

We reviewed staff rotas, which demonstrated the manager worked shifts alongside staff, which enabled them to build positive relationships with people and staff. During periods when there was unforeseen staff absence, for example due to illness, the management increased their direct support of people.

The provider had established an effective system to assess and monitor the quality of care people received and to ensure people's positive lifestyles were maintained and improved. The manager and designated staff completed audits of medicine administration, health and safety, fire and infection control. The health and safety audit completed in December 2015 identified bed rails needed to be checked weekly to ensure they were not faulty and some of the staff training needed to be refreshed, which we confirmed had been completed.

The provider's satisfaction questionnaires were completed annually and quality assurance audits were completed monthly. The annual survey of people's, their relative's views was sent out in January 2016, and the results had not yet been analysed. Those received indicated relatives and people using the service felt their care was good.

The manager produced a weekly report for the provider identifying all significant issues and action taken by staff at the service. The manager completed a more detailed monthly quality monitoring report, which identified areas for improvement and required learning from incidents. These reports mostly identified the progress made in relation to issues identified in the preceding monthly report.

Staff logged all accidents and incidents, which were reviewed daily by the manager. This helped to ensure the provider identified trends and managed actions to reduce the risk of repeated incidents. Systems and processes supported reviews and monitoring of action taken to ensure identified and required improvements to people's care were implemented effectively.

Records relating to the management of the service such as audit records and health and safety maintenance records were accurate and up-to date. People's and staff records were stored securely, protecting their confidential information from unauthorised access but remained accessible to authorised staff. Processes were in place to protect staff and people's confidential information.

The manager and provider demonstrated a commitment to learning and involvement in the future treatment of Huntington's Disease, which many people living at Rapkyns Nursing Home were living with. The provider had a strong link with the Huntington's Society and staff employed as physiotherapists were members of the Society. Through this link staff attended various conferences about Huntington's Disease and were scheduled to host a two day training course through the European Huntington Association in October 2016 about the disease, treatment and current research.

The provider invited Junior doctors to visit the service and they spent time there undertaking Huntington's Disease research to bring learning back to their profession.
Through the Huntington's Society, they were approached by the TV Show Casualty to do research for the role of someone affected by the disease. The programme researchers came to the service and met with staff and service users to learn more about the disease and how it affects people and their families. The nominated individual told us, "In the area we are best known for our Huntington's [care]." The nominated individual and the manager both expressed a passion to learn more about the disease and the treatment options available.

A physiotherapist told us they are currently undergoing some case study research into the use of specialised Lycra shorts/leggings and how this could be used to improve the gait and mobility of people living with Huntington's Disease. They have partnered with the University of Chichester Gait Lab to take precise measurements of how a person's gait when walking is affected by the use of the shorts. We were told that the idea, is that this will have positive improvements to people's gait and posture which will improve their safety and independence for longer but also be more cost effective than some of the medicines currently used to help people.
The physiotherapist said the intention was for people to "maintain their mobility for longer."