

SHC Rapkyns Group Limited

Rapkyns Nursing Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Rapkyns Nursing Home provides nursing and personal care for up to 60 people living with a learning disability, physical disability or complex health condition. Accommodation is provided in two buildings on the same site and comprises the main building, called Rapkyns Nursing Home, and a smaller building, called Sycamore Lodge. At the time of this inspection, Rapkyns Nursing Home was empty, so this inspection is only about what we found for people living in Sycamore Lodge.

Sycamore Lodge is a service that provides residential care and support for up to 10 people with a learning disability and autism, with some behaviours that may challenge others. At the time of our inspection, six people were living at the service. Accommodation is provided on one level. Communal areas include a lounge area and dining room, with access to gardens and grounds. All rooms have en-suite facilities.

Rapkyns Nursing Home is owned and operated by the provider Sussex Healthcare. Services operated by the provider had been subject to a period of increased monitoring and support by local authority commissioners. As a result of concerns raised, the provider is currently subject to a police investigation in relation to incidents that occurred between 2016 and 2018. The investigation is on-going, and no conclusions have yet been reached.

Rapkyns Nursing Home has not been operated and developed in line with the values that underpin the Registering the Right Support and other best practice guidance. Rapkyns Nursing Home was designed, built and registered before the guidance was published. However, the provider has not developed or adapted Rapkyns Nursing Home in response to changes in best practice guidance. Had the provider applied to register Rapkyns Nursing Home today, the application would be unlikely to be granted. The model of care provided is not in keeping with the cultural and professional changes to how services for people with a learning disability and/or autism should be operated to meet their needs.

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

Some areas of support were not consistently safe. There were some concerns around the management of behaviours that may challenge others. Not all risks were managed safely such as with one person's choking risk, and some 'as required' medicines did not have clear guidance for their use. Some people were at risk of dehydration and required their fluid levels to be monitored; we found this was not being done effectively.

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice. We found some improvements were needed around mental capacity assessments and establishing whether people had capacity to make certain decisions for themselves. We have made a recommendation about this in the main body of the report.

Some support was not person centred, such as with activities, and care plans were not always consistent

and personalised. There had been work started to improve care plans, but this was a work in progress, and more was needed to be done.

There had been an improvement in auditing and quality monitoring, but this needed more time to rectify all the issues identified in the audits and in this inspection. The provider had been submitting a monthly report to CQC as part of the conditions imposed on this location, and this had been a useful tool in improving standards.

People had been protected from abuse and staff knew their role in reporting concerns. There were enough staff deployed on each shift to keep people safe and infection control measures were effective.

Staff were trained to carry out their roles and had regular and effective supervision from the manager. People had enough to eat to maintain good health and were able to access snacks through the day. The building was designed to meet people's needs and people could access outside spaces.

People were treated in a kind and caring way by staff who knew their needs well. People were being supported by key workers to be as involved in their care as they were able to be. People's dignity was maintained by staff who supported people in a sensitive way.

There had been no recorded complaints in the service but there was a process to manage these and staff and relatives felt confident that any complaints would be resolved openly and swiftly. Nobody was receiving end of life care but there were plans available to people and their families to consider their choices and wishes, should the time come.

The manager had been working with the provider to make lots of positive changes in the service and there was a vision for an open culture that empowered people. More work was needed to implement this strategy though. The provider had been sharing information openly with partner agencies and understood their role under the duty of candour to report any incidents in a transparent manner.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service, following our inspection on 25 June 2019, was Inadequate (published 20 January 2020).

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found some improvements have been made and the service is no longer in special measures, However, the provider was still in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We imposed conditions on the provider's registration. The conditions are therefore imposed at each service operated by the provider. CQC imposed the conditions due to repeated and significant concerns about the quality and safety of care at a number of services operated by the provider. The conditions mean that the provider must send to the CQC, monthly information about incidents and accidents, unplanned hospital admissions and staffing. We will use this information to help us review and monitor the provider's services and actions to improve, and to inform our inspections.

We also imposed conditions on the location due to repeated and significant concerns about the safety of

care at Rapkyns Nursing Home. The conditions mean the provider must send to the CQC a monthly report relating to how service users' needs at Rapkyns Nursing Home have been assessed and monitored in relation to: the management of epilepsy/seizure treatment, constipation, pain management, choking, hydration, medicine management and the management of behaviours that may challenge.

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Rapkyns Nursing Home

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.

Inspection team

The inspection was carried out by two inspectors over two days. Due to the size and nature of the service we did not use any specialist nurses or experts by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Rapkyns Nursing Home 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.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

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 sought feedback from the local authority including the safeguarding team and from local health teams.

During the inspection-

During the inspection we spoke with the manager, five staff members, two people, and the providers nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also spoke with three relatives about their experience of the care

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

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

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 Inadequate. We found concerns relating to the management of risk around epilepsy, following up health issues and challenging behaviour. We also found concerns with the safe management of medicines. At this inspection this key question has now improved to Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There remained a risk that people could be harmed.

Assessing risk, safety monitoring and management, and the safe use of medicines.

- At the last inspection in June 2019 we found a breach of regulation 12 relating to the safe management of risks around epilepsy, behaviours that may challenge others and monitoring peoples' health needs. At this inspection we found some improvements, but not enough action had been taken and the breach remained unmet.
- One person was supported with behaviours that may challenge others. These behaviours posed a risk to people, including a risk of physical assault, and there was a 'Behaviours of Concern' care plan that directed staff not to leave the person alone with other people who lived at the service. However, there were several times during our inspection where this person was left with other people and no staff were in the room. This posed an avoidable risk to people.
- We raised this with the manager who said that a Positive Behaviour Support [PBS] plan was due to be written in March 2020 and this would include more comprehensive guidelines. A PBS plan is a document that explains how a person needs to be supported when they are experiencing high anxiety, and how to reduce the chances of this happening in the future.
- The same person also had a risk around trying to eat items that were not food. The person had a risk assessment for this support need, but this only directed staff to monitor the person at all times to stop them eating non-food items, and to frequently support them with personal care. However, there was a lack of direction about how staff could effectively monitor the person one to one. The person was only funded for 12 hours one to one per week, for accessing day services, meaning this was not practical. Inspectors observed several occasions where the person was left without staff support. We spoke to the manager who informed us that they had requested additional funding from the local authority for one to one care due to the person's behaviours.
- The same risk assessment also advised staff to limit the persons access to objects they could eat. However, there were several items in the person's room, within reach, that had been left on a chest of drawers. This would leave the person at risk of choking if they attempted to eat them.
- Another person had been prescribed two 'as required' [PRN] medicines to help them manage their anxiety and distress. However, there was a lack of consistency from records about at what stage which PRN medicine would be appropriate. Staff had administered both these medicines, at different times, for the same reason, e.g. for self-harming behaviours. It was not clear which medicine should be used in each situation.
- The above evidence demonstrates that the provider had failed to provide safe care and treatment. This is a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities)

Regulations 2014.

- Risks around managing epilepsy were being managed safely. People had epilepsy care plans and risk assessments that set out the support they needed with any seizures. When people experienced seizures these protocols and guidelines were followed, and people received the care they needed.
- People with constipation were being supported with their condition and had access to medicines to help them when they needed them. We reviewed one person who had received medicines as prescribed and was still constipated. Staff monitored the person and sought assistance from the person's GP to administer other medicines to relieve the persons' constipation.
- We reviewed medicines and observed a medicines administration round. Correct procedures were in place and were being followed. Prescribed topical creams had body charts and all medicine administration record charts had been completed correctly. Where people had PRN medicines prescribed, there was a protocol for their use.
- Medicines were being stored safely and had been audited and stock checked regularly. Where medicines had been carried over from the previous prescription cycle these were counted and signed in correctly. The temperatures of medicine fridges and the medicines room were regularly monitored to ensure medicines were kept in safe conditions.

Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse and staff understood their role in safeguarding people. There was a safeguarding adults' protocol from the local authority in place, and how to raise safeguarding information on the noticeboard.
- The manager was using an incident tracker form to look for trends and ensure the relevant professionals were involved. The incident form had recently been updated to include a body map to help track where any marks or bruises were on a person's body.
- We reviewed one incident where a concern had been raised to the manager. This was handled sensitively and safely, and the issue reported as a concern was being monitored by the manager.

Staffing and recruitment

- Observations made during our inspection showed that there were enough staff on duty to keep people safe. However, sometimes they were not deployed safely as we observed times when one person was left alone with other people against safety guidelines. We have reported on this above in the section about risk.
- The manager was using a dependency tool to set safe staffing levels based on people's needs. Staff and people's relatives told us that staffing levels were safe. One staff said, "It feels like we have a secure core team and we have a nice bond as well. People don't have to wait long for care and we're always on the ball." One relative said, "[We have] never seen people left alone or calling out for help. If we have [name] away for a while staff arrange for 1-1 to sit with him when he gets back."

Preventing and controlling infection

- Rapkyns Nursing Home was clean and free of any unpleasant odour. Staff and relatives we spoke with told us that the service was kept clean, tidy and free of the risk from infection. One relative, who visited the service regularly told us, "I think it's really good here and is very clean."
- There was an infection control lead who cleans the service twice weekly. There was a cleaning rota for specific areas, such as the clinical room where medicines were kept, and the manager allocated staff to perform cleaning tasks.

Learning lessons when things go wrong

- Not all lessons had been consistently learned and embedded in to practice. Safe management of risk was raised as a concern in our two previous inspections in July 2018 and June 2019 and we have found that the

breach of regulation relating to risk continues at this inspection.

- Other lessons had been learned and improvements seen. The manager showed us learning that had been put in place regarding constipation care. The provider's quality team had given the manager a shared learning folder which the manager told us they found useful. We reviewed some of the shared learning around safeguarding incidents, which included advice on contacting the local authority if staff were unsure whether a safeguarding incident had occurred.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Requires Improvement. We found concerns related to people's health needs not being met, including people not receiving enough fluids, and concerns around staff training. At this inspection we saw some improvements around training and health needs, but some concerns remained, and the rating of this key question has remained the same.

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Supporting people to live healthier lives, access healthcare services and support

- At the last inspection in June 2019 we found a breach of regulation 12 relating to responding to and monitoring peoples' health needs. At this inspection we found some improvements, but not enough action had been taken and the breach remained unmet.
- Some people living at Rapkyns Nursing Home were at risk of dehydration and required their fluid levels to be monitored. One person was assessed as having a recommended daily allowance [RDA] of 1880mls of fluid a day. We reviewed their fluid charts for the week 12-19 February 2020, and they had not met their RDA on any day. In the eight-day period we reviewed the person had drunk a total of 3390mls [approximately a fifth] less than their assessed level but there was no evidence of action being taken.
- We spoke with the manager about this person's fluid needs. The manager told us they had spoken with the person's GP about not meeting their RDA and were told to monitor the person's weight. The manager had reminded staff to prompt the person frequently to drink and to try a particular type of juice the person liked. However, action taken following reduced fluid intake was not evidenced and the person's care plan had not been updated following the GP's advice on 28 January.
- The person had a 'meeting hydration' risk assessment, but this did not contain a risk mitigation measure or a statement about them not meeting their RDA. It was unclear at what point staff would be expected to take action given the person regularly did not drink their assessed recommended amount.
- Another person's GP notes had suggested an RDA of approximately 2000mls, but their fluid charts showed the RDA as 1660mls. The person's hydration risk assessment did not record what their RDA should be. We spoke with the manager who said that the lower RDA was agreed verbally with the GP, but this was not recorded in the person's care records. Following our inspection, the manager confirmed that action had been taken to put this right, and care plans had been updated.
- The same person had days where they did not meet the lower target amount of 1660mls, and no action was recorded to address this.

The provider had failed to monitor and respond appropriate to risk around people's health. This is a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff support: induction, training, skills and experience

- At the last inspection in June 2019 we found a breach of regulation 18 relating to staff training. At this inspection we found improvements had been made and the breach was met.
- Staff had completed training in a range of courses relevant to their roles. Courses that were essential to staff skills, such as safeguarding adults had been completed by all staff.
- Staff had received regular supervision and appraisal. We reviewed supervision records and found that where performance issues had been noted the manager had addressed these in a supportive way. One staff told us, "[Manager] pulls us in and it's nice to set a goal for next time; it's nice to sit with the manager and have a discussion and talk if I have concerns. [Manager] is the best manager I've had in years."

Ensuring consent to care and treatment in line with law and guidance

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Some improvements were needed around consent as we found some best interest meeting forms were sent to families to complete before the MCA assessments had been completed. This means that effectively decisions were being made on people's behalf before it was assessed that they could not make the decisions themselves.
- Some MCA assessments were not decision specific. This had been noted by the manager and staff had been asked to re-do the assessments, but this had not happened. We spoke with the manager about MCA assessments not being completed before best interest meetings were held and being decision specific. The manager confirmed this was something that had been raised with staff and action was pending.
- The manager used a form to track people's DoLS applications and any conditions that were made. One person had a DoLS granted and other people had applications made that were pending.
- Staff understood the MCA and what was expected of them. One staff told us, "You don't want to presume someone doesn't have capacity and these guys here most have capacity to choose what they want to do and have an input."
- We recommend the registered provider reviews MCA assessments and best interest decisions in line with the MCA Code of Practice.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People had care plans with nationally recognised guidance such as Waterlow charts that checked their skin was in a good condition.
- People had assessments of their needs prior to joining the service. Nobody had joined the service in the 12 months before our inspection.
- The manager described an effective process for assessing people prior to prospective move to the service, including how people's needs would be matched to people living at the service currently, and to staff skills.

Supporting people to eat and drink enough to maintain a balanced diet

- People had enough to eat to maintain good health. Relatives told us that people who were at risk of being underweight were supported effectively to maintain a healthy weight. One relative commented, "Dieticians are very keen for staff to feed more but they've added powdered milk to go in full fat milk and they were told to feed [name] anything that's calorific. Cheese, butter, biscuits, porridge with fortified milk. The food is

really good here." We reviewed the person's weight charts and they were maintaining a healthy weight whilst living with a condition that may cause them to be underweight.

- One staff told us, "People have a good variety of food. They have a decent diet. We get the main menu from [sister home] and there's two options and an alternative with a separate menu if they don't like it."
- Staff and people's relatives told us that people had enough to eat. One relative told us that their loved one was on a fortified diet to increase calorie intake due to a longstanding condition. The relative was happy with how this was being managed and told us, "[Name] has made a huge improvement since he's been here; he can ask for what he wants. There's pictures of food and drink and he can ask for everything. The food is really good here."
- One staff member said, "The food is really good we eat the same food as the residents. People have enough to eat and drink; we have all types of drinks, blackcurrant, apple, mango, cranberry, pineapple. We try to give variety, so they choose what they want."

Staff working with other agencies to provide consistent, effective, timely care

- No people had moved to or from the service since the last inspection. The manager was able to describe the process by which people would receive person centred care if they were to move to the service.
- The manager told us they would make sure that any people who moved in were suited to the needs of those already living at the service. The manager said, "It's done through a preadmission assessment: I would include the operations director and autism lead and I would discuss with the person's family and meet with them."

Adapting service, design, decoration to meet people's needs

- The service was designed to meet the needs of people with disabilities. There were wide corridors which would be able to accommodate hoists or other moving equipment should people need it.
- People's bedrooms had been personalised and there were extensive grounds for people to access. During our inspection people were able to move freely around the service and access the grounds when they wanted to.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

- At the last inspection in June 2019 we found a breach of regulation 10 relating to staff addressing people in an undignified manner which was not challenged by the provider. At this inspection we found improvements had been made and the breach was met.
- People's dignity was respected. One person had an 'expressing sexuality' care plan that gave guidance to staff on how to support a person with their sexual needs. The guidance was written sensitively and ensured that support was given in a way that upheld the person's dignity and allowed them to explore their sexuality.
- People were supported to have their privacy respected. One person had some 'one to one' hours where they were accompanied by staff. The manager confirmed that the person was able to stay in their room without staff being present if they requested this.
- A key working system was being embedded into practice whereby staff were supporting people to promote their independence. One person liked to do their laundry and was being supported to do this independently.

Supporting people to express their views and be involved in making decisions about their care

- People's families were involved in their care and decisions around their support. For the key worker meetings, the manager had involved people using an 'easy read' format explaining goals that had been set for people.
- The manager told us, "Some [people] like it and can choose pictures. We're doing the goals together and if something is not right we can consider setting another goal for them or how we support them to achieve it."
- Some people responded well to intensive interactions and this had been written in to the rota to enable the support people needed. Intensive interaction is an approach to communication that helps people at an early stage of development by using fundamental techniques such as eye contact and taking turns.
- One person loved nursery rhymes and having books read to them and staff had time slots allocated to this support. Another person liked to bang or hit on things. Staff had worked with the speech and language therapist to mirror these actions. One staff told us, "I do intense interaction, clapping, mirroring him. I like to do this as much as possible I try to get with him even if I'm not allocated with him and have 30 minutes free, have a little play and clapping and mirroring."
- Some people used objects of references like having a coat to mean they were going out. There was a section in people's care records to indicate if they had used intensive interactions or objects of reference.

Some of these records had not been completed consistently and the manager acknowledged that this was a new system being embedded into practice.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated in a kind and caring way by their staff. One relative told us, "Staff are very caring, [staff] will welcome him home in the right way; he has favourite slippers out, chair in the right way. [name] is very funny and quite engaging and they tell us what he's been doing."
- One staff told us, "I am key worker and have never gone home without [name] saying goodbye to me. This gives me more care for him; he always comes at 19:45 to say bye to me. I go and check his room is clean, and that his computer and iPad are working. I'll check activities are arranged and 1-1 carer has done what they should."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Require Improvement. We found concerns related to how information was presented to people, some care records had information missing and a lack of personalised activities. At this inspection we found some improvements around how information was presented to people, but some concerns remain, and this key question has remained the same. This meant people's needs were not always met.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them.

- At the last inspection in June 2019 we found a breach of regulation 9 relating to providing information in an accessible format, care records being incomplete and lack of person-centred activities. At this inspection we found some improvements were underway and work was being done to improve support, but not enough action had been taken and the breach remained unmet.
- People were supported to access activities, and although some work was underway to personalise activity provision, there was further improvement needed. One person had a weekly activity planner which showed activities such as bowling or trampolining on set days. However, we checked their activity record for a month and the activities provided did not match the planned activities. There were no occasions in the month we checked where they had been supported with bowling or trampolining.
- The same person had a positive behaviour [PBS] support plan which listed activities that the person liked and helped to 'fill their day' as part of preventative strategies for managing behaviours that may challenge others. Activities listed included spa, jacuzzi, swimming, bowling and playing football. The PBS plan highlighted as a risk management strategy that the person is unlikely to engage in behaviours of concern if they are engaged in a wide range of activities. However, these activities were not recorded as being provided.
- Another person had a 'behaviour of concern' care plan which linked 'boredom' or 'being inactive for too long' to behaviours of concern. The same person had a 'likes and dislikes' care plan which stated they did not like to spend the whole day indoors with no other activity than watching DVDs as it leads to boredom. However, there were consecutive days where the person was not supported to go out or engage with activities other than watching TV. This put them at risk of being under stimulated and experiencing behaviours that may challenge others. The manager had identified introducing key workers as a measure to provide more person-centred activities for people, and this was being implemented.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- There had been lots of work completed to improve and rewrite care plans, but some improvements were still needed. One person with an autism diagnosis had no care plan specifically around their autistic needs. We spoke to the manager about this and were told that the information was included in other care plans.
- The person had a 'all about me' booklet which contained some good information for staff about routines that were important to the person. However, there was no information or guidance about the person's

sensory needs. For example, information about possible sensitivity to noise, which stimulations they enjoyed in the sensory room, signs of over stimulation, and whether the person liked deep pressure or movement would all be useful for staff to know. This would help staff to support the person to reduce any anxiety they may feel; related to unmet sensory need.

- Another person had a diagnosis of autism and it was not always apparent how their autistic needs, including their sensory needs, had been considered in other care records.
- The above evidence demonstrates that the provider had failed to ensure people received personalised care that was specific to them. This is a continued breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People had access to accessible versions of care plans and documents. There were 'easy read' versions of care plans and important policies.
- Some people used a picture exchange system [PECS] to communicate. PECS is a system whereby people can choose pictures in place of words to aid their communication. One staff told us, "We offer [name] pictures and they pick and choose which pictures they want."
- Other people used a 'now and next' board to help them understand the structure of their day and choose what activity or thing was next in the sequence.
- Some people used Makaton which is a form of spoken sign language for people with communication difficulties. Staff told us they would like to do more Makaton training and the manager confirmed that this had been booked for staff. People had been set goals in their care plans to learn new signs and some signs were displayed near the front door.

Improving care quality in response to complaints or concerns

- There was an accessible version of the complaints policy available to people. The policy was up to date and staff were aware of their responsibilities.
- There had been no complains made since our last inspection. We discussed complaints with some relatives who all felt they knew how to complain and had trust that should there be a need to complain the manager would deal with it openly and effectively.

End of life care and support

- Nobody living at the service was on end of life care, but there were plans on how to support people with their choices and wishes, should the time come.
- Some people had completed these and other people had the chance to discuss this with their families input.
- One staff member told us, "I have had end of life care [EOLC] training. A few people have EOLC plans in place." One relative we spoke with confirmed they had completed these plans. Another relative had chosen to wait until their loved one required this care.

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 Inadequate. We found concerns with quality auditing systems and management oversight of the service. At this inspection we found some improvements around quality monitoring, but some concerns remained. At this inspection this key question has now improved to Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Continuous learning and improving care

- At the last inspection in June 2019 we found a breach of regulation 17 relating to quality monitoring, the effectiveness of audits and a lack of a registered manager. At this inspection we found improvements had been made and some of the issues previously highlighted had been resolved, but not enough action had been taken and the breach remained unmet.
- We reviewed a selection of audits and found there had been an improvement in quality monitoring. Issues that we had highlighted during the inspection had been picked up in quality audits. However, there had not been sufficient improvement made to care plans or practice, such as around fluid charts, activities and MCA assessments, for the issues to be fully resolved, and the management team needed more time to embed changes into practice.
- For example, there was a service improvement plan that was being used to monitor progress on improvements. The need for positive behaviour support plans was highlighted and there had been some work completed, but there were people who still required these to be put in place to help manage their behaviours of concern.
- There had been breaches of five regulations at our last inspection relating to safe care, person centred care, dignity, governance and staffing. At this inspection two of the breaches had been met but three breaches relating to safe care, person centred care and governance still required more work to meet the breaches.
- Following our previous inspection, a condition was imposed on the location that the registered provider must produce a report to the CQC, including details about how people's needs had been assessed and monitored in relation to: the management of epilepsy, constipation, pain management, choking, hydration, medicines management and the management of behaviours that may challenge.
- We reviewed the report and spoke with the manager about this. The manager told us, "[The conditions report] is helpful; I can focus what our concerns are and how I can make it better, and to share the learning with the organisation." The conditions report had identified improvements needed in certain areas such as, how to rewrite fluid intake care plans and support people with fluid intake. Although we could see progress was being made to make improvements there was still work to be completed.

The evidence demonstrates that the provider had failed to establish systems or processes that operated effectively to improve the quality and safety of the service. This is a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There was not a registered manager in post, but the manager had made an application to register with CQC and this was pending.
- Staff received feedback from the manager in a constructive way. We reviewed supervision records that showed the manager giving constructive feedback to staff. One staff had reported concerns about mobile phone use at certain times. The manager had completed an investigation, supervised all staff involved, and conducted unannounced checks to ensure staff were supported in their roles.
- The manager was being supported in their role and described a change in approach following a new senior leadership team being appointed by the provider, that was less 'top down'. The manager told us, "We don't see it as top to bottom anymore it's not hierarchical, it spreads evenly. The support is brilliant the amount of support I got these months is brilliant." The manager described the support they received from the provider in terms of attending staff meetings, helping with minutes and supporting the manager with constructive audits.
- We reviewed one of the provider's 'support team support visit' reports. It had identified several areas for improvement, such as the need for topical cream charts to be used for some medicines. These improvements had been put in an action plan and the manager was supported to work through this with the provider's quality and support manager. The manager commented, "It's not that they come and tell me what to do, they stay and help me. It's really brilliant."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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 our previous inspection we identified some issues with staff using inappropriate language when supporting people. We spoke with the manager about this and this had been addressed with all staff during team meetings and reminded staff of the need to treat people as adults. The manager told us, "The staff took it well and it was a theme from other CQC inspections around Sussex Healthcare, so we used it as a lesson learned."
- The manager described how they attended a home managers' meeting every month and received updates from outside professionals who gave talks. The manager was utilising a new 'risk and clinical governance meeting template' to drive improvements in the service and working culture. The manager commented, "I have attended the 'Well led Skills for Care' training over four weeks: it was really good training. The last session was leadership and qualities and difference between leadership and management qualities."
- Staff and relatives spoke positively about the manager. One staff spoke with us about how they were supported to manage a medical condition by the manager. The staff member told us about how supportive the manager had been and had used reasonable adjustments to enable to the staff to work effectively.
- Another staff spoke with us about the changes in management since they worked at the service and how this had improved. The staff commented, "We can ask the manager and she will solve things there and then. Everything is excellent in the management. I've never approached HR as the manager solves things right away."
- One relative told us, "[Manager] is approachable, she listens. We have newsletters and meetings at headquarters which was good. I am very pleased with it and I like [manager]."
- The provider was meeting their responsibilities under the duty of candour. Where incidents had happened, these had been reported openly to family members.

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

- The service had developed links with the local community. People accessed day centres, and also went

shopping, bowling, to local cafés, and restaurants. The manager commented, "Sometimes we have people coming from community to here like the animal show visiting. Most people here like to go out, so we encourage that." The manager told us that surveys were in the process of being put online so that all people and stakeholders could access them regularly.

- Staff were encouraged to give feedback on the service and make improvements. The manager had spoken with staff in supervisions and encouraged staff to change the way people were supported so they were more involved in their care and cleaning their rooms with the support of staff; or doing their own laundry and making a drink or a sandwich. We saw some people getting their own snacks during our inspection and were encouraged by staff.

Working in partnership with others

- The management team had been working closely with the provider's autism lead, funding authorities, consultant psychiatrist, learning disability team, occupational therapist, speech and language therapist and community nurse. There had been a recent request for a functional assessment of one person's sensory and communication needs and the manager was in discussion with the community occupational therapist to achieve this.

- Agency staff had been supervised to support them to understand any developments or changes the provider had implemented, including any shared learning.

- Information was being shared appropriately and safely with partner agencies. Where information was sent via email it was password protected and the password sent in a separate email. People's identity was protected by using a unique identifier instead of names.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 9 HSCA RA Regulations 2014 Person-centred care The registered provider had failed to ensure people received personalised care that was specific to them.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The registered provider had failed to provide safe care and treatment. The registered provider had failed to monitor and respond appropriate to risk around people's health.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance The registered provider had failed to establish systems or processes that operated effectively to improve the quality and safety of the service.