

# SHC Rapkyns Group Limited

## Rapkyns Nursing Home

### Inspection report

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### Ratings

#### Overall rating for this service

Good



Is the service safe?

Requires Improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Good



### Overall summary

This was an unannounced inspection which took place on 02 and 03 March 2015.

Rapkyns Nursing Home provides support and accommodation for a maximum of 60 people within two buildings. The main building provides support which can include nursing care to people with neurological conditions, specifically with Huntington's Disease. The other building known as Sycamore Lodge provides support to people, which does not include nursing care. The majority of people who live in Sycamore Lodge have a learning disability and/or autism. Some people also

had physical disabilities. At the time of the inspection there were 38 people living in the main building, many of whom required a high level of nursing care. There were nine people living in Sycamore Lodge.

During our inspection the registered manager was present. 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 and associated Regulations about how the service is run.'

# Summary of findings

People told us that there were, on the whole, enough staff on duty to support people at the times they wanted or needed. The provider had a formal dependency assessment tool for deciding staffing levels for each person who lived at Rapkyns Nursing Home. However, this was not being consistently used when deciding safe staffing levels. Despite this we observed that on the day of our inspection there were sufficient staff on duty.

Medicines were managed safely at Rapkyns Nursing Home. There were systems in place to ensure that medicines had been stored, administered, audited and reviewed appropriately. At times in Sycamore Lodge care staff administered medicines. There was no written guidance regarding this practice that helped ensure nurses employed at the home followed The Nursing and Midwifery Council guidance: Standards for medicines management.

People said that they would speak to staff if they were worried or unhappy about anything. Staff had received safeguarding training and were aware of their responsibilities in relation to safeguarding.

Risks to people's safety were assessed and actions taken to reduce reoccurrence where possible. Staff were able to describe how they supported people who were living with neurological conditions or learning disabilities and who at times needed support with behaviours.

Equipment was available in sufficient quantities and used where needed to ensure that people were moved safely and staff were able to describe safe moving and handling techniques. In Sycamore Lodge bedrooms included ceiling tracking that could be used to move people from their bedrooms to their ensuite bathrooms.

People said that they were happy with the medical care and attention they received and we found that people's health and care needs were managed effectively. Assessments and care plans were detailed and informative and could be used to monitor that people were receiving effective treatment. National Institute for Health and Care Excellence (NICE) guidelines were being followed for effective wound care management.

People said that the food at the home was good. Staff assisted people when required and offered encouragement and support. The chef manager was knowledgeable about the dietary needs of people.

Staff were sufficiently skilled and experienced to care and support people to have a good quality of life. An external healthcare professional who had delivered training to staff informed us, "All members of staff seemed keen to work with the Integrated Response Team (IRT) and embraced our intervention. I delivered three training sessions to staff members (manager, nurses and carers). These were all well attended and there was good interest and engagement from the staff; they were keen to embrace new ideas and to relate them to residents in their care". A training programme was in place that included courses that were relevant to the needs of people who lived at Rapkyns Nursing Home. Staff received support to understand their roles and responsibilities through supervision and an annual appraisal.

Rapkyns Nursing Home was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). These safeguards protect the rights of people by ensuring if there are any restrictions to their freedom and liberty these have been authorised by the local authority as being required to protect the person from harm. Mental capacity assessments were completed for people and their capacity to make decisions had been assumed by staff unless there was a professional assessment to show otherwise. This was in line with the Mental Capacity Act (2005) Code of Practice which guided staff to ensure practice and decisions were made in people's best interests.

People said that they were treated with kindness and respect. A relative said, "Staff treat him (family member) as an individual. They are very obliging and patient with him". Staff knew what people could do for themselves and areas where support was needed. In Sycamore Lodge care plans and support focused strongly on independence and relationships.

People's privacy and dignity was promoted. Staff understood the importance of respecting people's rights. People were routinely listened to and their comments acted upon. Staff were seen spending time with people on an informal, relaxed basis and not just when they were supporting people with tasks.

People said that the home took appropriate action in response to changes in people's needs. Care plans were in place that provided detailed information for staff on

# Summary of findings

how to deliver people's care. Care records were person-centred, meaning the needs and preferences of people or those acting on their behalf were central to their care and support plans.

In the main, people said that they were happy with the choice of activities on offer. An activity programme was in place that included film club, sensory stimulation, external entertainers, arts and crafts and a weekly outing. People in the main building and Sycamore Lodge were able to make use of the swimming pool and gym located in the grounds near the home. People's religious and cultural needs were met.

People said that the home was well-led and that management was good. The registered manager had recently taken on an additional role as an area manager for the provider. The registered manager was supported by two deputy managers to run Rapkyns Nursing Home. A deputy was based in both of the buildings that form Rapkyns Nursing Home and had specific responsibilities

within these. Both deputies said that they were fully supported by the registered manager to undertake their roles and responsibilities. A variety of tools were used to obtain and act on feedback from people.

The registered manager showed a commitment to improving the service that people received by ensuring her own personal knowledge and skills were up to date. A range of quality assurance audits were completed by the manager and the members of the provider's quality assurance team to help ensure quality standards were maintained and legislation complied with. The latest health and safety report showed that the overall health and safety score for the home had improved from 82% to 87%. The provider had reviewed its incident monitoring system in order that trends could be identified and action taken at service level and across the provider's other locations. The registered manager told us, "Staff have improved at looking at possible causes, preventative. It's really helpful as it identifies patterns that may have been missed before".

# Summary of findings

## 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 consistently safe.

People told us that generally there were enough staff on duty to support them and meet their needs. Staffing level assessments were not consistently applied and did not include all aspects of service provision that could impact on the support people needed.

People received their medicines safely. However, NMC guidance was not followed when nurses delegated medicines administration to non-qualified staff.

Potential risks were identified and managed so that people could make choices and take control of their lives. Staff knew how to recognise and report abuse correctly.

**Requires Improvement**



### Is the service effective?

The service was effective.

Staff were sufficiently skilled and experienced to care and support people to have a good quality of life. People consented to the care they received and Rapkyns Nursing Home was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS) and the Mental Capacity Act 2005.

People were supported to eat balanced diets that promoted good health. People were supported to maintain good health, had access to healthcare services and their healthcare needs were met.

**Good**



### Is the service caring?

The service was caring.

People were treated with kindness and positive, caring relationships had been developed.

Staff knew the needs of people and ensured people's privacy and dignity was maintained.

People told us that they exercised choice in day to day activities. Systems were in place to involve people in making decisions about their care and treatment.

**Good**



### Is the service responsive?

The service was responsive.

People received individualised care that was tailored to their needs. They were supported to access and maintain links with their local community. Staff supported people to develop their independent living skills.

**Good**



# Summary of findings

People felt that they were listened to and systems were in place that supported people to raise concerns.

## Is the service well-led?

The service was well led.

The registered manager was committed to providing a good service that benefited everyone and people were encouraged to be actively involved in developing the service. Staff were motivated and there was an open and inclusive culture that empowered people.

People's views were sought and used to drive improvements at the service. Quality assurance systems were in place that helped ensure good standards were maintained.

Good



# 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 is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 02 and 03 March 2015 and was unannounced. The inspection team consisted of three inspectors, a specialist nurse advisor and an expert by experience who had experience of neurological conditions. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the completed PIR and we checked information that we held about the service and the service provider. This included statutory notifications sent to us by the provider about incidents and events that had occurred at the service. A notification is information about important events which the provider is required to tell us about by law. We also reviewed information that we received from six external professionals who provide a

service to people who live at Rapkyns Nursing Home and with their consent have included their views in this report. We used all this information to decide which areas to focus on during our inspection.

We spoke with seven people who lived at Rapkyns Nursing Home and two relatives. We also spoke with two registered nurses, four care staff, a reflexologist, the chef manager, two deputy managers, the registered manager and an area manager. We also spoke with the nominated individual who acted on behalf of the provider and a quality assurance manager.

We observed care and support being provided in the lounges and dining areas on the first day of our inspection. We also spent time observing the lunchtime experience. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We observed part of the medicines round that was being completed.

We reviewed a range of records about people's care and how the home was managed. These included 14 people's care records, staff training, support and employment records, quality assurance audits, minutes of meetings with people and staff, menus, policies and procedures and accident and incident reports.

This was the first inspection of Rapkyns Nursing Home since there had been a change in the provider's legal entity in November 2014.

# Is the service safe?

## Our findings

People told us that there were, on the whole, enough staff on duty to support them at the times they wanted or needed. One person said, “I wake up early. Staff come and check on me, I don’t need to ask. It takes two people to get me ready. They come when I want. Generally there are enough people to help, even when I go to bed late”. A relative said, “There seems to be enough of them. You can always find one when needed”. Another relative said, “Some carers are better than others but there are always nurses about”. Two members of staff felt that at times there were not enough staff on duty to meet people’s needs.

The provider had a formal dependency assessment tool for deciding staffing levels for each person who lived at Rapkyns Nursing Home. In February 2014 this had been completed for three people who lived in the main building. The registered manager confirmed that it had not been completed for any of the other people who lived at the home since then. She explained that dependency assessments were completed as part of the pre-admission assessment for individuals. The individual assessments did not look at the service as a whole and assess areas such as the size and layout of the building or when nurses from the main building had to go to Sycamore Lodge to administer medicines or provide nursing care to a person who had recently returned from hospital. The registered manager said there was no regular dependency assessment or analysis undertaken.

Despite this we observed that on the day of our inspection there were sufficient staff on duty. Staff were available for people when they were needed. In Sycamore Lodge there were four care staff and a deputy manager on duty to assist nine people. In the main building there were two nurses and seven care staff on duty to care for 38 people. An additional care assistant was detailed on the rota but had called in sick that morning. One of the seven care staff was allocated to support one person who lived at the home who was funded one to one care for 12 hours each day. Rotas for 09 February to 02 March 2015 confirmed that staffing levels had been maintained with only one exception which was due to sickness. Rotas also evidenced that on occasions additional staff were allocated to shifts

to cover appointments and outings. In addition to the nurses and care staff allocated to shifts, other staff worked at the home with specific roles and responsibilities. These included activities staff, housekeeping and kitchen staff.

Medicines were managed safely at Rapkyns Nursing Home. People had assessments completed with regard to their levels of capacity and whether they were able to administer their medicines independently or needed support. There were up to date policies and procedures in place to support staff and to ensure that medicines were managed in accordance with current regulations and guidance. There were systems in place to ensure that medicines had been stored, administered, audited and reviewed appropriately. Staff were able to describe how they ordered people’s medicines and how unwanted or out of date medicines were disposed of and records confirmed this.

In the main building nurses, who had been trained in the administration of medicines and their competency assessed, administered people’s medicines. At Sycamore Lodge three care staff were trained to give medicines. Others were in the process of completing medicine training. We were informed that at night a nurse from the main building came to Sycamore Lodge to administer people’s medicine. We discussed with the registered manager about medicines being administered by care staff and the home being registered for nursing care. There was no written guidance regarding this practice that helped ensure nurses employed at the home followed The Nursing and Midwifery Council guidance: Standards for medicines management. This guidance specifically sets out nurse’s responsibilities and accountability when delegating medicine administration to non-qualified staff.

Systems were in place that helped ensure people’s behaviour was not controlled by excessive or inappropriate use of medicines. For example, for people who were prescribed ‘as and when required’ (known as PRN) medicines to help them when they became agitated or distressed, guidelines were in place that ensured these were given safely.

Some prescription medicines are controlled under the Misuse of Drugs Act 1971 - these medicines are called controlled drugs or medicines. Controlled medicines were stored safely and separate records maintained. The stock of controlled medicines reflected the amount recorded in the controlled drugs book.

## Is the service safe?

People said that they felt safe, free from harm and would speak to staff if they were worried or unhappy about anything. We saw that many people nodded and smiled as staff approached them and we did not observe anyone showing fear or distress with any of the staff. Staff confirmed that they had received safeguarding training and were aware of their responsibilities in relation to safeguarding. They were able to describe the different types of abuse and what might indicate that abuse was taking place.

Risks to people were managed safely. Risk assessments were in people's care records on areas that included moving and handling, falls, behaviour and skin integrity including pressure ulcers. Accidents and incidents were looked at on an individual basis and action taken to reduce, where possible, reoccurrence. One person who fell six times in January 2015 was referred to the Falls Prevention Team for assessment who said that the home was doing everything possible to manage this situation. Another person who fell had an aid call mat placed next to their bed that alerted staff to their movements if they fell in the night.

Staff were able to describe how they supported people who were living with neurological conditions or learning disabilities and who at times needed support with behaviours. One member of staff explained that when out

in the home's minibus there was always another member of staff and they usually had music on which people found peaceful. Staff said that they received training in managing behaviours. People's care records included information about their behaviour, how staff should respond and monitoring of triggers and/or behaviour to help staff assess helpful responses and to ensure positive actions.

Recruitment checks were completed to ensure staff were safe to support people. Seven staff files confirmed that checks had been undertaken with regard to criminal records, obtaining references and proof of ID. They also included checks on eligibility to work in the United Kingdom, evidence of interview and confirmation that nurses were registered to practice with the Nursing and Midwifery Council.

Equipment was available in sufficient quantities and used where needed to ensure that people were moved safely and staff were able to describe safe moving and handling techniques. In Sycamore Lodge, bedrooms included ceiling tracking that could be used to move people from their bedrooms to their ensuite bathrooms. We observed staff supporting people to move safely from wheelchairs to armchairs in the lounge using a hoist. They explained the process to people, telling them what was happening and provided reassurance.



# Is the service effective?

## Our findings

People said that they were happy with the medical care and attention they received and we found that people's health and care needs were managed effectively. Doctors from a GP Surgery who regularly visited the home said that people received good medical care. They told us, 'We have been providing GP services to Sussex Health Care for the past eleven years and consider that they provide truly excellent care for their residents, all of whom suffer from a wide range of complex medical conditions and severe learning disabilities. The wellbeing of residents and their quality of life is of paramount importance to Sussex Health Care and we are in absolutely no doubt that the services offered are safe, effective, caring, responsive and extremely well led'.

People had hospital passports which provided hospital staff with important information about their health if they were admitted to hospital. Assessments and care plans were detailed and informative and could be used to monitor that people were receiving effective treatment. National Institute for Health and Care Excellence (NICE) guidelines were being followed for effective wound care management.

People said that the food at the home was good. One person said, "Food is good. Choice of two things for dinner. We get asked what we want in the mornings. The porridge is excellent". An external healthcare professional who provided advice to the home regarding people's nutritional needs said that staff showed a commitment to ensuring people received the right care in this area. They said, 'Meals are well presented and likes and dislikes are taken into account (there was a list in the kitchen). Staff know the residents very well and provided the appropriately thickened drinks, modified texture of foods and adapted cutlery. Food First advice (fortifying foods and fluids) was being implemented to support the resident's nutritional status and the chef reported providing nourishing drinks such as milkshake twice daily. The chef had shown great initiative by creating different recipes to offer variety for residents. Nutrition Training (Food for Life) was also delivered in the home. This aims to highlight the importance of preventing malnutrition and dehydration and how to manage these conditions'.

We observed the lunchtime experience in the main building. The atmosphere was calm. The mood throughout

lunch was relaxed and friendly and people were enjoying the food and each other's company. Staff assisted people when required and offered encouragement and support. People were seen enjoying a choice of freshly prepared meals.

In Sycamore Lodge there was a large and fully equipped kitchen but the main hot meal of the day was brought across on a trolley from a neighbouring care home owned by the provider. We were informed that this allowed people who lived in Sycamore Lodge more access to the kitchen to make themselves breakfast, snacks and drinks.

Care plans included information about people's dietary needs and malnutrition risk assessments. Food and fluid charts were completed and weight recorded where needed. Care plans included people's food likes and dislikes, food allergies and specific dietary preferences. The chef manager was knowledgeable about the dietary needs of people. Halal meat was in stock and meals were prepared using this to meet two people's religious needs.

Staff were sufficiently skilled and experienced to care and support people to have a good quality of life. Staff said that they completed an induction at the start of their employment that helped equip them with information and knowledge relevant to the care sector they were working in. A member of staff told us that they completed a five day induction and since then there had been on-going training. They said the induction included a module on learning disabilities and on autism. There was also safeguarding, Control of Substances Hazardous to Health (COSHH), food hygiene, first aid and fire safety.

A member of staff who worked in Sycamore Lodge talked about the training in autism they had completed. They said, "It gave me more understanding of why our service users get frustrated and how the obsessions work. We have a service user who loves to be around things that spin and so if we give him some time with the washing machine he is happy. It also calms him down if he gets upset". Another member of staff based in the main building said, "Since I'm here I feel that I've improved my skills and learnt so many things".

Staff were trained in areas that included first aid, fire safety, food hygiene, infection control, medication and moving and handling. A training programme was in place that included courses that were relevant to the needs of people who lived at Rapkyns Nursing Home. These included

## Is the service effective?

neurological conditions, managing dysphagia, food for life, pressure ulcer awareness, autism and person centred care planning. A session on Huntington's Disease was planned to take place in March 2015. Staff were provided with training that enabled them to support people appropriately.

Staff received support to understand their roles and responsibilities through supervision and an annual appraisal. Supervision consisted of individual one to one sessions three times a year and group staff meetings. Supervision records included a review of the last supervision and targets set, how they were coping with their role and responsibilities, the action plan including future training and development needs and a space for staff member comments.

Rapkyns Nursing Home was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). These safeguards protect the rights of people by ensuring if there are any restrictions to their freedom and liberty these have been authorised by the local authority as being required to protect the person from harm. Three people were subject to a DoLS authorisation and applications had been submitted for 11 others. The registered manager understood when an application should be made, how to submit one and the implications of a recent Supreme Court judgement which widened and clarified the definition of a deprivation of liberty. None of the staff that we spoke with could tell us who was subject to a DoLS. We brought this to the registered manager's attention on the first day of our inspection. On the second day the registered manager had produced a list for staff to refer to and placed this in the nursing station. We were also informed that this would be discussed at handovers and in staff meetings.

Mental capacity assessments were completed for people and their capacity to make decisions had been assumed by staff unless there was a professional assessment to show otherwise. This was in line with the Mental Capacity Act (2005) Code of Practice which guided staff to ensure practice and decisions were made in people's best interests. Where people lacked capacity to make certain decisions, assessments had been completed and best interest meetings held with external professionals to ensure that decisions were made that protected people's rights whilst keeping them safe. One person's assessment stated, 'X may have periods when he refuses to eat anything, accept his personal care or to take his medication. This does not usually last for more than one day. When X has days like this he seems to prefer to remain in his bed. Staff should return to X on a regular basis and offer to carry out the required interventions – but accept his choice if he refuses. X will show this by hitting out and swearing at you. If this refusal continues for more than one day it may be necessary to inform the GP. If necessary a Best Interest decision may be required to consider implementing a covert medication plan if his medication is considered to be vital'.

During our inspection we observed staff seeking people's agreement before supporting them and then waiting for a response before acting on their wishes. Staff maximised people's decision making capacity by seeking reassurance that people had understood questions asked of them. They repeated questions if necessary in order to be satisfied that the person understood the options available. Where people declined assistance or choices offered, staff respected these decisions.

# Is the service caring?

## Our findings

People said that they were treated with kindness and respect. One person said, “I love it here. Staff are very nice, especially nursing staff. They do anything for me”. Another person said staff were “kind and considerate”. A relative said, “Staff treat (family member) as an individual. They are very obliging and patient with him”. Another relative wrote a letter complimenting the service they provided and agreed for this to be shared with us. They wrote, ‘She was extremely anxious in the weeks leading up to Christmas but this all melted away when she was greeted with happy smiling faces who were interested in her and her needs and she could see that they were professional and kind in the way that they dealt with her’.

We saw frequent, positive engagement with people. Staff patiently informed people of the support they offered and waited for their response before carrying out any planned interventions. The atmosphere was relaxed with laughter and banter heard between staff and people. We observed people smiling and choosing to spend time with staff who always gave them time and attention. Staff knew what people could do for themselves and areas where support was needed. One person got up from a chair and staff quickly supported her to put her shoes on. In the lounge we saw staff checking on people, asking them for example if they were too hot in the sun. Staff appeared dedicated and committed. The registered manager told us that she spent time with people in order to build relationships of trust and to monitor how staff treated people. We observed people approaching the manager and vice versa. It was apparent that people felt relaxed in the registered manager’s company.

People were supported to express their views and to be involved in making decisions about their care and support. Each person was allocated a key worker who co-ordinated all aspects of their care. Some people had signed their care plans which indicated they had been involved in their compilation.

In Sycamore Lodge care plans and support focused strongly on independence and relationships. One person enjoyed computing and was being supported to use a tablet and laptop with the aim of obtaining employment at an electrical store. For people with limited verbal communication there were interpretations of gestures in their care plans. One explained that if the person started biting his lip it this usually meant he was getting upset and the staff should move him somewhere different to calm down. There was a section called ‘people in my life’ and a relationship circle with key individuals identified such as specific family members.

Regular residents’ meetings took place that helped people to express their views. One person asked to have their room re-decorated and another said that they wanted ‘Jaffa cakes’. These requests were responded to positively.

People’s privacy and dignity was promoted. Care plans included people’s preferences with regard to the gender of staff who supported them with personal care and we saw that this was respected. Staff understood the importance of respecting people’s rights. One explained, “We follow the care plans and ask the residents and the families about what they like or don’t like. We treat residents with respect and listen to them, making sure they get through what they want to say”. They described personalised care as being “individualised” and said that for those who were unable to communicate “we anticipate needs and get to know them very well. We persevere with patience. If something needs to change then this information will be incorporated in the care plans and we also share information with everyone on the team via handovers”. People had been supported with their personal care and attention to detail was apparent. Some people were seen wearing colour co-ordinated outfits and non-slip footwear. Several people were wearing clean reading glasses and many ladies had their nails painted.

# Is the service responsive?

## Our findings

People were supported to raise concerns and complaints without fear of reprisal. A member of The Huntington's disease Association told us that they had acted on behalf of two people who lived at the home who told us that when concerns had been raised these had been acted upon quickly. They said, "I again met with the manager and I feel that the anxieties and concerns raised by the family were being treated with sensitivity and understanding". People were routinely listened to and their comments acted upon. Staff were seen spending time with people on an informal, relaxed basis and not just when they were supporting people with tasks.

The home's complaints procedure was displayed in the home in order that people could refer to this if needed. This included an easy read format. Information about how to make a complaint was also included in the home brochure which was given to each person when they moved into Rapkyns Nursing Home. The registered manager had introduced a suggestion box to encourage comments from people who might feel reluctant to complain in person.

Records were in place that showed that where concerns or complaints had been raised, the registered manager had responded to these on an individual basis in writing. In most instances the findings from individual complaints were incorporated into the provider's quarterly complaints audit in order that trends could be identified and action taken if necessary. We did note that the findings from concerns raised about meals in January 2015 that the chef manager had investigated had not been included in the audit. We were assured this was an oversight and the audit would be amended. Despite these not being included records evidenced that the chef manager had investigated the concerns and took prompt action.

People said that the home took appropriate action in response to changes in people's needs. An external healthcare professional wrote to us stating, 'Care plans were seen to be comprehensive and person-centred. They were regularly reviewed and changes made. The condition of the residents with Huntington's Disease can change rapidly and this was clearly reflected in the documentation. It was suggested by the Integrated Response Team that care plans could be instigated for residents with urinary catheters: this was actioned immediately. The needs of the residents in Rapkyns are diverse and this is reflected in

their care plans and activities. One resident preferred to spend his time in his room. Staff have gently tried to encourage him to participate in activities or to spend time with other residents. He has declined this and the staff have worked to ensure he has all he requires in his room and does not become isolated. This is clearly reflected in his care plan'.

Care plans were in place that provided detailed information for staff on how to deliver people's care. The files were well-organised and contained current and useful information about people. Care records were person-centred, meaning the needs and preferences of people or those acting on their behalf were central to their care and support plans. Records included information about people's social backgrounds and relationships important to them. They also included people's individual characteristics, likes and dislikes, places and activities they valued.

In the main, people said that they were happy with the choice of activities on offer. Two people said that they would like the opportunity to go out more. In the main building we observed four people participate in a craft making session. The members of staff involved in this session encouraged people and appeared to understand individual people's needs and what they could do for themselves and when they needed assistance. Other people were watching television and one person was reading a newspaper. An activity programme was in place that included film club, sensory stimulation, external entertainers, arts and crafts and a weekly outing.

People who lived in Sycamore Lodge had had individual activity plans displayed on their bedroom walls. We saw that one person attended college five days a week and in the evening liked to watch TV and DVDs in their bedroom. They also met up with a family member one evening a week. Another person liked to go for walks each day, go for coffee and 'people watch', listen to music and be around the home. There were also activities and trips out from the home to play pool and on one occasion everyone who lived in Sycamore Lodge had visited London together.

People in the main building and Sycamore Lodge were able to make use of the swimming pool and gym located in the grounds near the home.

Efforts were made in response to people's religious and cultural needs. One person attended church near to

## Is the service responsive?

Rapkyns Nursing Home. Halal meat was served for two people. The chef manager explained how the home used two suppliers in order that halal beef, chicken and lamb was readily available.

# Is the service well-led?

## Our findings

People said that the home was well-led and that management was good. One external healthcare professional said, 'Staff, in particular the manager and deputy manager are very pleasant, always have time to spend discussing residents and ask insightful questions regarding advice on their care'. Another said, 'The registered manager is an experienced manager and leads well by example. She attended all of the training sessions I delivered and modelled a positive response: engaging with the sessions and discussing individual resident's needs. We visited the home on a number of occasions whilst the manager was on holiday. The deputy manager continued to deliver a high standard of leadership: engaging well with IRT and implementing changes suggested. The home continued to be a warm and welcoming environment with evidence of good, personalised care'. A member of staff said, "The home is well run and has good management structures. It is a nice team and they welcomed me in as a new member of staff".

The provider had values and core principles which were discussed with staff during their induction. The PIR informed us 'The values of the organisation are discussed at the induction and include honesty, involvement - Duty of Candour, compassion, dignity, independence, respect, equality and safety'. The registered manager told us that she monitored that staff promoted these informally by observing practice and formally during staff supervisions. However, none of the supervision records that we viewed evidenced this. The area manager told us that she also monitored these during staff meetings and when completing quality assurance visits to the home where she observed staffs' practices. Neither the registered manager or area manager could locate a copy of the provider's vision and values on the first day of our inspection and referred us to the providers Mission Statement which was on display at the entrance to the home. On the second day of our inspection a copy of the provider's vision and values had been obtained and was displayed at the entrance of the main building along with other information about services provided.

The registered manager had recently taken on an additional role as an area manager for the provider. The registered manager was supported by two deputy managers to run Rapkyns Nursing Home. A deputy was

based in both of the buildings that form Rapkyns Nursing Home and had specific responsibilities within these. Both deputies said that they were fully supported by the registered manager to undertake their roles and responsibilities. The registered manager based herself in the main building that formed part of the home but informed us that she visited Sycamore Lodge "almost daily". The registered manager told us that she regularly shared information from the senior management group meetings with Sycamore Lodge staff and also oversees the care and risk plans for people who live there. The deputy confirmed that they see the registered manager daily and could contact her anytime.

There was a positive culture at Rapkyns Nursing Home that was open, inclusive and empowering. The registered manager explained, "I am very passionate and believe strongly in what I do. I walk the floor, listening and passing on information. I tell staff where we can improve. At handovers discussions are open. We welcome comments and complaints. Communication is very good". Regular residents' meetings took place where people were encouraged to be actively involved in making decisions about the service provided. The chef manager also obtained regular feedback from people using menu feedback forms which he analysed on a monthly basis. He told us, "We don't get everything perfect but it's important to look at things, discuss and try and resolve. It's my job to keep on top of things and to provide a good service". A report of the findings was then shared with the registered manager and representatives of the provider. Questionnaires were sent to people and their representatives direct from the provider's head office. These asked people for their views on staff, meals, activities and their accommodation. The findings from these were shared with the registered manager in order that action could be taken if needed. Those completed in January 2015 did not raise any areas that required attention.

The registered manager showed a commitment to improving the service that people received by ensuring her own personal knowledge and skills were up to date. She had attended learning events about forthcoming changes to legislation and completed short courses relevant to the needs of people who lived at the home. Records confirmed that the registered manager then passed on information to



## Is the service well-led?

staff so that they in turn increased their knowledge. For example, during a staff meeting in February 2015 staff were informed about the new CQC domains of safe, effective, caring, responsive and well-led.

A range of quality assurance audits were completed by the registered manager and the members of the provider's quality assurance team to help ensure quality standards were maintained and legislation complied with. These included audits of medication, care records, staff records and health and safety. Audits were also completed by external consultants on behalf of the provider, for example, six monthly health and safety audits. The latest health and safety report showed that record keeping had improved from 60% compliance to 70% and culture and communication systems had improved from 80% to 85%. The overall health and safety scored for the home had improved from 82% to 87%. All audits completed then filtered into an electronic, central action plan that could be viewed by the provider and other relevant people within the organisation. These had helped to ensure that people received a consistent and good quality service.

The provider had reviewed its incident monitoring system in order that trends could be identified and action taken at service level and across the provider's other locations. The registered manager told us, "Staff have improved at looking

at possible causes, preventative. It's really helpful as it identifies patterns that may have been missed before". A representative of the provider explained how the new system would improve monitoring when it was fully embedded. They said, "It is 360 degree cycle monitoring. Front line staff communicate to the manager who logs incidents. This is sent to the area manager for comment and to flag up issues. It is then sent to the head of quality and operations director. Every three months we do a trend analysis to give us a good understanding of the service. A tracker will allow us to look at differences at different services and give us a really good understanding of what's going on. We will then use information to make changes or provide additional training". This demonstrated a commitment by the provider to drive improvements in the home and across services.

The registered manager demonstrated knowledge and understanding of safeguarding issues in line with her position. She was able to explain when and how to report allegations to the local authority and to the CQC. There were clear whistle blowing procedures in place which the registered manager said were discussed with staff during supervision and at staff meetings. Discussions with staff and records confirmed this.