

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 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, there were no service users living at the Rapkyns Nursing Home building 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.

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

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

### Right support:

- Model of care and setting maximises people's choice, control and Independence

### Right care:

- Care is person-centred and promotes people's dignity, privacy and human Rights

### Right culture:

- Ethos, values, attitudes and behaviours of leaders and care staff ensure people using services lead confident, inclusive and empowered lives

For example; Meals are cooked in another building and arrive at Sycamore lodge in heated boxes. People

cannot be involved in the preparation of their meals or enjoy the anticipation of meals which comes with the smell of food cooking. The service is isolated from access to ordinary community activities such as shops, public transport and entertainment venues. People cannot easily access the local shop or pub; these activities need the use of a vehicle which must be planned which does not allow for spontaneity. This is particularly important where people make choices in the moment and have difficulty understanding the passage of time.

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

We found that the service was not always constantly safe and well led. People were not always supported consistently by people who knew them well and there was a high reliance on agency staff.

Improvements had been made since the last inspection, although these had not yet been fully embedded into practice as the service is still reliant on high levels of agency staff. People spoke confidently about the manager and were positive in their feedback. Staff had an enthusiastic and caring approach to their work, which was observed at inspection. Care plans and risk assessments had been updated and reflected people's needs, giving detail on health needs and guidance for staff to follow.

Positive behaviour support plans were now in place with staff aware of the content and incidents of behaviours that pose a risk to an individual or others had reduced.

Incidents and accidents were being audited by the manager and actions taken to follow up on concerns.

People were treated in a kind and caring way by staff. People's dignity was maintained by staff who supported people in a sensitive way.

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.

The provider had been submitting a monthly report to CQC as part of the conditions imposed on this location.

Some relatives felt that the provider could do more to engage them and seek their views.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection and update.

The last rating for this service was Requires improvement. Published (16 June 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 improvements had been made and the provider was no longer in breach of regulations 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 relating to quality monitoring, the effectiveness of audits.

Why we inspected

This was a planned inspection based on the previous rating. We also followed up on action we told the provider to take at the last inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

#### Follow up

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

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

We always ask the following five questions of services.

### **Is the service safe?**

The service was not always safe.

More information can be found in the safe section of this report.

**Requires Improvement** ●

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

The service was not always Well-led.

See details in the Well-led section.

**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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by two inspectors.

#### 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 announced. We gave the service 24 hours' notice of the inspection. This was to establish the safest and most appropriate way of carrying out our inspection visit during the COVID-19 pandemic.

#### 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. Before the inspection we reviewed the information, we held about the service and the service provider. We looked at the notifications we had received for this service. Notifications are information about important events the service is required to send us by law. We used all this information to plan our inspection. We took this into account when we inspected the service and made the judgements in this report.

#### During the inspection

We spoke with three people who used the service and three relatives about their experience of the care provided. We spoke with nine members of staff including the nominated individual who is the person responsible for supervising the management of the service on behalf of the provider. We also spoke to the manager, quality manager, senior care workers, care workers, agency care workers and activity coordinators. We observed the support and interaction people had with staff and used this to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included six people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including accident and incident reports, management audits and 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. We spoke with three professionals who regularly visit the service.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Requires improvement. We had found concerns relating to the management of risk around following up health issues and challenging behaviour. We also found concerns with the safe management of medicines. At this inspection improvements had been made however, we found issues around staffing and infection control; so this key question remains 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 February 2020 we found a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 relating to the safe management of risks around behaviours that may challenge others and monitoring peoples' health needs. At this inspection enough improvement had been made and the provider was no longer in breach of regulation 12.

- Risks to people's safety had been assessed and mitigated for example; One person was supported with behaviours that may challenge others. There was a 'Behaviours of Concern' care plan in place that gave information about how to support the person and others. The person also had a detailed Positive behaviour (PBS) assessment plan in place, which was an improvement since the last inspection. Staff understood the person and knew how to support them if they became anxious. There was a significant reduction in behaviours of concern that might pose a risk to others and the person's relative told us " (name) is a different person now, he is happy and he needs less support.
- We observed a person eating food which fell outside their eating and drinking assessment guidelines, Which the manager had changed while waiting for a new assessment to happen. The manager should not have changed guidance, without consultation and agreement of the relevant health professional. This was raised with the manager who immediately spoke to staff, updated the risk assessment and support plan, referred it to safeguarding and took professional advice. There was no harm to the person who was not at risk of choking but the manager understood that this could have posed a potential risk and acted upon it.
- One person had a risk around eating items that were not food. The manager had made a referral to obtain additional support hours and an assessment with the occupation therapist had taken place. We observed the person's room to be free of objects which would pose a risk to them. One incident of the person putting a non-food item in their mouth was recorded and managed appropriately.
- Medicines were received, stored, administered and disposed of safely. As required medicines (PRN) protocols were in place and staff understood how to administer them.
- We observed a staff member administering medicines to people and this was completed with care and attention. The staff member was knowledgeable about the medicines they were administering to people and demonstrated an understanding of each person's needs and preferences.
- Only staff who had been trained to administer medicines were permitted to do so; the rota confirmed



there were always trained staff available to carry out this task.

### Staffing and recruitment

- The numbers of staff on duty were enough to keep people safe. However, we observed that people's communication needs were often not fully met due to the high use of agency staff. The manager told us and the rota confirmed that 50% of the staff were agency support workers and not directly employed by the provider. Efforts had been made to maintain consistency for people by having the same agency staff and they were offered some additional training. We observed a gap between the permanent and agency staff's knowledge particularly in the area of communication. We observed permanent staff using people's preferred methods of communication including Makaton signs but this was not seen to the same level with agency staff. Failure to consistently support people's communication needs can pose a potential risk of the person's needs not being met. This is an area that requires improvement. A professional told us "I remain concerned about how effectively and consistently recommendations around PBS and communication tools are implemented by staff.
- Safe recruitment processes were in place including robust safety checks to ensure staff were suitable to work at the service. Pre-employment checks were undertaken including references, identity checks and interview.
- Agency profiles were obtained prior to new agency staff working in the service. This demonstrated to the provider agency staff had undergone safe recruitment processes and their training was in date.

### Preventing and controlling infection

- The home was following Public Health England guidance in respect of COVID-19 to keep people safe. Clear processes were in place for visitors to the home which reduced the risk of catching or spreading infection.
- Individual COVID-19 risk assessments had not been completed for members of staff. The provider cannot be assured of protecting the staff members from Covid-19 without assessing personal health conditions and other known factors that put individual staff at higher risk. The risk assessment would influence safe staff deployment in the event of a coronavirus outbreak at the home if staff were unable to work. We discussed this with the manager at inspection as this was an area in need of improvement. Immediately following the inspection, the manager provided us with evidence to show they had started the process of risk assessing staff.
- We were assured that the provider was accessing testing for people using the service and staff. The manager was accessing COVID-19 testing for people and staff; they told us all staff were committed to participating in the testing programme. There is a high use of agency staff who are included in the testing programme.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises. The home was clean and fresh.
- We were assured that the provider was using PPE effectively and safely. Staff were observed using Personal Protective Equipment (PPE) effectively and safely.
- The manager explained the current infection prevention and control practice. Staff confirmed this and told us they were kept up to date with any changes which were put into practice.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- Social distancing was not always possible because of the needs of people. The home was mitigating this risk with good ventilation and layout of the rooms.
- We were assured that the provider had processes in place for admitting people safely to the home. There had been no one admitted since before the pandemic started.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes were in place to minimise the risk of abuse to people.
- Staff confirmed they received safeguarding training and records corroborated this. Staff knew how to recognise potential signs of abuse and how to raise concerns. One staff member demonstrated their understanding and explained, "I would follow up concerns I had raised and if nothing had been done, I would go to senior people and social services, but concerns have been followed up here." Another staff told us they would record and verbally report directly to the manager anything they were aware of.
- Records demonstrated that potential safeguarding issues were reported appropriately.
- A person told us they felt safe and staff were nice to them. Relatives told us they were assured people were safe. One relative said, "I feel confident in the staff, I know them fairly well."

Learning lessons when things go wrong

- Lessons were learned and actions were taken to prevent re-occurrence if things had gone wrong. Accidents and incidents were recorded, with actions taken in response. For example; one person had an incident where they vomited in bed related to a known condition. A referral was made to the speech and language team (SALT) to review their eating and drinking guidelines. We saw evidence that the manager reviewed accident and incident logs and updated support plans and risk assessments where needed.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Requires improvement. At this inspection this key question has remained the same. 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 February 2020 we found a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 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 the service is no longer in breach of regulation 17.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The service did not reflect a culture that empowered people to achieve good outcomes and be equal partners in their care. People were not always able to speak up for themselves or communicate effectively with their support staff. This is an area that requires improvement to ensure that the quality of the service provided is continuously assessed, monitored and improved.
- The management had not always ensured the type and level of activities take account of individual needs and ability to engage. The manager had not always ensured that people had appropriate communication tools. This meant that the person did not have the information that would assist them to be included and empowered. For example: There were notice boards in the dining room with picture symbols, we asked one person to tell us what they said. The person told us they didn't know, nor were they able to tell us what the symbols on their individual planner meant.
- Permanent staff had received training in autism awareness and understanding and some had training in PBS and communication strategies. We observed this knowledge being used in practice, however agency staff did not always have this training which reduced the consistency of approach to people.
- External activities had stopped due to the Covid-19 pandemic, some alternative activities had been put in place but these were limited. There was an activity co-ordinator who comes to the service three times a week and we observed a group activity on the day of the inspection. This did engage four of the people who live at the home for a short period. At no time during the inspection did we observe the activity co-ordinator supporting people to be individually engaged in an activity.
- One person was involved in cleaning their room with support, making snacks and washing up but this was not observed for anyone else.
- Staff were observed trying to engage people and people were offered simple choices.
- Following our previous inspection, there had been improvements around 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 these records and they were now in place and we observed care was in line with recorded guidance.

- Records were clear and identified issues, we saw these were acted upon. For example: the manager identified a trend from their daily reviews of behavioural records that pointed to an individual staff member's lack of confidence and clarity around how to support a person. The manager told us they gave the staff additional guidance and worked with that staff member until they were able to offer the person effective support.
- People now had hospital passports and PBS plans in place which were detailed.

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

- Relatives felt that communication with senior managers was poor, and information from the provider was limited. Relatives told us there have been no meetings since the start of the Covid-19 pandemic and it was felt that virtual meetings could have been arranged. Relatives told us it was over a year since they had a survey to seek their views. This is an area that requires improvement to ensure that the provider seeks and acts upon feedback about the service.

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

- The manager was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere that sets out specific guidance providers must follow if things go wrong with care and treatment. Relatives told us that the manager is open with them and tells them when things go wrong.
  - Relatives gave mixed views about being involved. Communication with the manager was generally good. One relative said communication with the home is good, especially around health issues. They told us "When I phone the manager is always very willing to listen and tries to act on it". Another told us "communication is better but I sometimes have to ask for information more than once"
- 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 told us they felt supported and were able to give feedback on the service and make improvements. One staff member told us, "When I run a shift, I want everyone to fully engage in why they are here, if they don't, they shouldn't be here, we have a good team now."

Working in partnership with others

- The home worked in partnership with a range of health and social care professionals. During the Covid-19 pandemic visits from health professionals have been reduced but video conferencing and telephone consultations had happened instead of face to face meetings.
- Feedback on the management of the service we received from professionals was mostly positive. During the Covid-19 pandemic contacts with professionals have been predominantly over the telephone or by email. One health professional told us, "I work closely with the manager and team and have weekly calls." Another said, "I have completed assessments with the manager and at least one support worker - they have always attended on time and have been respectful of the person being discussed. I have, on occasions had to chase information required for assessments or feedback on particular items, but generally felt communication between myself and the manager has been positive."
- The manager told us they welcomed the involvement of external professionals.

