Voyage 1 Limited

Sunnyside Respite Service

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

Sunnyside Respite Service is a 15 bedded service providing respite and long stay nursing care to people with learning disabilities. Each person's room is provided with all necessary aids and adaptations to suit their individual requirements. The service is provided in two separate buildings. There are well appointed communal areas for dining and relaxation. The service is located in the Rotherham suburb of Sunnyside.

At the last inspection, the service was rated Good. At this inspection we found the service remained Good.

Staff were knowledgeable about how to recognise signs of potential abuse and aware of the reporting procedures. Assessments identified risks to people and management plans to reduce the risks were in place. People we spoke with told us they felt safe and relatives also said the home provided safe care.

Recruitment processes were robust so helped the employer make safer recruitment decisions when employing new staff. Staff had completed an induction at the beginning of their employment. They had access to a varied training programme and regular support and supervision was available to help them meet the needs of the people they cared for.

At the time of the inspection there was sufficient staff on duty to meet people's needs. Relatives we spoke with confirmed when they visited there were sufficient staff on duty.

Systems were in place to make sure people received their medications safely, which included key staff receiving medication training and regular audits of the system.

People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible.

People were treated with respect .People and their relatives told us staff were kind and very caring. Staff demonstrated a good awareness of how they respected people's preferences and ensured their privacy and dignity was maintained. We saw staff took account of people's individual needs and preferences while supporting them.

Staff had a good understanding of people's needs and care plans were in place. However, these needed updating. The registered manager told us this had been identified and was being actioned.

People had access to activities and stimulation, as well as regular outings into the community.

There was a system in place to tell people how to raise concerns and how these would be managed. People told us they would feel comfortable raising any concerns with the management team.

There were systems in place to monitor and improve the quality of the service provided. Action plans were

implemented for any improvements required and these were followed by staff.

Staff were clear about their roles and responsibilities and had access to policies and procedures to inform and guide them.

Further information is in the detailed findings below.

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 remains good.	**Good**
Is the service effective? The service remains good.	**Good**
Is the service caring? The service remains good.	**Good**
Is the service responsive? The service remains good.	**Good**
Is the service well-led? The service remains good.	**Good**

Sunnyside Respite Service

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 checked 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 comprehensive inspection took place on 21 February 2017 and was unannounced. The inspection was undertaken by an adult social care inspector.

Prior to the inspection visit we gathered information from a number of sources. We looked at the 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 looked at notifications sent to the Care Quality Commission by the registered manager. We also obtained the views of professionals who may have visited the home, such as service commissioners, healthcare professionals and the local authority safeguarding team.

At the time of our inspection there were eleven people using the service in a permanent placement and three people accessing respite. Fourteen people regularly access the three respite beds. A further respite bed is commissioned by the local authority. As we were unable to communicate with some of people living at the home due to their complex needs we spent time observing care and support during our visit. However, we spoke with four people who used the service and contacted four relatives by telephone following our inspection.

We spoke with the registered manager, the deputy manager, a nurse and three support workers. We also contacted and spoke with two health care professionals following our inspection.

We looked at documentation relating to two people who used the service and three staff, as well as the management of the service. This included people's care records, medication records, staff recruitment, training and support files, as well as minutes of meetings, quality audits, policies and procedures.

Good

Is the service safe?

Our findings

People we spoke with told us they liked living at Sunnyside and they felt safe. Relatives we spoke with told us they were confident that their family member was safe and well cared for. One relative said, "I can't praise them enough." Another relative said, "[My relative] is happy to be with staff and this shows me they are safe."

The provider had safeguarding policies and procedures in place to guide practice. Safeguarding procedures were designed to protect people from abuse and the risk of abuse. Staff we spoke with were knowledgeable on procedures to follow. Staff were also aware of whistle blowing procedures and explained how they would do this if necessary.

We found risk assessments were in place in people's care files. Risks had been regularly reviewed and staff received regular training on how to manage risks to ensure people were safe.

For observations and speaking with staff if was evident staff understood people's individual needs and knew how to keep people safe. We saw they encouraged people to stay as independent as possible while monitoring their safety. Where assistance was required this was carried out in a safe way. For example we saw people were moved safely when support was required and staff had received training in how to move people safely. We also saw appropriate arrangements were in place in case the building needed to be evacuated, with each person having their own personal emergency evacuation plan.

We found there was adequate staff to meet people's needs. Some people received one to one support for their safety and this was in pace at the time of our inspection. Staff we spoke with confirmed there was adequate staff to be able provide the care and support required, including accessing the community and activities. Staffing arrangements were in the process of being changed and this was a reduction in nurses. These arrangements had been assessed and piloted before it was implemented permanently to ensure it met people's needs. People who used the service, relatives and health care professionals had been consulted on their views and all comments had been listened to. Although nursing had been reduced to one nurse on each shift the care staff levels had been increased. This ensured people's needs were met utilising the most effective staffing arrangements.

A robust recruitment and selection process was in place, which included new staff receiving a structured induction to the home. We sampled three staff files. Although the essential pre-employment checks required were not kept at the location we received confirmation form the providers' head office that they had been received. This included written references, and a satisfactory Disclosure and Barring Service (DBS) check. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.

We looked at the systems in place for managing medicines in the supported living schemes. This included the storage, handling and stock of medicines and medication administration records (MARs) for people.

Medicines were stored safely. We saw records were kept for medicines received, administered and disposal

of medicines. We found people were receiving medication as prescribed. However, some improvements had been identified and were being implemented. For example protocols for medicines to be given as and when required needed more information to describe how people presented when they required the medication when they were unable to verbally communicate their needs. There was also training required for care staff to be able to administer emergency medication in the community if required.

Good

Is the service effective?

Our findings

People we spoke with said staff were kind and caring. One person said, "Staff are nice." A relative told us, "The staff are excellent they do way above what is asked for, I am very happy with the care [my relative] receives." Another relative said, "I am kept informed of any changes and can't fault the care received."

We found staff had the right skills, knowledge and experience to meet people's needs. A new staff member explained how they had completed an induction when they commenced work. We saw this included completing an induction workbook and shadowing an experienced staff member until they were assessed as confident and competent in their role.

The registered manager was aware of the care certificate introduced by Skills for Care. The Care Certificate looks to improve the consistency and portability of the fundamental skills, knowledge, values and behaviours of staff, and to help raise the status and profile of staff working in care settings. They stated that any appropriate candidates employed would be expected to undertake the care certificate as part of their induction to the home.

Staff told us they felt they had received the training they needed to do their job well. The registered manager said staff had to complete the company's mandatory training, which included moving people safely, health and safety, food safety and safeguarding vulnerable people from abuse.

Staff we spoke with said the training was very good and they were supported to attend additional training specific to their role. One staff member explained they had just completed training in understanding autism and found it extremely interesting and had helped them understand how to meet people's needs. Staff had also received regular supervision sessions and an annual appraisal of their work.

The CQC is required by law to monitor the operation of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS), and to report on what we find. This legislation is used to protect people who might not be able to make informed decisions on their own and protect their rights. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We found applications had been made to the DoLS supervisory body. Applications had been approved, where conditions were attached to the approved DoLS these were being followed and monitored.

Records sampled demonstrated that where people could not speak for themselves decisions had been made in their best interest and these were recorded in their care files.

At lunchtime we observed the meal being served and spoke to people about their satisfaction with the meal provision. The dining room had a relaxed atmosphere and staff provided the support people needed to eat their meal in an unhurried way. There was a choice of meal and people were given the choice to eat together or on their own.

People were supported to maintain good health and had access to healthcare services when needed. Care records detailed any health care professionals involved in the person's care, such as doctors, dieticians and occupational therapists. Health care professionals we spoke with told us the service was very good at identifying any concerns and seeking assistance to ensure people's needs were met.

Good

Is the service caring?

Our findings

Our observations, and people's comments, indicated that staff respected people's decisions and confirmed they or their relatives, had been involved in planning the care staff delivered. Relatives we spoke with told us staff were very good, were patient and understanding and knew the people they supported very well. One relative said, "Staff are absolutely wonderful, I am so lucky to have found this place for [my relative]." Another relative said, "I am very happy with the service the staff genuinely care."

Staff provided a caring and supportive environment for people who lived at the service. All staff we spoke with were passionate ensuring people were well cared for one staff member said, "it is there [the people's] home they live here we respect that as you would any persons home." Another staff member said, "I love my job it makes it all worthwhile when you see the smiles on their [the people] faces." Another staff member said, "Everyone is an individual and should be treated as such." We observed genuinely warm interactions between people and staff and it was clear that staff knew people very well.

We observed there was a happy and relaxed atmosphere in the home and there was a lot of friendly banter between people and staff. Staff had an excellent knowledge of how people preferred to be supported and there were detailed support plans detailing people's wishes and preferences.

We saw staff knew people's preferred method of communication and could interpret people's gestures and facial expressions. Records we looked at showed that people had care plans in place that included information about their communication needs. Staff communicated easily with people and always understood when someone required assistance or was asking for something even when the person had no verbal communication.

We observed staff promoting people's dignity in everyday practice. We saw that staff supported people with their appearance and sensitively prompted them when they needed support in this area.

Staff respected people's cultural and religious beliefs and needs. One staff member explained how they had supported a person they support to attend their father's funeral and the staff member had worn the appropriate attire to respect the persons religion. The staff member fully understood the person needs in regard to their religion and supported them to practice.

We observed that people could spend time alone in their bedrooms or in quieter areas of the home if this was their preference. Staff were respectful of people's need for personal space and we saw they prompted other people to respect this also.

Good

Is the service responsive?

Our findings

Relatives we spoke with told us they were happy with the care and support provided to their family member. People we spoke with also told us they were happy at Sunnyside.

Each person had a care file which contained information about them and their individual care needs. The care files we sampled contained needs assessments which had been carried out before people were admitted to the home Care plans and risk assessments had been completed. However, although staff were able to explain people's current needs and any input form health care professionals the care plans were not always up to date with this information. The registered manger had identified this and was in the process of updating all care files. The service had been relying on a high proportion of agency nurses so the care plan updates had lapsed, but at the time of our inspection the posts had all been recruited and they had a full complement of nurses. This meant the care files could start to be updated. The update of the care files was also to include a person centred plan developed with the involvement of the person who used the service.

The daily records and visit records were all up to date and were being used as the working document. These records showed the provider worked responsively with external professionals, such as social workers, occupational therapists and dieticians. We saw the professional visit record was updated following any input form health care professionals.

Health care professionals we spoke with all said the staff identified changes and informed the relevant professional immediately and any advice or guidance given was always followed. This ensured people's needs were met.

People were supported to access the community and participate in activities. People had been on holidays and at the time of our visit the staff and people they supported told us they were arranging holidays for this year. People were involved in the choices and decisions. People told us they liked going out. One person told us, "I am going to the shops." Some people had been out during the day of our visit we saw a varied activity plan and many were individualised to meet each person's needs and choices.

There was a complaints' policy which was given to each person when their care package commenced. It was written in plain English and gave timescales for the service to respond to any concerns raised. A record of compliments received had been maintained with outcomes

The relatives we spoke with told us they felt any concerns highlighted would be taken seriously by the management team and they would take action to address them. One relative commented, "I don't have any concerns I am very happy."

Good

Is the service well-led?

Our findings

At the time of our inspection the service had a manager in post who was registered with the Care Quality Commission. They had registered in 2016. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

There was a structured team in place to support the registered manager. This included two deputy managers, nurses and support workers. Each member of staff we spoke with was clear about their role and the roles of the other staff employed at the home.

Most people using the service were unable to communicate their views about leadership of the service but our observations saw that the service benefitted positively from the registered manager and the way in which the home was run. A staff member said, "I love my job." Another staff member said, "The communication is good we have regular staff meetings and we are listened to."

Staff told us that they felt well supported by the registered manager. They said they felt there was an open and transparent culture in the home and they were comfortable raising concerns. Staff felt they worked well as a team and everyone pulled together to share ideas and resolve problems.

We found systems were in place for managing safeguarding concerns and incidents and accidents. From discussions with staff it was evident that management took steps to learn from such events and put measures in place which meant they were less likely to happen again.

Effective systems to monitor and improve the quality of the service provided were in place. We saw copies of reports produced by the operations manager and the registered manager. Any issues identified were recorded on an action plan and were actioned. The issues we identified during our inspection had already been picked up by the operations manager and the registered manager and an action plan was in place to address the issues. The action plan was provided to the inspector following the inspection.

The registered manager actively sought the views of people who used the service and their relatives. This was done in a number of ways such as daily interactions with people, resident meetings and questionnaires. People's feedback was taken into account to improve the quality of the service.

Communication within the staff team was described as very good. Regular hand overs kept staff informed of people's changing situations. Staff meetings enabled staff to keep up to date with news and events.