

## Revitalise Respite Holidays

# Revitalise Sandpipers

### 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

Revitalise Sandpipers is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service provides short breaks for people with a disability and their supporters / carers. The service offers short breaks in a relaxed, holiday style environment with a variety of trips, entertainment and activities. People who use the service are supported by a team of staff and volunteers. The service can accommodate up to 38 people. At the time of the inspection 32 people were accommodated.

This was an unannounced inspection and it took place on 16 and 17 April 2018.

At the last comprehensive inspection in October 2016 we found a breach of regulations with in respect to, maintaining appropriate records for the care and treatment delivered to people and to demonstrate that effective systems where in place to identify and assess risks to individuals. The service was rated as 'Requires improvement'.

On this inspection we found improvements had been made and the breach of regulations had been met. It was clear the improvements had been in place over a sustained period and the service continued to develop. On this inspection we rated the service as 'Good'.

A registered manager was in post. 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.

We found improvements had been made so that any potential risks to people using the service were better identified. More effective care plans had been agreed with people so that potential risks could be reduced. This was evident with medicines management where people were now fully assessed on admission and clear strategies where in place for each person to manage medicines safely.

Key documentation included attention to ensuring people's consent to any care and treatment was recorded and operated in accordance with the principles of the Mental Capacity Act 2005 (MCA).

Revitalise Sandpipers had improved much of their key assessment and care planning documentation. The service had continued to develop quality monitoring processes and the registered manager had support from senior managers.

Policies and procedures provided guidance to staff regarding expectations and performance. These included policies regarding people's diversity. Staff were clear about the need to support people's rights and

needs regarding equality and diversity.

People using the service and staff were involved in discussions about the service and were asked to share their views. This was achieved through daily contact by the managers and staff and regular surveys. These provided very positive responses regarding people's stay.

The service maintained effective systems to safeguard people from abuse and the service had worked effectively with the local safeguarding team when needed.

Medicines were safely stored and administered in accordance with best- practice and people's individual preferences. The records we saw indicated that medicines were administered correctly and were subject to regular audit.

We saw evidence that the service learned from incidents and issues identified during audits.

People's needs were assessed and recorded by suitably qualified and experienced staff. Care and support were delivered in line with current legislation and best-practice.

The service ensured that staff were trained to a high standard in appropriate subjects. There was clear demarcation between regular staff and volunteers so that roles were clear.

We saw clear evidence of staff working effectively to deliver positive outcomes for people. People reviewed were receiving effective care and gave positive feedback regarding staff support and their holiday experience.

We saw evidence that the service worked effectively with other health and social care agencies to achieve better outcomes for people and improve quality and safety. Visiting professionals told us that Revitalise Sandpipers offered an effective service which clearly met specific rehabilitation needs.

People told us that staff treated them with kindness and respect. It was clear from care and incident records that staff were vigilant in monitoring people's moods and behaviours and provided care in accordance with people's needs.

We checked the records in relation to concerns and complaints. The complaints' process was understood by the people that we spoke with. We saw evidence that complaints had been responded to in a professional and timely manner by the registered manager or a senior manager.

People spoke positively about the management of the service and the approachability of senior staff. There was clear management structure that supported staff and people understood.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

There were systems in place to assess and monitor any risks people may present to their safety. This was an improvement.

The environment was monitored to help ensure it was safe and well maintained.

Staffing numbers were satisfactorily maintained to support people during their stay. Staff had been appropriately checked when they were recruited to ensure they were suitable to work with vulnerable adults.

Medicines were administered safely.

Protocols in place to protect people from abuse or mistreatment and staff were aware of these.

### Is the service effective?

Good ●

The service was effective.

Staff said they were supported through induction, appraisal and the service's training programme.

We found the service supported people to maintain their health and, for people who were part of a rehabilitation programme, provided effective outcomes for their health and wellbeing.

Staff sought consent from people before providing support. When people were unable to consent, the principles of the Mental Capacity Act 2005 were followed.

We saw people's dietary needs were managed with reference to individual preferences and choice.

### Is the service caring?

Good ●

The service was caring.

When interacting with people staff showed a caring and friendly

nature with appropriate interventions to support people as individuals. Staff told us they had time to spend with people and engage with them.

People told us their privacy was respected and staff were careful to ensure people's dignity was maintained.

People told us they felt involved in their care and holiday experience and could have input into how their stay was organised.

### **Is the service responsive?**

**Good** ●

The service was responsive.

Care plans were completed and were being reviewed when needed so people's care could be monitored during their stay. These were to be further developed to include people on rehabilitation and to provide more detail to further ensure consistency

There were a range of social activities planned and agreed for people staying on holiday.

A process for managing complaints was in place and people we spoke with and relatives knew how to complain. Complaints made had been addressed.

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

**Good** ●

The service was well led.

There was a registered manager. There was a clear management structure with lines of accountability and staff responsibility which helped promote good service development.

There were a series of on-going audits and checks to ensure standards were being monitored effectively. These had been developed to better identify the needs of the service on-going.

The Care Quality Commission had been notified of any reportable incidents.

There was a system in place to get feedback from people so that the service could be developed with respect to their needs and wishes.

# Revitalise Sandpipers

## 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 was a comprehensive inspection.

The inspection took place on 16 and 17 April 2018. The inspection was unannounced. The inspection team consisted of an adult social care inspector and an 'expert by experience'. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection the provider completed 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 any improvements they plan to make. We checked the information that we held about the service and the service provider. This included statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. We used all of this information to plan how the inspection should be conducted.

We spoke with eleven people who were staying at Revitalise Sandpipers three visiting health care professionals, care support staff and volunteers, ancillary staff, the registered manager and nursing staff and the clinical nursing lead.

We spent time looking at records, including four care records, three staff files, medication administration record (MAR) sheets, staff training plans, complaints and other records relating to the management of the service.

# Is the service safe?

## Our findings

At the last inspection in October 2016 we found the service in breach of Regulation 17 of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014. This was because improvements were needed to key assessments around people's safety; including details around the risk of people choking, their moving and handling and risks presented when people displayed behaviour that might put them at risk of harm.

The provider sent us an action plan following the last inspection which detailed how they would make improvements. On this inspection we found improvements had been made and sustained. The breach had been met.

People told us they felt safe during their stay at Revitalise Sandpipers. The service had inherent risks due the amount of people passing through the service [over 1,200 in a year] and the range of underlying medical conditions and range of disabilities staff supported. Risk was increased further due to the culture and philosophy of the service which encourages risk taking with a wide range of community activities but managed with safety as a priority.

One person told us, "Its excellent here. I've been a few times and staff will help when they need but you are expected to do a bit more for yourself." Another person commented, "They sent out a questionnaire to find out our details and then I had a phone call to go over things. It seemed very thorough." The information from the provider [PIR] stated, 'A Holiday Plan is created using this information which includes risk assessments, medical device assessments, and all of the required care support and personal information relevant to each guest'.

We saw some examples of these assessments and holiday plans. They varied depending on people's assessed risks and care needs but contained enough information to identify the level of support people needed to ensure safe care. For example, one person's moving and handling plan was very detailed including specifics around equipment to be used and staff support. Other routine assessments included any risk of choking due to an underlying medical condition, nutritional risk and risk to people's skin integrity. One person had care needs assessed around diabetes and how this should be managed; in this instance they were mainly self-caring and autonomous.

The safe management of medicines evidenced another example where procedures and assessments had been developed to identify any potential risks around medication safety for individuals. There had been a medication error in November 2017 which the service had learnt from and developed improved admission assessments to ensure all medication, including people self-administering, was checked in and any risks highlighted.

Medicines were safely stored and administered in accordance with best-practice and people's individual preferences. We saw there were three separate medication administration charts depending on people's level of support. When safe to do so people were encouraged to monitor and maintain their medicines and secure storage was available in people's bedrooms. Nursing staff administered medicines. Care staff

maintained records of administration such as application of creams. The records that we saw indicated that medicines were administered correctly and were subject to regular audit. One person told us, "Staff are really on the ball with medicines."

Some people had medicines that were to be given when needed [PRN medicines]. The information to support the use of these medicines was very brief without any detail as to what they were for or when to use them. We discussed the need for further development of support plans or detail on the MAR chart, as stated in the service's medications policy.

When people went on trips for the day care staff were trained to ensure medication was transported along safely and administered with records maintained these were then checked by nursing staff when care staff returned from the trip. The Head of Nursing and Care Quality [HNCQ] was responsible for all training around medication and we saw that staff had been trained depending on their role and responsibilities. The training included observations to ensure staff were competence and safe.

The HNCQ told us, "We feel the admission assessment is clearer now and helps reduces any risks. We've had no incidents or errors with medication for a long time."

The service maintained effective systems to safeguard people from abuse. Staff were aware of what to look out for and how to report any concerns. Information about local safeguarding procedures was available to staff. Each of the staff that we spoke with was able to explain their responsibilities in relation to safeguarding and whistleblowing (reporting outside of the organisation).

Staff were deployed in sufficient numbers to provide safe, consistent care and support. The registered manager told us the home was fully staffed currently with no use of agency staff cover for some time. Staff spoken with said there was generally enough staff cover; occasionally this was reduced if staff phoned sick at short notice. The registered manager explained a weekly review was undertaken of 'guests' level of dependency and staff numbers were managed accordingly. This was needed because of the vast range of people's support needs.

People we spoke with agreed that they had support when they needed it.

Thorough processes were followed to ensure staff were suitable to work with vulnerable people. We looked at three files of staff employed and volunteer staff. We asked the registered manager for copies of appropriate applications, references and necessary checks that had been carried out. We saw appropriate checks had been made.

Arrangements were in place for checking the environment to ensure it was safe. For example, health and safety audits were completed on a regular basis where obvious hazards were identified. We saw records of all of the routine environmental checks made in the home. We saw people using walking frames and wheelchairs to get about, often with staff support, and how these enabled them to do so safely. The lounges and dining areas were spacious enough to allow people to move unhindered, with or without support. There were individual toilet facilities ensuite as well as other toilet and bathroom facilities for people with physical disability.

There was fire equipment in all areas and we saw personal emergency evacuation plans [PEEP's] were available for the people resident in the home. This helps to ensure effective evacuation of the home in case of an emergency.



All maintenance / safety certificates were up to date. We found one bathroom sink hot water outlet was registering as unsafe and a potential scald risk. Safety checks were up to date regarding hot water and all outlets had been checked the day previous. The registered manager explained that the water temperature was controlled by a central boiler and needed continual monitoring. The boiler was reset during our inspection visit.

Procedures reduced the risk of infection. We saw personal protective equipment (PPE) such as gloves and aprons. Staff were clear about the need to use PPE when providing personal care. All areas we saw during our inspection were clean and hygienic. Separate laundry and housekeeping staff were employed. The service had a swimming pool and we saw particular attention was paid to the management of legionella risk with external professionals contracted to support the management of this together with the homes maintenance staff.

We saw evidence that the service learned from incidents and accidents and issues identified during audits. For example, incidents of falls and accidents were monitored for any trends and remedial action that might be needed with respect to the environment or the individual. Records were detailed and showed evidence of review by senior managers.

## Is the service effective?

### Our findings

People spoke positively about the effectiveness of nursing and care staff as well as the input from volunteer staff. One person told us, "There is always staff about and they know what they are doing so you feel comfortable."

Staff were trained appropriately. The PIR stated, 'Training provides confidence for our staff that they have the right level of skills and expertise to support our guest's needs.'. The staff we spoke with told us they felt training was good and helped them to carry out their role. One staff told us, "The induction was good; we covered all sorts including moving and handling, fire safety, kitchen skills, safeguarding and health and safety. We've also had training from the spinal injuries team so we can support spinal patients." This was confirmed when we spoke with the supporting health care professionals who told us the staff had been responsive to the training and were effective in carrying out the care.

The PIR told us nearly 70% of care staff had achieved formal qualifications at Level 2 or above NVQ or Diploma in Health and Social Care. Some staff had completed training to support people living with dementia and other conditions such as Parkinson's and supporting people who had other more specialised conditions. The registered manager showed us a copy of the training matrix which confirmed this. This shows a good base of staff knowledge to help ensure effective care for people.

We found staff liaised effectively to ensure that people living at the home accessed health care when needed. This was limited by the short periods of stay and generally amounted to any urgent reviews. We saw that some people had been escorted and supported when attending hospital when needed. The people with spinal injuries received on-going support from the regional spinal injuries team. The professionals from the team were positive about the support provided at Revitalise Sandpipers. We were told, "We carry out our own feedback with people about their stay here and it's always positive. They [staff] are really good at improving [people's] independence."

Care records we saw showed that people were assessed with respect to their health and welfare pre admission and on-going if needed.

We looked to see if the service was working within the legal framework of the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

There were none of the current people using the service at the time of the inspection under a DoLS authorisation although the managers had made previous applications and we were able to discuss and

review an example. This involved a person who had undergone restraint due to spasms and possible self-harm because of a particular medical condition. The restraint processes were well established prior to admission for the stay at Revitalise Sandpipers and due process had been followed with an application to the local authority for an urgent authorisation to carry this out during the persons stay.

It was clear from care records and discussions with people that their consent was always sought in relation to care and treatment. The 'holiday plan' and care records that we saw showed evidence of consultation and people had signed to indicate they agreed to the care plan. Managers explained that there were records maintained in care plans if people had relatives with Lasting Power of Attorney [LPA]. There were also clear procedures for people who may have a 'do not resuscitate' agreement in place.

People were supported to eat and drink in accordance with their needs. All of the people we spoke with were happy with the meal service provided. One person commented, "The food is fantastic and you can order almost anything you want." Another person commented, "Lovely food, like being in a five star hotel. There's plenty of choice, but the kitchen staff will make you something not on the menu if you give them enough notice."

Menus showed a wide range of options for each meal. Breakfast was being served when we arrived. It was fresh, varied and well presented. Every day had a different menu and a 'specials board' had just been introduced for the evening menu to give people more choice. There was a large print version for anyone with sight problems and a version printed on pink paper for people who may be dyslexic.

Special diets were catered for. We also saw a list of people staying who had been assessed as a risk of choking due to underlying medical conditions. The chef told us this information was obtained before people arrived for their stay. The care staff were given the list which they kept on them for ease of reference when interacting with people during mealtimes. On a tour of the kitchens with the chef we were shown specialist foods, such as gluten free items.

We spoke with two people who agreed the food was good but said they had only found out that morning from a member of staff that they could order simple foods, such as an omelette. They commented that a note at the bottom of the day's menu stating that an omelette or salad could be ordered would have helped them to be aware of this earlier.

## Is the service caring?

### Our findings

We observed staff to be caring in their support of people at Revitalise Sandpipers. Staff were observed to be pleasant and to speak kindly and courteously to people when offering or giving support, or when serving food and drinks. Relationships were evidently good between everyone living and working at the home. The overall atmosphere was very inclusive; for example care staff and volunteers shared meals with people staying on holiday.

A volunteer staff explained the importance of being able to develop a positive relationship very quickly so that a level of trust could be established with people over the short duration they were on holiday. It was also emphasised that people who were return 'guests' at the service developed trusting relationships with staff who would then be assigned as their support carer on future holidays. For example, we were told about one regular guest who had minimal communication but felt relaxed and comfortable with one particular staff member who was therefore always assigned to the person for their stay.

The holiday plan was the main tool to establish parameters of the holiday and help people feel relaxed. A 'Guest Directory' was also available in each room for guests to learn about our facilities, and a welcome speech was provided during their first evening to support this. All of the people we spoke with confirmed these arrangements and said they felt comfortable on their holiday.

The service welcomed people who had a diverse range of care needs including sensory loss and specific communication needs. The PIR stated, 'We are quickly able to understand how each guests wishes to communicate and whether they have any other support needs that may require assistance during their day. We have accommodation that supports those with hearing difficulties. Our catering menus are available in any size print for those who require it.

The service had a range of policies around equality and diversity. We were shown a good practice document around identifying and meeting people's needs regarding gender and sexuality; in this instance around ensuring the service welcomed staff and guests who may be transsexual. The registered manager advised that this would be discussed along with the routine training in equality and diversity.

People told us staff were kind and respectful and treated them with dignity. Comments made included; "The staff are really good and always smiling and happy. It makes you feel really welcome." Another person said, "The staff are lovely and helpful." We observed one staff member making sure everybody had a drink and people responded positively; they were comfortable with the staff member answering them cheerfully and by name. Another staff was seen to assist a person to eat. This was done in a discrete manner so that it wasn't obvious that the person needed help.

People were encouraged to be as independent as possible through the varying level of support offered. This was mostly evidenced by people who had a spinal injury and had a protracted length of time in hospital. The health care professionals explained that the rehabilitation targets were nearly always met and people improved quickly in terms of their independence through being at Revitalise Sandpipers.

Another person told us about the fact they had their own room key, which they felt was important as it gave them a feeling of independence. This person felt they were treated with dignity and respect by all the staff particularly when staff assisted with personal care.

We saw very positive interactions between people being supported and staff throughout the day. We also saw some staff taking opportunities between tasks to socialise and interact with people. One staff told us, "The social aspect of care is why we are here; to ensure guests have a good holiday."

When we spoke with staff they came across as caring and interested in their work. Staff were knowledgeable regarding the people they supported and knew their individual preferences and routines. Staff each had a communication sheet which contained key information about each person and their care needs and could reference this quickly if needed.

Feedback we received from people was positive when we asked them about involvement in the care planning process with all of the people reporting that they understood and had agreed to their holiday plan. We saw that the information supplied to people contained lists of advocacy services and support organisations people may want to use.

# Is the service responsive?

## Our findings

At the last inspection in October 2016 we found the service in breach of Regulation 17 of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014. This was because improvements were needed to the care planning records so they included greater detail around people's care needs.

The provider sent us an action plan following the last inspection which detailed how they would make improvements. On this inspection we found improvements had been made and sustained. The breach had been met.

Since the last inspection there had been a complete review and development of more clearly defined care records that better fitted the needs of the people holidaying at Revitalise Sandpipers. The PIR told us, 'We have a holiday plan that enables us to collate the information we require to best support our guests in a person centred way, and in a way that promotes their personal choice and preferences.'

Prior to their stay at the service people completed an assessment form. This process helped identify any equipment or dietary needs the person may have along with their specific care needs and wishes. Prior to the person staying at the service a nurse contacted the person and /or their family member/carer if appropriate to complete a further assessment and record more detail. These assessments gave the opportunity to agree and record important information about the needs of the person. For example, medical history, mobility, communication, eating and drinking, washing and dressing, safety, sleeping and checks required through the night, sexuality and any other needs identified. We spoke with a nurse who was engaged in carrying out some of the phone calls to speak with people booked in. The nurse told us extra time was spent on this and they were not included in other duties whilst carrying out assessments.

We found the holiday plans were mostly detailed enough to ensure staff could reference and understand the key information around people's preferred routines and care. We found some examples where more detail would be appropriate and we discussed these with the registered manager. For example, one assessment regarding a person's skin care concluded 'mild risk' but did not explain further. Generally, however, there was sufficient detail to help ensure a more individualised approach to care. This was particularly the case when recording people's life history, hobbies and choice of activities.

We found the people on intermediate care from the spinal unit remained on older style care plans based on assessments around activities of daily living. The registered manager explained the aim was to change this format, in agreement with the spinal injury unit's staff, to the newer care planning system which better suited a rehabilitation model.

Activities were organised daily. People told us they could make daily choices. They said they could choose how and where they wished to spend their day and what time to get up and retire at night.

One person we spoke with preferred not to go out on organised trips, instead going shopping in Southport. We heard that one of the volunteers was going with them into Southport. Staff were made available to

support the person when they went out, which was appreciated. The person said there were sometimes low volunteer numbers which meant this was not always possible, but said the centre always tried to accommodate their needs and they felt there were good choices.

The service offered themed weeks throughout the year. The week of the inspection was the rock band 'Queen' and people of mixed age were booked in. Several people we spoke with had visited previously. One person told us that they had been a number of times and thought it was 'excellent'. Other themed weeks were in the yearly planner and many people booked for specific weeks, as well as to meet up with friends they had made over the years.

We saw that plans for trips out were flexible and staff listened to people's suggestions. Evening entertainment was provided in the lounge bar area after dinner. On the day of the inspection people went out locally to a wild life park. Others were seen to use the swimming pool with varying levels of support from staff. People clearly enjoyed using the pool.

In addition to staff and volunteers supporting people on trips out and around the local community an activities co-ordinator was employed to facilitate activities with the service.

People told us that they knew who to speak to if they were unhappy about the service or had a complaint to raise. A formal complaints procedure was in place and available at the service and in the information supplied to people on admission. The complaints procedure could be made available in different formats such as easy read. In addition, a verbal complaints procedure was in place. A form was available for completion when a verbal complaint was made. We saw evidence that complaints had been responded to in a professional and timely manner by the registered manager or a senior manager.

## Is the service well-led?

### Our findings

A registered manager was in post and had worked with the provider over a number of years at various levels of management and was very experienced. The feedback we received from staff members and people using the service was very positive about the registered manager's overall approach and leadership. Staff members commented they felt supported in their role and the encouragement and communication they received from the management team helped them in their role. The registered manager was supported by a deputy manager who was a nurse and provided the clinical lead in the service.

At the last inspection in October 2016 we found the service in breach of regulations because the assessments and records maintained did not demonstrate that effective systems were in place to identify and assess risks to individuals. On this inspection we found improvements had been made and sustained. The breach had been met.

There had been a review of all records and audits relating to care with new assessment process and care planning being developed. This showed the managers of the service were able to respond positively to regulatory requirements and to learn effectively and develop the service on-going.

There was a clear organisational structure which was explained in the PIR sent to us by the registered manager: "We are, as a charity, governed by a Board of Trustees who drives our strategic mission and values. Our Trustees meet at regular intervals at both full board and committee level. These meetings are also attended by members of our executive senior management team".

The registered manager explained the senior management team met weekly to review performance. A programme of national meetings was scheduled each year and was attended by the executive senior management team, along with a management delegation from each of the Revitalise centres. The PIR stated, 'These operations meetings are used to discuss and review national issues and areas for improvement and consistency'.

People spoke positively about the management of the service and the overall philosophy of the service. A visiting health professional said, "The service aims to promote a normal experience of a holiday which encourages [people] to be more independent. It's flexible and relaxed."

Revitalise Sandpipers is one of a number of services operated by the same provider group. As such the provider has a well-developed performance framework which assessed safety and quality in a number of key areas. We reviewed a number of the audits being used on a daily, weekly and monthly basis. These were detailed and evidenced key areas such as medicines management and environmental health and safety were subject to regular checks. There were a number of key policies and procedures which provided guidance to staff regarding expectations and performance.

Staff and managers spoke with clarity and enthusiasm about their roles and demonstrated a mature and transparent approach when questions were raised during the inspection. It was clear that senior staff and



managers understood their responsibilities in relation to registration. For example, notifications had been submitted in a timely manner and the ratings from the last inspection were displayed as required, including the provider website. The Commission reviews all notifiable events to make sure that appropriate action has been taken to mitigate any further risks to people and to decide if any further action is required.

People using the service and staff were actively involved in discussions about the service and were asked to share their views. This was achieved through various ways including the completion of survey questioners. Following a holiday people were asked to complete a survey about their stay. A summary of people's feedback regarding the service between February and March 2018 demonstrated that 98% of people had rated their experience overall as excellent or good. Areas of improvement identified by people were aspects of the accommodation and the quality of entertainment. Information gained through this process assisted the registered provider in monitoring the service from an operational level and in planning for future improvements.

We saw evidence that the service worked effectively with other health and social care agencies to achieve better outcomes for people and improve quality and safety. The professionals that we contacted did not express any concerns about the quality and effectiveness of these relationships.

In addition the service was keen to establish links with the local community. For example the registered manager sat on the board of a local school supporting people with disability. Revitalise Sandpipers was also supported by a local group 'Friends of Sandpipers' who met four or five times a year to help raise funds. The swimming pool at the service had occasionally been used by the local community.