

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

About the service

Sunnyside Respite Service is care home providing care and support for 13 younger adults with a learning disability at the time of our inspection. The service can support up to 15 people.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The service was a large home, bigger than most domestic style properties. It was registered for the support of up to 15 people in two separate buildings. One building was used for respite care and could accommodate up to four people at any one time. The other building supported people permanently, ten people were using the service. This is larger than current best practice guidance. However, the size of the service having a negative impact on people was mitigated by the building design fitting into the residential area. Staff were discouraged from wearing anything that suggested they were care staff when coming and going with people.

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

People were safe, and staff understood safeguarding and whistleblowing procedures and when they would be required to instigate. Accidents and incidents were monitored, and lessons were learnt. There were adequate numbers of staff available to meet people's needs. Safe recruitment systems were in place and followed.

Medication management was safe, people received their medication as prescribed. Risks associated with people's care and support had been identified, contained good detail to ensure risks were managed safely.

Staff were very knowledgeable about people needs, care was person-centred and individualised. Staff said training was good and from talking with staff and our observations it was effective. Staff were supervised and supported.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People received a balanced diet that met their needs. People had access to health care professionals. The environment was well maintained and homely. There was also access to outside space.

Staff were kind, caring and compassionate. Our observations evidenced staff interacted extremely positively with people and knew them well. Relatives told us the staff were lovely and genuinely cared. People were involved in their care planning to ensure their decisions and choices were reflected. We looked at care records and found they had identified people's needs and reflect people's choices. People received individualised, personalised care.

People were listened to and complaints were appropriately dealt with and resolved. Where appropriate end of life care was included in care plans to ensure people's decisions were respected.

There was a manager who was registered with CQC. Quality monitoring was carried out using various audits tools. The service promoted an open, inclusive and positive culture. People and relatives were involved in the service, quality questionnaires were sent out and regular meetings were held.

Rating at last inspection

The last rating for this service was good (published March 2017). The service remains rated good.

Why we inspected

This was a planned inspection based on the previous rating.

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

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Sunnyside Respite Service

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Sunnyside Respite Service 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 had a manager who was registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

Prior to the inspection visit we gathered information from a number of sources. We also looked at the information received about the service from notifications sent to the Care Quality Commission by the manager. 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 used the PIR as part of our planning. We also spoke with other professionals supporting people at the service, to gain further information about the service.

During the inspection

We spoke with four people who used the service. We spent time observing staff interacting with people. We spoke with nine staff including care workers, a nurse, the operations manager and the registered manager. We also spoke with two relatives and one advocate who visited during our inspection. We looked at documentation relating to four people who used the service and information relating to the management of the service.

After the inspection

We looked at training data sent to us by the registered manager. We spoke with a professional who regularly visits 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 good. At this inspection this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems in place to safeguard people from abuse. The manager kept a record of safeguarding concerns and recorded actions taken to keep people safe.
- Staff we spoke with were aware of the safeguarding and whistleblowing systems. Staff informed us that they received training in this subject. People we spoke with told us they felt safe. Relatives also told us people were safe. One relative said, "All staff are fantastic, they keep them [people who used the service] safe."

Assessing risk, safety monitoring and management

- Risks associated with people's care and support had been identified and were well managed to ensure people's safety.
- Staff we spoke with were knowledgeable on how to manage risks which ensured people's safety. One relative said, "They have been brilliant with [relative] they identified a problem and got it sorted. Amazing staff."
- People had personal emergency evacuation plans [PEEP's] in place to show what support people required in case of an emergency.

Staffing and recruitment

- The provider had a recruitment policy which assisted them in the recruitment of staff. We saw the policy was followed.
- We spent time observing staff interacting with people who used the service. We found there were adequate staff to meet people's needs, many people were supported by one to one staffing and this was maintained. Staff told us the staffing levels were always maintained and there was enough staff to meet all peoples needs including social activities.

Using medicines safely

- People's medicines were managed safely. We saw they were administered as prescribed.
- Medication policies and procedures were followed and robust audit systems were in place to ensure medicines management was safe.
- Staff received training in medication management and administration. Staff also told us they were competency assessed once a year, to ensure they maintained the skills to administer medicines safely.

Preventing and controlling infection

- People were protected by the risk and spread of infection. We completed a tour of the home with the

manager and found it was well maintained and clean.

- Staff received training in the prevention and control of infection and followed the providers policies.

Learning lessons when things go wrong

- Accidents and incidents were recorded and analysed to show trends and patterns.
- The manager completed a monthly audit to ensure any lessons were learned and action was taken to minimise the risk of further accidents and incidents occurring.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed, and care and support were person-centred and delivered in line with people's choices and preferences.
- People's diverse needs were met in all areas of their support. Therefore, protected characteristics under the Equalities Act 2010 such as age, culture, religion and disability, were taken into consideration.
- Staff we spoke with were knowledgeable about people's needs and choices. People we spoke with confirmed that staff met their needs and knew them well. Relatives we spoke with confirmed that staff met people's needs. One relative said, "The staff go the extra mile, even come in on days of sometimes to see them."

Staff support: induction, training, skills and experience

- Staff received training to fulfil their roles and responsibilities. From our observations and speaking with people this was effective.
- Staff told us they felt supported and worked well as a team. We observed staff working well and the atmosphere was calm and inclusive. One staff member said, "We are a good team, we are supported and all work well together."

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

- People received food and fluid which supported them to maintain a healthy balanced diet. We observed people having lunch, choices were given and times people ate varied depending on their choice. The food was fresh, appetising and people told us they enjoyed the food.
- We observed staff serving drinks and snacks during the day. We also saw people came in to the kitchen and helped themselves to drinks when they wanted supported by staff.
- People's cultural needs were met in regard to food. Staff explained to us that some people had special diets to follow their religion and this food was stored and cooked separately to ensure their needs were met.

Staff working with other agencies to provide consistent, effective, timely care; supporting people to live healthier lives, access healthcare services and support

- People had access to health care professionals when required.
- We looked at care plans and saw that when healthcare advice had been given, staff had followed it to ensure people were supported appropriately.

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

- The service was appropriately decorated and designed to meet people's needs. The communal areas were well thought out and had access to safe enclosed outside space. The environment was very homely.
- There was pictures and items of interest displayed throughout the home.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The provider was working within the principles of the MCA and DoLS applications had been made, some of which were awaiting authorisation.
- Where decisions had been made on behalf of people, they had been completed in the person's best interests and documented within their care plan.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question had remained good this meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- We spent time observing staff interacting with people who used the service. We found staff were very kind and caring. People we spoke with all told us the staff were lovely. Relatives also confirmed the staff were very good. One relative said, "The staff are fantastic." Another said, "They [people who used the service] don't want for anything."
- Staff were sensitive to people's needs, care was individualised and person-centred.

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

- During our observations we saw people were involved in decisions about their care. Staff always explained the tasks they carried out, why it was required and gave reassurances during any care and support provided. We saw staff giving people time to make decisions and assisting with choices where people were struggling, but still promoting independence.
- Care plan documentation reflect people's choices and decisions this showed they had been involved in creating their plans of care.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was maintained. We saw staff knocked on bedroom doors before entering and kept bathroom and toilet doors closed when carrying out personal care.
- People's independence was promoted. Staff supported people to be independent. For example, we saw food was served to people in a way they could eat independently.
- The service ensured they maintained their responsibilities in line with the General Data Protection Regulation (GDPR). GDPR is a legal framework that sets guidelines for the collection and processing of personal information of individuals. Records were stored safely which maintained people's confidentiality.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant people's needs were met through good organisation and delivery.

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

- People received person-centred care which met their needs and preferences. We observed staff delivering person-centred care. For example, one person wanted to go to the shop to buy some toiletries and the staff facilitated this immediately, when they returned they were excited to tell staff what they had bought.
- We looked at a sample of care plans and found they reflected the care and support people required.
- People received appropriate social stimulation and accessed the community. We saw people going out during our inspection as well as in house activities and an activities room was available for people to use.
- We observed staff interacting with people and saw the care and support was individualised. People care provided was in line with their, choices, decisions and preferences.

Meeting people's communication needs

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

- People's communication needs were met. Staff we spoke with understood how to communicate with the people they supported. We saw good detailed communication care and support plans in people's files. Our observation evidenced staff understood people and communicated effectively.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure and appropriate actions were taken when concerns had been raised.
- People we spoke with were complimentary about the home and felt able to raise concerns is necessary. One relative said, "I cannot fault the service nothing is too much trouble for any member of staff."

End of life care and support

- At the time of our inspection nobody using the service required end of life care. However, staff told us they had very recently lost a person they supported. They explained how they had met their needs during their time in hospital and how the staff had supported each other and the person's family.
- Relatives we spoke with told us the staff support at a person end of life was excellent. A family member of the deceased visited we observed the staff were loving, caring and compassionate. The relative said, "They treat you like family it is amazing."
- The manager told us that end of life care planning was in place in all care plans and would be added to when required.

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 good. At this inspection this key question remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The home had a registered manager who was supported by a deputy manager and a team of nurses and care workers.
- Staff understood their roles and responsibilities and worked with the management team to ensure people received a good service.
- People we spoke with had confidence in the registered manager and found all staff to be approachable. One relative said, "The service is fantastic."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; and 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 management team promoted a culture which was positive, open and person-centred. Relatives we spoke with confirmed this. One said, "The manager and staff are brilliant, you can talk to anyone."
- The registered manager promoted the service as belonging to people living there and that it remained homely and support was provided in a naturally kind way. The registered manager was keen to promote person-centred care and to ensure staff respected people as individuals.
- Throughout the day of our inspection there was a relaxed, pleasant inclusive atmosphere.
- The management team were committed in providing high quality care and understood their duty of candour.

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

- People who used the service, their relatives and staff, were involved in the home and their views and opinions mattered.
- The service promoted the involvement of people living at the home as much as they were able.
- People and their relatives told us they were provided with opportunities to share their views about the quality of the service. They completed quality monitoring questionnaires and attended meetings to be able to give their views.

Continuous learning and improving care

- The service had a range of audits which were used to ensure the service-maintained standards expected by the provider.

- The operations manager supported the registered manager and visited the home frequently to complete an audit.
- The home had an overarching action plan which showed issues from all audits had been addressed.

Working in partnership with others

- The provider worked in partnership with others to ensure people received optimum care and support.
- Healthcare professionals were requested as required and staff followed the advice they gave to meet people's needs. Professionals we spoke with spoke highly of the service and said people's needs were met.