

Voyage 1 Limited

Sanderling House

Inspection report

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Good 

Summary of findings

Overall summary

Sanderling House provides residential care for up to seven adults with an acquired brain injury. The service has particular experience in support for people whose brain injury is related to alcohol or substance misuse. The service is located in a detached house near the centre of Formby.

At our last inspection we rated the service Good. At this inspection we found the evidence continued to support the rating of good for the safe, effective and well led domains. There has however been a change of rating for the service to Outstanding based on our findings for the caring domain and responsive domain.

People told us that the staff provided very good care and support in respect of their health and wellbeing. We saw excellent evidence of the positive impact this had on people's lives, with emphasis on the promotion of people's rights and independence. Staff and people using the service had developed very caring, strong, meaningful relationships.

Supporting people to live in the community was very well managed with on-going staff support for all stages of the transition. Staff went out of their way to build up close working relationships that were based on trust, understanding and the promotion of people's independence and self-worth to aid people's personal development. Staff told us this was a key element of people's recovery and integration back into independent living. We saw how this had been achieved with the service's dedicated staff and their promotion of enriched innovative care, rehabilitation and social programmes.

The culture of the service ensured people felt they mattered in all aspects of their lives. People and relatives we spoke with were very complimentary regarding the supportive and very caring nature of the manager and staff.

Care was recorded in a very person centred way with excellent emphasis on how people wished and needed to be supported. Staff fully involved people and/or relatives with support plans and care reviews. People were encouraged to make decisions about how their support was provided and staff were very respectful and understanding of people's rights and choices.

The service placed a strong emphasis on a 'person centred approach' to enrich people's lives. This meant care and support was centred on people's individual needs and wishes. People were supported to have maximum choice and control of their lives, and staff supported them in the least restrictive way possible. Relatives told us staff had an exceptional understanding of people's beliefs, values and how they wished their family member to be supported. Feedback from relatives was excellent regarding all aspects of the service.

People's individual communication needs were understood and information provided in a format appropriate for them, which meant they could participate fully.

Staff supported people to access a wide range of community based healthcare services in accordance with individual need. External health professionals spoke highly about the service and the committed values of the highly trained staff team.

People had access to an excellent range of social activities which they enjoyed and people were encouraged to take part in new areas of interest.

People living at the home and relatives we spoke with told us the staff were very caring, polite and exceptionally supportive in achieving daily life goals, developing personal interests and overseeing their health needs.

People told us they enjoyed the menu options and took part in choosing recipes and food shopping.

Staff had been recruited safely so they could work with vulnerable people.

People were supported by a good consistent skilled staff who received appropriate training and support.

Medicines were managed safely and people were encouraged to be responsible for their own medicines according to assessed risk.

Staff were aware of safeguarding procedures and the concept of whistle blowing.

The service had a robust complaints procedure which was accessible for everyone in the home.

The registered manager and staff displayed a clear vision and consistent values in relation to the provision of care and the ethos of the service.

Systems and process were in place to ensure standards were maintained and to drive forward improvements.

People using the service, relatives, staff and external professionals were complimentary regarding the registered manager's leadership and the overall management of the service.

Sanderling House's rating with us, Care Quality Commission (CQC) was displayed at the care home and on the provider's website.

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.

Systems and measures were in place and followed to monitor risks to the environment and people's safety and reduce the risk of these occurring.

Sufficient numbers of staff were available to support people in accordance with their individual needs and wishes.

Robust systems were in place for the safe recruitment of staff to care for vulnerable people.

People's medication was safely managed by staff who were trained and competent to administer them.

Is the service effective?

Good 

The service was effective

Staff received training and support to provide them with the skill and knowledge to understand and meet people's needs.

People were supported to make decisions and choices for themselves. Where they were unable to do so the staff took steps to make decisions in the person's best interests or obtain legal protections for them. People's consent was sought regarding key decisions for their care and support.

Support was provided to people to meet their nutritional needs and people were encouraged to have an active part in choosing menus which they enjoyed.

Staff promoted people's health and wellbeing and sought external advice and support when needed.

Is the service caring?

Outstanding 

The service was exceptionally caring and has improved to outstanding

Staff and people using the service had developed very caring,

strong, meaningful relationships.

The service's approach to promoting communication was particularly innovative with staff using technology and also a variety of tools to communicate effectively and thus remove potential barriers

People were encouraged to make decisions about how their support was provided in all aspects of their care and daily living. Staff were very respectful and understanding of people's rights and choices.

People and relatives were extremely complimentary regarding the support they received from the staff.

Staff promoted people's independence in a supportive and inclusive manner. The organisation fully supported people to choose support people to live in their own home. This transition was managed in a very caring, positive and supportive manner by a dedicated staff team.

Is the service responsive?

The service was exceptionally responsive and has improved to outstanding

People's care records contained extensive, person centred information which helped to support an excellent standard of individualised care and promote people's individual goals and self-esteem.

People had access to an excellent range of social activities which they enjoyed and people were encouraged to take part in new areas of interest.

People were very well supported by staff to develop and maintain important relationships with family and friends.

Outstanding 

Is the service well-led?

The service was well led

The registered manager was experienced and enthusiastic about her role. Staff, people living at the home and relatives spoke positively regarding the registered manager's leadership and support of the service.

Systems and processes were in place to monitor the service and drive forward improvements. This included obtaining feedback

Good 

from people via surveys and meetings.

Sanderling House

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.

The inspection took place on 27 & 28 March 2018 and was announced. The inspection was announced because this is a small home and most people who live there go out each day either independently or with staff support. We wanted to ensure we could meet and talk with people living at the home and that staff were available to support the inspection. This provider was previously inspected in October 2015. The previous report can be accessed via a link on the main CQC (Care Quality Commission) website.

The inspection team consisted of two adult social care inspectors.

In September 2017 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 did not request a more recent PIR prior to this inspection. 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 three people using the services, two relatives, three staff, the registered manager and operations manager for the provider. We also spent time looking at records, including four care records, three staff files, medication administration record (MAR) sheets, staff training records, complaints and other records relating to the management of the service. We contacted social care professionals who had involvement with the service to ask for their views.

Is the service safe?

Our findings

We asked people if they felt safe receiving their care and support from Sanderling House staff. A person told us they felt safe and that there were sufficient numbers of staff available to look after them at all times. A relative said the care and environment helped to make their family member feel safe in all ways.

Staff received training for safeguarding adults and children. They told us they would speak up if they had a concern and had access to safeguarding policies and procedures.

Staff had been recruited safely to ensure staff were suitable to work with vulnerable people. We looked at three files of staff employed and saw evidence of appropriate applications, references and necessary checks that had been carried out.

Staff were deployed in sufficient numbers to provide safe, consistent care and support for the five people who were present at the home. A person said, "The staff are here for me, it's good to know I can rely on them." We saw evidence that the service regularly provided additional support in accordance with people's dependencies and assessed need.

Arrangements were in place for checking the environment to ensure it was safe. For example, health and safety audits were completed where obvious hazards were identified. We saw records of the home's routine environmental checks, including fire safety. People had personal emergency evacuation plans (PEEP) which helps to ensure effective evacuation of the home in case of an emergency. Maintenance of the home and safety certificates were up-to-date.

Risks to people's safety and wellbeing were completed and subject to review to report on any change. We saw risk assessments in areas such as, falls, nutrition, mobility, accessing the community and promotion of daily life skills. People told us staff discussed their safety with them and they felt comfortable with the actions being taken. One person said, "It makes sense that we need to be aware of dangers outside of the home."

Medicines were stored and administered safely by staff who had completed medicines training. We saw that medication administration records (MAR) had been completed correctly and internal stock checks were found to be accurate. When safe to do so people were encouraged to monitor and maintain their own medicines and the registered manager told us this was an area they wished to further develop. A person said they had gained confidence by looking after their own medicines and staff were 'on hand' to provide support.

We looked at the use of thickening powder which was prescribed to thicken drinks. This is to aid people who may have swallowing difficulties to accept fluids and reduce the risk of choking. We found a lack of recording around the administration of a thickening powder. We brought this to the registered manager's attention and at the time of the inspection amendments were made to the records completed by the staff.

Accident and incidents were recorded. There was no formal audit to review any themes or emerging trends to help reduce re-occurrence. Following the inspection the registered manager provided evidence of how accidents and incidents would be audited in the future. Discussions with staff confirmed their knowledge regarding people who were, for example, at risk of falls or accessing the community. They told us about actions taken where risks were identified and lessons learned to reduce risk.

We found the home to be clean and procedures were in place to reduce the risk of infection. We saw staff using personal protective equipment (PPE), such as gloves and aprons appropriately. Cleanliness checks were carried out to ensure good standards of hygiene were maintained.

Is the service effective?

Our findings

People living at the home and relatives we spoke with told us the staff had the skills and knowledge to provide a good standard of care. A person said, "(Staff members) all know me so well and look after me really well." A relative confirmed that the care staff provided was very good and that their family member had become 'transformed' since moving to the home and was now so happy. The relative went on to say that Sanderling House was a 'miracle' home.

Staff were also trained in a wide range of subjects appropriate to the needs of the people they supported; this included specialist training for acquired brain injury and alcohol and substance misuse. Staff said, "The training is very good and I am attending a five- day course on acquired brain injury" and "I had a really good induction and worked with experienced staff." Formal qualifications in care, such as NVQ (National Vocational Qualification) at Level 2 were ongoing and staff induction was in accordance with the Care Certificate. The Care Certificate is 'an identified set of standards that health and social care workers adhere to in their daily working life'. The Care Certificate requires new staff to be trained, observed and their competency assessed within 12 weeks of starting. Staff also attended supervision meetings and had an annual appraisal.

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). The registered manager was monitoring pending applications with the local authority.

People's capacity was assessed and consent sought in accordance with the MCA. We discussed with the registered manager the need to record in more detail decisions made following an assessment of people's capacity. Following the inspection the registered manager confirmed the actions taken to improve these records. People told us their consent was sought around daily living and key areas of care and support. This was well documented in the care records we looked at. A person said, "(Staff member) would never presume to do anything without asking me first if it was okay."

We reviewed the care of three people in depth by tracking their care through observation and reviewing their care records. People's needs assessment and plan of care recorded individual support for their health and wellbeing. We saw people living at the home had access to external health care professionals to monitor their health and wellbeing. Health care professionals spoke positively regarding the standard of care and good communication with them.

People's dietary needs and preferences were clearly recorded in their care records. We saw evidence in care

records that people were encouraged to go food shopping, prepare and cook meals for everyone living in the home. There was a menu planner which encouraged healthy options. People told us they were able to choose a dish they wanted at least once a week. A person said, "We have really good recipes which we choose." A relative reported their family member's diet was "Tasty, appetising and presented beautifully."

Is the service caring?

Our findings

Staff went out of their way to build up close working relationships that were based on trust, understanding and the promotion of people's independence and self-worth to aid people's personal development. Staff told us this was a key element of people's recovery and integration back into independent living. We saw staff had a dedicated approach towards supporting people with care, rehabilitation and social programmes; these very much considered people's needs and wishes.

When reviewing people's activity programmes, we saw these were based on what people wanted to take part in, had a previous interest or a new interest which they wished to develop. They were planned in a timely way with on-going staff support to ensure they optimised people's health and mental well-being to enrich their life. Goals and evaluations were recorded along with participation from people receiving support, their relatives and discussions with participating health professionals. We could see how effective the programmes had been; people's achievements were recorded and also changes were made to existing programmes if the person and staff did not feel they were 'working as well' as they could.

The service was undertaking 'a programme of care for the future to ensure on-going rehabilitation and improved quality of life' for people using the service. The organisation was highly committed to promoting to promoting and making sure people were as independent as they could be and, working in line with national agendas and strategies, for example, 'Transforming Care' and 'Building the Right Support'. We saw how the organisation supported people to choose where they wanted to live and how this move was managed by the staff team.

For a person who moved from the service into their own home a staff member was involved from the onset with the person concerned and the social worker to find the right property for them. The staff member then moved in with them to offer fully support them in their new surroundings. This included registering with services, such as, a GP, dentist and bank, undertaking shopping and support with financial and tenancy arrangements. We saw how staff made the property safer for them, for example, purchase of additional fencing around the property, and the installation of a medication box for the safe storage of their medicines and an orientation board to help them plan their day. Staff also contacted the local council to arrange extra community support. This level of care and innovation enabled the person to regain their independence and feel supported going forward. It was evident that staff went above what was expected of them to ensure people were fully supported, before, during and after the move to supported living in the community. This included establishing new staff teams closer to where people lived to maintain staff support. We saw the staff member's achievements had been recognised as they had won the award of support worker of the year for Voyage Care. This was in recognition for their excellent commitment, enthusiasm and motivation for going above what was expected from them.

Another example included staff arranging an overnight stay for a person so they could be close to their family and to get a feel of what it would be like to live nearer to them. The staff member was not scheduled to work but arranged to come in on their day off to support the person with their overnight stay, their family meeting and their care review.

Transition to supported living from the care home included supporting people and their relatives to arrange day/overnight stays in the family home; arranging short breaks; and taking part in organised community events. People also received support from occupational therapists who worked closely with the staff. Their input was recorded and any emerging risks were assessed and support plans recorded actions to help keep people safe. We saw where phased plans included an active social plan which had been effective in promoting people's self-esteem, independence and confidence. A positive outcome had been achieved through close working with the therapist and staff.

The service's approach to promoting communication was particularly innovative with staff using technology and also a variety of tools to communicate effectively and thus remove potential barriers with the people they supported. For a person who did not find it easy communicating the staff had taken big steps to research and develop a person centred activity folder where there were photographs of the person in places they were familiar with or known activities they liked to engage in. The activity folder helped to recall memories for the person, to support their communication and cognition. The activity folder was updated on a regular basis to stimulate new memories. This provided the person with the opportunity to express their own choices and decisions and the outcome showed their communication was improving and they were now taking more of an active part in their support.

People living at the service and relatives were very complimentary regarding the staff team and we saw the promotion of family involvement was a significant factor in the care being provided. A relative told us how staff went the 'extra mile' to support their family member. This was in respect of promoting their family member's health and well-being since moving into the home. A relative referred to the excellent relationship that had developed between them, their family member and staff and how this had played a major part in their on-going recovery. They went on to say this would not have been achieved elsewhere. Likewise, another relative made reference to how the staff encouraged their family member to call them weekly to maintain 'family bonds' and that the staff were so supportive in engaging their family member in every aspect of their care. We were shown an example of how staff had supported a person develop a more positive relationship with their family. This had been a gradual process through a programme of rehabilitation and family engagement to improve the person's quality of life. This had proven to be very successful on all counts.

People's comments about the service included, "The staff are just fabulous, this is real home and I could not ask for more", and "I like everyone here, they are so nice." For a person who needed support with their walking they told us the staff support had been 'wonderful' and without the staff's 'very supportive nature' they would not be as good at walking as they were now. They told us their independence had increased and they now felt so much more confident going out from the home; especially around going out with friends which was an important element of their social life.

Relatives told us the staff always afforded time to talk with them about any concerns or worries and staff were very supportive on all counts. An external professional advised us one of the best attributes was how the staff promoted the atmosphere in the home, which they described as 'homely' and 'so caring'. We found the atmosphere at the home was very calm and relaxed. People using the service were very much at ease with the staff. A person said, "I feel very at home here with everyone, it's all good, really good."

Staff spoke very passionately about the service and it was evident they cared deeply about the people they supported. Each person had member of staff assigned as a key worker and key worker report templates were tailored to support people's individual needs, preferences and, for example, what was important for each person and the desired outcome. There was evidence of how the service focused on people's strengths and celebrated people's achievements. This was used to drive the service forward and plan for the future. A

person told us how significant this was for them.

At the key worker meetings conversations held were meaningful and people were encouraged to share their views on specific areas, such as, the environment, choice and involvement of key worker, menus, social activities and décor of their room. People felt the staff listened to them and that their views and opinions mattered. People told us the staff changed things when they asked them to.

People's rights to privacy and dignity were embedded in staff practices and the culture and values of the service. Staff understood it was a human right to be treated with respect and for people to be able to express their views openly and to feel listened to. Staff gave examples of how this respect transitioned into supporting people with daily life choices and 'really listening' and 'understanding' what people faced each day. Staff received training on 'working in a person centred way', equality and diversity and communication which encompassed people's rights, choices and standards pertaining to privacy and dignity. These elements of care were threaded through people's support plans to support staff's knowledge and skills in understanding and respecting people's rights and values.

Information pertaining to privacy and dignity was referred to in people's care documents and staff training. 'Dignity Do's' were displayed to promote these standards. A dignity champion was appointed to help monitor standards of privacy, dignity and respect and we saw staff responses to people's requests were treated with respect and understanding. A person told us the staff always asked them what they wanted to do rather than telling them. A 'Digni Tea' afternoon was planned which relatives were invited to attend. The registered manager was keen to provide relatives with the opportunity to provide feedback about the service and how they ensured people's opinions and rights were respected by the staff team.

Our observations showed staff treated people with great kindness, respect and empathy. Staff also understood and recognised when people needed to work independently and when and how people needed to work through their emotions, distress, challenges and taking responsibility for day to decisions. This included being respectful of decisions that staff might not feel were inappropriate however staff were mindful and respectful of people's rights and choices. This showed that people had choice and control over their lives and that staff responded to them expressing choice in a positive and supportive manner.

People's care documents recorded very detailed information around their preferences and wishes in respect of their 'typical day' and how they wished to be supported. Staff discussed people's goals with them and meetings were held to discuss the effectiveness of the strategies and progress made to achieving them. A person told us they were fully involved with this process and that they felt secure in the knowledge that these were based around 'how they were feeling on the day' and the impact this had on their health and well-being. Relative involvement for care was documented and relatives told us they were fully informed of any change in care or treatment, as appropriate.

From speaking with staff we could see that people were receiving care and support which reflected their diverse needs in respect of the protected characteristics of the Equality Act 2010 that applied to people living at the home. This included age, disability, gender, marital status, race, religion and sexual orientation. This information was documented in detail in people's support plans. Staff were committed to ensuring people were treated fairly as individuals and for people to be protected against discrimination through their work practices and beliefs. This was apparent through discussions with them, our observations and recorded evidence.

Records were stored securely and staff told us how information would only be shared with outside agencies where appropriate. The registered manager had details of advocacy services that people could contact if

they needed independent support. Advocates are people who are independent of the service and who can support people to make or express decisions about their life and care. Partnership working with stakeholders was evident to fully support people in the home and within the community. We saw how staff were fully involved and supportive of people's wishes and needs to maintain and forge links with the 'right' organisations to support people's development. This was a view shared by health professionals who had an involvement.

Is the service responsive?

Our findings

People living at the home and relatives we spoke with commented on the staff's excellent abilities to provide very personalised care and to achieve individual goals. A relative told us the improvement in their family member was 'phenomenal' because of the level of staff support. A person told us this was their home and as such they could be involved as much as they wanted regarding their support.

We saw staff provided an excellent standard of individualised care. This took in account the complexity of each person's medical and social history, assessed need, abilities and level of support to maximise people's independence and self-esteem. People had a full needs assessment and a plan of care which contained detailed information about the person. This included social and medical history, life history, routines, important relationships, person centred goals, aspirations and risks. It was evident people were at the centre of any care and support plans and their individual wishes, needs and choices were taken into account. The level of support each person needed was recorded in very good detail. Emphasis was placed on support being given in the least restrictive way and from the person's perspective. Staff spent time with people discussing how they wish to be supported and recorded how people should be approached around decisions about their care. For example, a person's communication plan recorded certain words which the person said when they were unhappy; staff were able to interpret the exact meaning of these words and their plan of care detailed how to redirect the person and to support the person regain their 'composure'. For another person staff had recorded that communication was best in a 'private setting' and with a relative present.

Talking with staff confirmed their understanding and knowledge of the people we discussed. Staff gave us examples of how people were more confident in undertaking daily activities such as, going out from the home and attending community programmes. Staff spoke enthusiastically about how they encouraged people to do things for themselves and how over a period of time people's confidence and wellbeing improved. This we discussed in respect of various aspects of people's care. For example, health eating plans which had been successfully implemented for people at the home, with the support of a recognised external organisation. A person attended this organisation and suggested menu choices were taken on board by the staff and everyone living at the home. Staff provided very good support for people with their mobility. A person told us how the staff had realised they needed more help with 'getting around' and had arranged for a 'better' wheelchair for them. They told us how this had helped them to become more independent and had improved their quality of life 'no end'. Another person told us the progress they had made around buying ingredients to cook with and now were now cooking for everyone at the home. They told us how these little steps had been taken gradually and steadily with staff support and how much they enjoyed preparing the meals. We also saw how family visits including over night stays for people had increased due to close partnership working between relatives, staff and the person concerned.

Staff explained they had a responsive approach as they had a very good understanding of people's support and behaviours. We saw this was aided by staff having a key worker role which enabled staff to provide one-to-one support for people and oversee their plan of care. At the time of our visit a staff member who was off duty came into work to accompany a person for a hospital visit. Being the person's key worker they wished

to attend the appointment with the person as they worked closely with them and were therefore able to provide detailed information about the person's health and wellbeing. The person concerned told us how much they appreciated having their key worker with them. Staff told us as key worker they would always attend appointments where possible. This demonstrated staff's excellent commitment in respect of continuity of care.

We saw how staff responded to a change in people's needs. For a person who suffered a medical emergency the care records showed the action taken by staff to support the person and the subsequent treatment given. The person's treatment was recorded in very good detail and the person's plan of care was immediately updated to evidence the increase in risk. These risks were being monitored closely by the staff with the full agreement of the person. Another person told us how an element of an activity they were engaged with was causing them distress and once communicated with staff this was immediately removed. Staff responded to the person's request and changes were made to support them in a different way which they were comfortable with. Staff told us this prompt response promoted a feeling of wellbeing for the person and had improved the person's health.

The ethos of Sanderling House is, 'We aim to enable people to regain an independent way of life and work with them to achieve their personal goals'. Goals were recorded in exceptional detail with each person; some goals had been rewritten due to a change in a person's condition or behaviour and we saw evidence where goals had been met or extended to match people's progress. Staff ensured they considered people's self-worth, dignity and confidence when setting goals with them. Care reviews took place and these reviews enabled staff to discuss with people their care, support and goals. A staff member said, "We try different ways to support people, there are no failures, we need to respond differently to people and find something that works." A person told us how much progress they had made with the staff team and that goal setting played a major part of their treatment. This included a recognition of triggers which could affect how they felt. The person went on to say that with staff support these triggers had reduced and that they felt safe and secure.

For people who needed more support with developing independence, self-esteem and day-to-day life skills, we saw, bespoke physiotherapy, drama and occupational therapy packages were arranged. The service clearly considered people's needs from a range of perspectives and staff responded to people's needs, actively seeking appropriate support from community professionals. An external professional told us staff had an excellent knowledge and understanding of the people they supported. They went on to say, "I am very impressed by staff responsiveness and their commitment to helping people become more independent. I conduct face-to-face meetings with the people I am seeing and any recommendations or advice I give is taken on board by the staff and they work closely with me and the person concerned. The staff give person centred care and emphasis is placed on increasing people's independence."

Staff told us how much job satisfaction was achieved when they saw people meeting their goals and empowering people to lead a more independent life. Staff comments included, "It's such a rewarding job and we care deeply for the people who we support", "We do everything we can to support people and to help them make their own choices" and "I come in to make a difference as (person) is not as independent as before and I need to support them to have the confidence to be independent again."

We saw some people went out independently and in respect of accessing the community people were able to attend various organisations which offered opportunities such as, volunteering, vocational training and advice around physical and mental wellbeing. It was evident that people's integration back in to the community played a major part of their rehabilitation programme. Staff told us this support aided people's recovery and gave us examples of the success achieved. For example, people were now taking part in

various activities or attending external groups which had played an important part of their life prior to their admission. We were shown evidence of other people who had been successfully supported to live in the community following periods of living in care. This transition was well managed by the staff team and community based professionals.

People living at the home accessed various social activities overseen by an activities organiser. People's records recorded their social interests and level of engagement. People had access to an orientation board and weekly planner; we saw people enjoyed meals out, the cinema, shopping, music, family visits, community groups, gym and bowling, to name but a few. The registered manager was actively recruiting for a new therapy coordinator to help further develop therapy programmes and to look at the provision of more holidays for people. A person told us how much they loved going out and really appreciated the time taken by staff to support their social arrangements.

People's rooms were personalised and took account of each individual's personality and particular needs. A person told us how the decoration was of their choice and decorative items had been placed in the room which were important to them. This action reflected how well the staff knew the person and how they took into account what mattered to them.

The registered manager told us there were no people living at the home from different cultures however we saw how staff considered people's gender and sexuality as part of their assessment and care planning process. Information, advice and training regarding equality and diversity was readily available for people using the service and staff. Information about the home was available for people in different formats to help their understanding. This included pictorial information about people's health and social care needs.

We looked at people's wishes in respect of end of life care. Staff recorded advanced decisions regarding funeral arrangements and final wishes. It was evident staff had taken a great deal of time to discuss this as records seen very personalised. At the time of our visit no one was approaching end of life however the registered manager told us this support would be provided at the appropriate time. We discussed with the registered manager future training plans and for the inclusion of end of life care to support staff knowledge and skills.

The service had formal complaints' policy and procedure and people and their relatives told us they knew how to raise a concern and provide feedback. People told us they could raise any issues at the residents' meetings and that their feedback was valued by the staff. At the time of our inspection no complaints had been received. The registered manager confirmed that complaints, comments and feedback were all used as way of learning and to further develop and improve the service provided. Alternative formats were available to ensure everyone had the information they needed should they wish to raise a concern.

Is the service well-led?

Our findings

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.

People living at the home, relatives and staff we spoke with were complimentary regarding the overall management of the service and the leadership qualities of the registered manager. The registered manager was described as 'approachable', 'supportive', 'very organised' and 'a very good listener'. A relative said the registered manager was knowledgeable and that they gave clear explanations about 'everything' and they felt respected by the registered manager and staff. Staff told us they worked well together as a team and that communication was good.

We looked at systems and process in place to assure the quality of the service. We saw the service reviewed a number of key areas to monitor performance to maintain standards and drive forward improvement. This included audits in key areas, such as, medicines, finances, care records, health and cleanliness related audits. Records were up to date and where required, any shortfalls had been acted on in a timely manner. The provider's quality team undertook inspections to monitor standards and the provider's registered managers undertook peer audits of different services within the organisation. We were shown the latest service audit from January 2018 and the service achieved a score of 90%. Not all actions had been completed however we were assured by the measures being taken by the registered manager and operations manager to ensure compliance. This included changes to care documents to make them more person centred. Policies and procedures such as safeguarding, whistle blowing and medicines provided guidance to staff regarding expectations and performance; these were subject to review to reflect current legislation and 'best' practice.

The registered manager and staff spoke with enthusiasm about the service and displayed an open and transparent approach throughout the inspection. The registered manager was prompt in their actions to provide clearer records around the decision making process for people who may lack capacity and also auditing of accidents and incidents. The registered manager and staff displayed a clear vision and consistent values in relation to the provision of care and the provider's expectations. It was evident that people living at Sanderling House were at the 'heart of the service'.

Staff at the service understood their responsibilities in relation to registration and the need to submit statutory notifications in a timely manner. A notification is information about important events which the service is required to send to the Commission by law. Sanderling House's CQC rating was displayed at the care home and on the provider's website.

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 'resident meetings', newsletters and the completion of surveys for the annual service review which was last conducted in October 2017. The surveys results were very

positive and people's and relative's comments included, 'marvellous', 'very good', '100% happy', 'I like that we are given choices and allowed to make our own decisions', 'the staff are funny and make me feel like I am a part of a family' and 'I get support to see my kids'.

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 spoke positively about the quality and effectiveness of these relationships. The service had sought feedback from visiting health professional as part of their annual review.