

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 

Overall summary

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

The home had a registered manager who had been registered since 2004. A registered manager is a person

who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law, as does the provider.

We last inspected the service in December 2013 and found they were meeting the regulations we looked at.

People told us they felt safe in the home and we saw there were systems and processes in place to protect

Summary of findings

people from the risk of harm. Staff we spoke with were knowledgeable on safeguarding and were able to explain the procedures to follow should an allegation of abuse be made.

The registered manager told us some staff had recently delayed in reporting an incident, which she had dealt with. The staff were aware they should have reported it sooner but were unsure as it was relating to an agency worker. We saw that the registered manager had dealt with this appropriately and taken immediate action to ensure that it did not happen again.

People were protected against the risk of unlawful or excessive control or restraint because the provider had made suitable arrangements for staff to respond appropriately to people who communicated through their behaviour or actions.

The Deprivation of Liberty Safeguards were only used when it was considered to be in the person's best interest. This legislation is used to protect people who might not be able to make informed decisions on their own. The registered manager demonstrated a good awareness of their role in protecting people's rights and recording decisions made in their best interest.

We found people were cared for, or supported by, sufficient numbers of suitably qualified, skilled and experienced staff. Robust recruitment and selection procedures were in place and appropriate checks had been undertaken before staff began work.

Suitable arrangements were in place and people were provided with a choice of healthy food and drink ensuring their nutritional needs were met.

People's physical health was monitored as required. This included the monitoring of people's health conditions and symptoms so appropriate referrals to health professionals could be made.

People's needs were assessed and care and support was planned and delivered in line with their individual care

needs. The support plans contained a good level of information setting out exactly how each person should be supported to ensure their needs were met. Care and support was tailored to meet people's individual needs and staff knew people well. The support plans included risk assessments.

Our observations during the inspection evidenced staff had good relationships with the people living at the home and the atmosphere was happy, relaxed and inclusive.

We also observed interactions between staff and people living in the home and staff were kind and respectful to people when they were supporting them. Staff were aware of the values of the service and knew how to respect people's privacy and dignity.

A wide range of activities were provided both in-house and in the community. We saw people were involved and consulted about all aspects of their care and support, where they were able, including any suggestions for activities. Some people told us they would like more access to the community, especially at weekend when this was difficult if the respite service was full.

The registered manager told us they had received no formal complaints in the last twelve months, but was aware of how to respond if required. People we spoke with did not raise any complaints or concerns about living at the home. Relatives we spoke with told us they had no concerns but would discuss with the staff or manager if they needed to raise any issues. They told us if they had raised concerns in the past they had always been dealt with appropriately.

There were effective systems in place to monitor and improve the quality of the service provided. We saw copies of reports produced by the registered manager and the company's regional manager. The reports included any actions required and these were checked each month to determine progress.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Good



Staff we spoke with knew how to recognise and respond to abuse correctly. They had a clear understanding of the procedures in place to safeguard vulnerable people from abuse.

Individual risks had been assessed and identified as part of the support and care planning process.

There were enough qualified, skilled and experienced staff to meet people's needs. We saw when people needed support or assistance from staff there was always a member of staff available to give this support.

Is the service effective?

The service was effective.

Good



Staff had a programme of training and were trained to care and support people who used the service safely and to a good standard.

Most staff we spoke with had a good understanding of the Mental Capacity Act 2005 and how to ensure the rights of people with limited mental capacity to make decisions were respected.

We found the service to be meeting the requirements of the Deprivation of Liberty Safeguards. The Registered Manager was aware of the new guidance and was reviewing people who used the service to ensure new guidance was being followed. However we found some staff we spoke with were not aware of the changes in the guidance regarding Deprivation of Liberty Safeguards.

People's nutritional needs were met. The food we saw, provided variety and choice and ensured a well-balanced diet for people living in the home. We observed people being given choices of what to eat and what time to eat.

People had regular access to healthcare professionals, such as GPs, physiotherapists, opticians and dentists.

Is the service caring?

The service was caring

Good



People told us they were happy with the care and support they received and their needs had been met. It was clear from our observations and from speaking with staff they had a good understanding of people's care and support needs and knew people well.

Relatives we spoke with told us the service was fantastic, that staff were kind, considerate and respected people.

Summary of findings

Wherever possible, people were involved in making decisions about their care and staff took account of their individual needs and preferences.

We saw people's privacy and dignity was respected by staff and staff were able to give examples of how they achieved this.

Is the service responsive?

The service is responsive

People's health, care and support needs were assessed and individual choices and preferences were discussed with people who used the service and a relative or advocate.

We saw people's plans had been updated regularly and when there were any changes in their care and support needs.

People had an individual programme of activity in accordance with their needs and preferences. Although some people told us they would like to access the community more often, this was mainly the people who received a respite service.

Satisfaction surveys were provided to obtain people's views on the service and the support they received. A complaints process was in place.

Good



Is the service well-led?

The service was well led.

People were not put at risk because systems for monitoring quality were effective. Where improvements were needed, these were addressed and followed up to ensure continuous improvement.

Accidents and incidents were monitored by the manager and the organisation to ensure any triggers or trends were identified.

The service had identified a number of concerns during audits and as a result had introduced new improved systems of monitoring. The staff told us this had worked and the new systems were now embedded ensuring safe practices.

Good



Sunnyside Respite Service

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.’

This inspection took place on 8 and 9 October 2014 and was unannounced. The inspection team consisted of an inspector.

At the time of our inspection there were 11 people living in the home. Twenty people received regular respite services, the service could accommodate up to four people receiving respite at any one time. The service also provided care and support in the community.

We spent some time observing care in the lounge and dining room areas to help us understand the experience of people who used the service. We looked at all other areas of the home including some people’s bedrooms, communal bathrooms and lounge areas. We spent some

time looking at documents and records that related to people’s care. We looked at four people’s support plans. We spoke with four people living at the home, one person who received respite services and five relatives.

During our inspection we also spoke with nine members of staff and the registered manager. We also looked at records relating to staff, medicines management and the management of the

service.

Before our inspection, we reviewed all the information we held about the home and the provider had completed an information return which we received prior to the inspection. This helped us to plan and identify areas to focus on in the inspection; the provider information return document is the provider’s own assessment of how they meet the five key questions and how they plan to improve their service.

We spoke with the local authority and commissioners who had received concerns earlier this year, which had been investigated. The officers told us the provider and manager followed procedures and worked with them to improve the service provided. They had no concerns at the time of the inspection.

Is the service safe?

Our findings

People who used the service said they liked living at Sunnyside. One relative told us, “They (my relative) are as safe with them as they are with me, the staff are excellent.” Relatives told us they had no concerns about the way their family members were treated. Another relative told us, “The staff are a fantastic team, can’t complain about anything.”

The provider had safeguarding policies and procedures in place to guide practice. Staff we spoke with were very knowledgeable on procedures to follow. Staff also told us they knew how to recognise and respond to abuse correctly. They had a clear understanding of the procedures in place to safeguard vulnerable people from abuse. However during our inspection two staff disclosed information of a safeguarding nature to the manager, which had occurred two weeks previously. The staff were aware they should have reported it sooner but were unsure as it was relating to an agency worker. We saw that the registered manager dealt with this appropriately during our visit and took immediate action to ensure that it does not happen again.

Other staff we spoke with were able to tell us the procedures to follow and said, “If I suspected anything I would report immediately, either to the person in charge, or I would call the manager.” Another staff member of staff said, “If I couldn’t speak with the manager I would phone the council.”

People identified at being of risk when going out in the community had up to date risk assessments and we saw that if required, they were supported by staff when they went out during our inspection. Some people also had additional funding of either one to one or two to one staffing when out in the community to maintain their safety. We also saw evidence that the staffing was provided to facilitate this.

We looked at four people’s care and support plans. Care and support plans look at a people’s needs, priorities, goals, lifestyle, what’s important and how care and support will be managed. Each plan we looked at had an assessment of care needs and a plan of care, which included risk assessments. Risk assessments had been carried out to cover activities and health and safety issues; these included bathing, moving and handling and community activities. The assessments we looked at were

clear and outlined what people could do on their own and when they needed assistance. This helped ensure people were supported to take responsible risks as part of their daily lifestyle with the minimum necessary restrictions. We also saw environmental risk assessments which included fire safety measures.

There were risk assessments in place, supported by plans which detailed what might trigger each person’s behaviour that might challenge the service, what behaviour the person may display and how staff should respond to this. Staff had been given training in how to use recognised distraction and de-escalation techniques. This meant people were protected against the risk of harm because the provider had suitable arrangements in place.

Medicines were stored and administered safely. Staff and people that used the service were aware of what medicines were to be taken and when. The registered manager had improved the systems for monitoring medication in response to previous shortfalls, ensuring people’s medication was given as prescribed. The use of the systems had eliminated errors. Staff told us this had worked and the new systems were now embedded ensuring safe practices.

Through our observations and discussions with people, relatives and staff members, we found there were enough staff with the right experience or training to meet the needs of the people living in the home. The registered manager told us they had been struggling to recruit qualified nurses but were actively working with a number of organisations to improve recruitment. They had been relying on agency staff, which they told us had caused some problems, however they had now recruited all required staff and the last two were due to start at the end of October 2014.

The registered manager showed us the staff duty rotas and explained how staff were allocated on each shift. Staffing levels were determined by dependency levels of people who used the service. The rotas confirmed there was sufficient staff, of all designations, on shift at all times. We saw there was enough staff to meet the needs of people.

We spoke with one member of staff who was new in post they told us they had completed an application form, attended an interview and provided details for references. They also told us they had a disclosure and barring check and they did not commence employment until this was

Is the service safe?

received. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.

The new member of staff was supernumerary on the shift when we inspected as they were on their induction. They told us they were shadowing an experienced member of staff to be able to understand people's needs and how to meet their needs.

We found robust recruitment and selection procedures were in place and the registered manager told us

appropriate checks had been undertaken before staff began work. This included obtaining references from previous employers to show staff employed were safe to work with vulnerable people. The records we looked at confirmed this.

Before our inspection, we asked health and social care professionals for their opinion of the service. They were positive about the service provided. They were very positive about Sunnyside Respite Service and told us the staff were always responsive and available and at present had no concerns about the service they provided.

Is the service effective?

Our findings

Staff we spoke with said there were many opportunities for staff training, which they were encouraged and supported to attend. We looked at the training records these showed all staff had up to date training and received regular updates in line with the providers' policies and procedures.

Staff also told us they could access training in specific areas for example one support worker told us they had attended training in autism, end of life and epilepsy. They told us this ensured they were able to meet people's needs.

The registered manager told us all new staff completed a comprehensive induction before they started work in the home, followed by shadowing an experienced member of staff until they felt competent. This was confirmed by a new staff member we spoke with. That staff completed a comprehensive induction meant people could be assured that staff had the competencies and skills to meet their needs.

Staff told us they received regular supervision on an individual and group basis, which they felt supported them in their roles. Staff told us the manager was always approachable if they required some advice or needed to discuss something.

The registered manager told us she had been struggling to keep up with clinical supervisions for the qualified nursing staff. This was because they had been covering some of the shifts when they were short staffed. Staff told us they had received clinical supervision but not as often as they would have liked. Staff we spoke with were aware why this was not happening and were reassured that it would recommence as the registered manager had just recruited two staff who were due to start at the end of October 2014.

Staff we spoke with had a good understanding of the Mental Capacity Act 2005 and how to ensure the rights of people with limited mental capacity to make decisions were respected. People's capacity was clearly detailed in their plans of care.

We found the service to be meeting the requirements of the Deprivation of Liberty Safeguards. These safeguards

protect the rights of adults using services by ensuring that if there are restrictions on their freedom and liberty these are assessed by professionals who are trained to assess whether the restriction is needed. The registered manager was aware of the new guidance and was reviewing people's decision making capacity to ensure new guidance was being followed. However we found some staff we spoke with were not aware of the changes in the guidance regarding Deprivation of Liberty Safeguards. The registered manager had recognised this and further training was planned.

People's nutritional needs were assessed during the care and support planning process and people's needs in relation to nutrition were clearly seen documented in the plans of care that we looked at. We saw people's likes, dislikes and any allergies had also been recorded. We observed a meal time and the staff offered choices, cooked different meals for people ensuring they received something they enjoyed. We saw that special dietary requirements were met and this included fortified, pureed and culturally specific diets. Staff we spoke with were very knowledgeable on the dietary needs of people who used the service.

People who used the service told us they enjoyed the food and always had enough to eat and drink. During our observations we saw people were offered snacks and drinks. We also saw staff give one person an alternative when they did not want what they were first given. People were supported to eat their meals. Support was given sensitively and appropriately. The meal time was inclusive and people were talking, laughing and joking together.

We saw evidence care and support plans were regularly reviewed to ensure people's changing needs were identified and met. There were separate areas within the care plan, which showed specialists had been consulted over people's care and welfare. These included health professionals, GP communication records and hospital appointments. People also had a health action plan which provided information for staff on past and present medical conditions. A record was included of all healthcare appointments. This meant staff could readily identify any areas of concern and take swift action.

Is the service caring?

Our findings

We looked at care and support plans for four people who used the service. People's needs were assessed and care and support was planned and delivered in line with their individual needs. People living at the home had their own detailed and descriptive plan of care. The care plans were written in an individual way, which included family information, how people liked to communicate, nutritional needs, likes, dislikes, what activities they liked to do and what was important to them. The information covered all aspects of people's needs, included a profile of the person and clear guidance for staff on how to meet people's needs.

We saw records in the care files that showed there were regular key worker meetings. This was with the involvement of the person who used the service. The staff discussed what the person liked, disliked, what they wanted to achieve and how they were feeling. Following these meetings any agreed actions were addressed to ensure people's choices and decisions were achieved.

Staff we spoke with were very knowledgeable on how to meet people's needs. One staff member explained to us how they met the needs of people in respect of race, religion and belief. People were also supported to be involved with their family. One person showed us pictures and told us about their sister's wedding which they had been supported to attend by their key worker.

The staff we spoke with told us the care plans were easy to use and they contained relevant and sufficient information to know what the care needs were for each person and how to meet them. They demonstrated an in-depth knowledge and understanding of people's care and support needs..

Staff told us people living at Sunnyside communicated in different ways. They were able to explain the types of

communication used. Communication methods included, pictures, Makaton and objects. Staff could explain the communication methods used by each individual. We observed staff responding appropriately to different methods and staff understood what people were telling them. This meant staff were able to understand how people's need were met.

We observed interaction between staff and people living in the home on the day of our visit and people were relaxed with staff and confident to approach them throughout the day. We saw staff interacted positively with people, showing them kindness, patience and respect.

During our observation there was a relaxed atmosphere in the home. We saw staff and people who used the service were laughing and joking together it was a very inclusive atmosphere. Staff we spoke with told us they enjoyed supporting the people living in the home. People had free movement around the home and could choose where to sit and spend their recreational time. The premises were spacious and allowed people to spend time on their own if they wished.

We also observed people treated with respect and their dignity was maintained. Staff ensured toilet and bathroom doors were closed when in use. Staff were also able to explain how they supported people with personal care in their own rooms with door and curtains closed to maintain privacy. We saw people were discretely assisted to their rooms for personal care when required; staff acknowledged when people required assistance and responded appropriately.

Relatives we spoke with told us the staff were kind and considerate. One relative told us, "The staff learn the needs of people, and many have very complex needs and staff deliver high quality care."

Is the service responsive?

Our findings

People's care and support needs had been assessed before they moved into the home. We saw records confirmed people's preferences, interests, likes and dislikes and these had been recorded in their support plan. People and their families were involved in discussions about their care and the associated risk factors. Individual choices and decisions were documented in the support plans and reviewed on a regular basis. People's needs were regularly assessed and reviews of their care and support were held when required.

Relatives we spoke with told us they were kept informed of any changes and were involved in the care reviews. The people who received a respite service had a communication book. This was completed by staff and families to ensure information was shared. One relative told us, "The staff always keep me informed, so I am aware how my (Relatives) stay has been."

The registered manager told us people living in the home were offered a range of social activities. People's support plans contained an individual activity planner. People were supported to engage in activities outside the home to ensure they were part of the local community. We saw activities included going to the day care centre, shopping, trips out for lunch, baking and going to the coast. One person we spoke with said, "I go to the football, which I really enjoy." Another person told us with support from their key worker that they were hoping to go on holiday to visit their family overseas.

Staff we spoke with who worked on the respite unit, told us at times there was not enough staff to be able to take everyone on individual activities at weekends. Relatives also told us when their relative stayed a weekends it was not always possible for staff to be able to take them out on activities. The relative we spoke with did acknowledge that the funding did not provide activity hours outside the service and the staff tried their hardest to facilitate activities.

The registered manager and staff constantly monitored the well-being of people living in the home and were aware of

the dangers of social isolation. All new activities were risk assessed and evaluated to ensure people found them beneficial and enjoyable. We saw individual risk assessments in the plans of care that we looked at.

Staff told us the service was flexible and responsive to people's needs, for instance they would leave an activity early if the person didn't want to participate or they found the experience stressful. The staff also worked flexible hours to fit in with activities for example staff could start later or finish later to ensure the activity was facilitated.

The registered manager told us there was a comprehensive complaints' policy, this was explained to everyone who received a service. They told us they had received no formal complaints in the last 12 months. However they were able to explain the policy and procedure to follow if required. Staff we spoke with were also aware of how to deal with complaints. Relatives we spoke with told us if they had any concerns they would raise them with the manager. They told us if they raised any issues they were always listened to and the issues were resolved. One relative told us, "I can't complain about anything it is a fantastic service."

People were supported to maintain relationships with their family. Relatives spoken with confirmed they were kept up to date on their family member's progress by telephone and they were welcomed in the home when they visited. Relatives were encouraged and supported to make their views known about the care provided by the service. We were shown a recent quality monitoring questionnaire that had been sent out to relatives. We looked at a number of returned questionnaires many of the comments were very positive. One person had written, 'excellent care provided always supportive.' Another comment was, 'we couldn't manage without the respite service we receive, the safety net it provides is invaluable. The care given makes us feel safe.'

We observed staff gave time for people to make decisions and respond to questions. The registered manager told us 'residents meetings' were held and gave people the opportunity to contribute to the running of the home. We saw the minutes of these meeting were in easy to read format and showed involvement of people who used the service.

Is the service well-led?

Our findings

At the time of our inspection the service had a registered manager who had been registered with the Care Quality Commission since 2004.

There were effective systems in place to monitor and improve the quality of the service provided. We saw copies of reports produced by the Registered Manager and the company's regional manager. The reports included any actions required and these were checked each month to determine progress.

The registered manager told us they completed, daily, weekly and monthly audits which included environment, infection control, medication and care plans. The regional manager also carried out monthly audits, these audits had recently been reviewed and followed CQC's new methodology to ensure they met our key lines of enquiry. There was a detailed action plan put in place for the registered manager to follow to ensure any improvements identified were completed. We saw the registered manager was working through the action plan.

Observations of interactions between the registered manager and staff showed they were inclusive and positive. All staff spoke of strong commitment to providing a good quality service for people living in the home. They told us the registered manager was approachable, supportive and they felt listened to.

The staff we spoke with said they felt the management team were supportive and approachable, and that they were confident about challenging and reporting poor

practice, which they felt would be taken seriously. Staff said they had been short staffed over the past year due to struggling to recruit qualified nurses. They said they had worked as a team to ensure shifts were covered. The registered manager told us they now had a full complement of staff.

Staff received supervision and an annual appraisal of their work which ensured they could express any views about the service in a private and formal manner. Staff we spoke with were also aware of whistleblowing procedures. They told us if they felt the managers were not responding appropriately to any allegations they would not hesitate to whistle blow to ensure people were protected. However staff also told us the managers listened to any concerns they raised and had always responded appropriately.

Staff meetings were held on a monthly basis which gave opportunities for staff to contribute to the running of the home. We saw the meeting minutes for September 2014. The staff we spoke with told us the registered manager had an open door policy therefore staff or people who used the service and their relatives were able to contact them at any time.

Any accidents and incidents were monitored by the registered manager and the organisation to ensure any triggers or trends were identified. There had been no safeguarding referrals or whistle blowing concerns raised within the last year. Although there had been some medication errors these had been dealt with appropriately, the manager had introduced new improved systems of monitoring. The staff told us this had worked and the new systems were now embedded ensuring safe practices.