

## Revitalise Respite Holidays

# Revitalise Sandpipers

### Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Revitalise Sandpipers is a specialist residential service which provides respite holidays for people living with a disability. The service offers breaks in a relaxed, holiday style environment, and offers a variety of trips, entertainment and activities. People who use the service are supported by a team of staff and volunteers. The service can accommodate up to 38 people. At the time of our inspection 23 people were using the service.

Although the service was a holiday destination and predominantly offered short term breaks, five of its beds were commissioned by the NHS for people who had acquired a spinal injury. People stayed on the spinal unit for an average period of 6 weeks. Although the NHS supplied its own staff, staff employed by Revitalise Sandpipers also provided some support. We took this into consideration during our inspection.

People using the services of Revitalise Sandpipers benefited from a service that was safe and well-led.

Regular health and safety checks were carried out to ensure the service offered a safe environment for people. Risks to people were managed in a pro-active way. Staff supported people to manage risk in way which kept them safe and respected their individual choice.

Staff had been trained in how to report and manage any safeguarding incidents. The service adopted an open and learning approach, to help minimise the risk of incidents recurring.

People received their medicines as prescribed and by staff who were trained and competent.

Staff recruitment processes ensured staff were safe to work with people. People told us there were enough staff to meet their needs in a timely way.

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.

The manager was described by staff as being hands on, knowledgeable and approachable. The manager helped instil a positive culture which was committed to delivering high-quality support to people. People thought highly of the service and many were repeat guests. Staff were keen to share with us how much they enjoyed supporting people at the service, to help make their holiday experience memorable.

The service worked in collaboration and partnership with other relevant organisations to help achieve positive outcomes for people.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was good (report published 24 May 2018).

### Why we inspected

The inspection was prompted in part due to concerns received about management of risk, including the use of bed rails. A decision was made for us to inspect and examine those risks.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the Safe section of this full report.

We also looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has remained good based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Revitalise Sandpipers on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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

We always ask the following five questions of services.

<b>Is the service safe?</b>	<b>Good</b> ●
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The service was safe.  Details are in our safe findings below.	
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<b>Is the service well-led?</b>	<b>Good</b> ●
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The service was well-led.  Details are in our well-led findings below.	
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# Revitalise Sandpipers

## 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 Health and Social Care Act 2008.

As part of this inspection, we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

This inspection was carried out by 1 inspector.

#### Service and service type

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

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a manager in post. The manager had been in post since June 2022, an application had been made to CQC to enable them to become registered.

#### Notice of inspection

This inspection was unannounced.

### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

### During the inspection

We carried out an inspection of the service to ensure it was safe and suitable to meet people's needs. We also observed the delivery of support at various times throughout the day. We spoke with 6 people who were using the service, including 1 person who had been admitted to the spinal injury unit. We also spoke to 6 members of staff, including the manager, the regional clinical lead, a team leader, a senior and 2 members of support staff.

We looked at records in relation to people who used the service including 4 support plans, medicine records and systems for monitoring the safety and quality of the service provided. We looked at 3 staff recruitment files and quality assurance records.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question safe. At this inspection the rating has remained good. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

- Risks were assessed and management plans in place. An assessment of risks was carried out prior to people being checked in to the service. Risk management plans helped guide staff on how to support people against risks which were individual to them.
- For people at risk of risks such as falling out of bed, bed rails were used subject to the person's consent. Regular checks were carried out by staff to ensure this was managed in a safe way. The service had recently revised their practices around the management of bed rails, to help further ensure people's safety and well-being.
- A pro-active and 'can do' attitude was taken to risks. People were not told they could not do something on the basis it was too risky. Staff supported people to manage risks in a way which balanced safety with people's right to choose. One person said, "Sandpipers make the impossible...possible." A member of staff confirmed, "If someone wants to do something we will do our utmost to accommodate it."
- Risks to the health and safety of the environment had been considered, enabling people living with a cognitive impairment to navigate around the service in a safe way.
- Staff had received training in how to record accidents and incidents. Both the manager and provider had oversight of accident and incidents, meaning patterns and trends were identified. This helped enable appropriate and timely action to be taken to help minimise the risk of recurrence.

### Learning lessons when things go wrong

- An organisational wide policy for lessons learnt was in place. The system had been implemented adequately to explore how the provider could protect staff and people from incidents of actual and potential harm and to help explore causes and themes. Debriefs and reflective discussions took place with staff to identify where improvements could be made in the future.

### Systems and processes to safeguard people from the risk of abuse

- Systems and processes were in place to protect people from the risk of harm and abuse. Staff had received safeguarding training and understood how to safeguard people from abuse and how to report any safeguarding concerns. Staff confirmed, "We are all trained in safeguarding matters, I wouldn't hesitate to raise anything with the team and to go higher if needed" and "It's not a blame culture here, we put our hands up and learn from it."
- The service adopted a transparent and open culture in relation to any safeguarding concerns. Concerns were shared appropriately with the relevant external bodies where necessary, helping to protect people's safety and freedoms.

### Staffing and recruitment

- There were enough staff on duty to meet people's needs. Staffing numbers were variable and adapted according to the number of people using the service at any one time, in addition to their support needs. One person told us, "Staff increase their support as needed, such as when I have greater needs, that's so important and staff are very good at that."
- Revitalise Sandpipers also enjoyed the services of volunteers, including students from overseas. They provided an invaluable service and helped people to engage in activities and leisure pursuits. One volunteer told us, "I've been coming here 25 years, I simply love it." One person told us, "[Volunteer Name] is fantastic!"
- Recruitment of new staff was safe. Pre-employment checks were completed to help ensure staff members were safe to work with vulnerable people.

#### Using medicines safely

- Medicines were managed safely, For people who wished to manage their own medicines, processes were in place to enable them to do so safely. For people who required staff support, people received their medicines from trained and competent staff.
- There was information to guide staff on the administration of 'when required' medicines and those with a variable dosage.
- Appropriate guidance was being followed in relation to; record-keeping, storage, covert medicines, topical medicines (creams and lotions) and controlled drugs. Controlled drugs are medicines with additional control measures in place because of their potential for misuse. Medicines administration records (MAR) sheets had been completed accurately.

#### Preventing and controlling infection

- Cleaning records were in place and there were adequate supplies of PPE which staff used appropriately. The home was clean and well maintained.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

#### Visiting in care homes

Although people used the service for short term respite breaks, the service facilitated visiting for people's family and friends. People told us their loved ones could visit them at any time. People's care/support workers were also able to stay with people for the duration of their break if required. Visiting is important to help maintain peoples' psychological and emotional well-being.

The Mental Capacity Act 2005 (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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

# 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 our last inspection we rated this key question good. At this inspection the rating has 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

- Although the service did not have a registered manager, a manager was in place and was in the process of becoming registered with CQC. In addition to the manager, further oversight was provided by the national clinical lead who visited the service on a regular basis to carry out their own checks and audits.
- Effective systems for monitoring the quality of the service and meeting regulatory requirements were adequately established. Quality monitoring processes ensured staff were prepared for the role.
- The manager carried out a variety of audits. This helped to provide an honest scrutiny of the service and to further drive improvement in the safety and quality of support being delivered. A senior member of staff told us, "We want our audits to be genuinely meaningful."
- Processes were in place to ensure staff training was current, and staff understood how to manage risks and how to deliver safe and high-quality support. One member of staff summed it up by saying, "Staff share the same values of making it a good experience for people and want to make it happen for people, the care team are well skilled and pick up quickly on people's needs."
- Staff were further supported by supervision and appraisal processes. The manager explained how a governance tracker highlighted any gaps in this process. Staff told us they thought supervision and appraisals were helpful on a professional and personal level and allowed them to feedback their views.
- Regular meetings were held with the provider and team leaders to ensure incidents were discussed and reviewed and any findings and best practice guidance was shared with the wider staff team. Meetings also took place with leaders from sister sites, encouraging exchanges of ideas and multi-site learning.
- Positive feedback was received about the manager from people and staff. One senior staff member confirmed, "[Manager] is an amazing manager, really on top of things and hands on. [Manager] is so proactive and works with the team, not against them."

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

- Staff were involved and engaged in the service delivery. Staff told us they were able to share their views on how the service could be improved and they felt listened to.
- There were also regular staff meetings where staff were able to air their views and put forward suggestions for consideration. One member of staff told us, "Staff have a voice. It's an open agenda."
- The service encouraged and welcomed feedback from the people using the service. People were asked for feedback when they checked out, via a questionnaire which was also easily accessible via an online link. Questions had been designed in consultation with both staff and guests, to help capture the difference the

service made to people's lives.

#### Continuous learning and improving care

- Systems for promoting continuous learning and improving care were consistently implemented to monitor shortfalls, learn from any previous incidents and safeguardings and to help drive improvements.
- Reflective discussion with staff and debrief sessions took place, which aided the development of best practice.

#### Planning and promoting person-centred, high-quality care and support, and how the provider understands and acts on duty of candour responsibility; Working in partnership with others

- Systems and processes assisted in the planning and promotion of person-centred care and support.
- Peoples' care was planned and promoted to help ensure people received person centred and high-quality support. People's support plans were in place before they checked in to the service. Plans were added to as staff grew to know the person's needs and preferences during their stay.
- Support plans evidenced individualised outcomes for people, and people took an active role in setting their own needs and goals they wished to achieve during their stay. Staff demonstrated a good knowledge and understanding of people's individual needs.
- The manager was aware of their responsibilities in line with regulatory requirements. They knew to notify CQC of incidents and events that occurred at the service.
- The manager demonstrated an understanding of their duty of candour, and the importance of keeping people's significant others informed.
- The service worked in partnership with external professional agencies such as commissioners and safeguarding teams to help improve standards in the quality and safety of care. Both the provider and the manager demonstrated a genuine commitment and dedication to provide high quality care for people.