Care Quality Commission

Voyage 1 Limited

Sanderling House

Inspection report

3 Liverpool Road
Formby
Liverpool
L37 4BN
Tel: 01704879363

Date of inspection visit: 22 October 2015
Date of publication: 18/12/2015

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

This unannounced inspection of Sanderling House took place on 22 October 2015.

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.

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 Sanderling House told us they felt the home was a safe place to live and staff we spoke with had a good understanding of safeguarding and how to report concerns. Safeguarding policies and procedures were available and appropriate referrals had been made.

Arrangements were in place for checking the environment to ensure it was safe, including risk assessments and regular equipment checks. There was a

Summary of findings

system in place to report and address any maintenance issues. Care files we viewed showed that risks had been assessed in areas such as nutrition, mobility and accessing the community, however they were not always reviewed regularly.

We found there was adequate numbers of staff on duty to meet people's care needs and safe recruitment processes were usually followed when new staff were employed.

A medicine policy was in place to ensure staff followed principles of safe administration of medicines. Regular audits were completed to ensure risks regarding the management of medicines were minimised and action plans developed to address areas that required improvement.

We found the home to be clean and well maintained.

People living at Sanderling House were supported by the staff and external health care professionals to maintain their health and wellbeing.

Staff felt well supported in their role and had completed an induction on commencement of their post. Staff felt this induction was sufficient to ensure they could meet people's needs. Regular supervisions, training and an annual appraisal were also completed in order to support staff in their roles.

Staff we spoke with had a good understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS), and appropriate DoLS applications had been made. We found that people's consent was sought in line with the principles of the MCA.

Menu's evidenced that people had choice regarding meals and some people were supported to shop and prepare their own meals. Menu's were based on the preferences of people living in the home. People's nutritional risks were assessed and appropriate support measures put in place.

Staff knew people and their individual needs well and provided support to promote their independence through person centred support planning and adaptations around the home. People we spoke with told us staff were kind and caring and treated them with respect. Our observations showed us staff protected people's privacy and dignity.

People told us their needs were being met and support plans we viewed were detailed, individual to the person and reflected people's needs and preferences. People were involved in the creation of their support plans and they were reviewed regularly. Processes were in place to seek feedback from people living in the home, for instance through regular meetings and quality assurance surveys. A complaints procedure was also available within the home.

Staff received up to date information regarding people's care needs through effective handover processes and updated support plans.

People had individual activity schedules which were based on their preferences and people told us they could choose how to spend their day.

Feedback regarding the management of the home was positive from staff and people living in the home. People felt they were listened to and could raise any concerns with the manager.

Systems were in place to monitor the quality and safety of the service, such as regular audits and the manager had notified CQC of required incidents and events within the home.

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

People living at Sanderling House told us they felt the home was a safe place to live. Safeguarding policies and procedures were available and appropriate referrals had been made.

Arrangements were in place for checking the environment to ensure it was safe. Care files we viewed showed that risks had been assessed, however they were not always reviewed regularly.

We found there to be adequate numbers of staff on duty to meet people's care needs and safer recruitment processes were usually followed when new staff were employed.

A medicine policy was in place to ensure staff followed principles of safe administration of medicines. Regular audits were completed to ensure risks regarding the management of medicines were minimised and action plans developed to address areas that require improvement.

We found the home to be clean and well maintained.

Is the service effective?
The service was effective.

Good

People living at Sanderling House were supported by the staff and external health care professionals to maintain their health and wellbeing. People's independence was promoted through the care planning as well as adaptations made throughout the home, such as pictorial signs and equipment.

Staff felt well supported in their role. Induction, regular supervisions, training and an annual appraisal were completed in order to ensure staff had the knowledge and skills to meet people's needs.

Staff we spoke with had a good understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and appropriate DoLS applications had been made. We found that people's consent was sought in line with the principles of the MCA.

Menu's evidenced that people had choice regarding meals and some people were supported to shop and prepare their own meals. Menu's were based on the preferences of people living in the home.

Is the service caring?
The service was caring.

Good

People we spoke with told us staff were kind and caring and treated them with respect. Our observations showed us staff maintained people's privacy and dignity.

Staff knew people and their individual needs well and provided support to promote their independence through person centred support planning and adaptations around the home.

People we spoke with told us staff listened to their opinions.

Is the service responsive?
The service was responsive.

Good

Summary of findings

People had individual plans of care that reflected their needs and preferences and people had been involved in the development of the plans.

Processes were in place to seek feedback from people living in the home, for instance through regular meetings and quality assurance surveys. A complaints procedure was also available within the home.

Staff received up to date information regarding people's care needs through effective handover processes and updated support plans.

Individual activity schedules were in place based on people's preferences and people told us they could choose how to spend their day.

Is the service well-led?

Good

The service was well led.

Feedback from staff and people living in the home was positive regarding the management of the service.

The quality and safety of the service was monitored by the manager, for instance through completion of audits.

The manager had notified the Care Quality Commission(CQC) of events and incidents that occurred in the home in accordance with our statutory notifications.

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.

This unannounced inspection took place on 22 October 2015 and the inspection team included an adult social care inspector.

Before our inspection we reviewed the information we held about the home. This usually includes a review of the Provider Information Return (PIR). However, we had not requested the provider submit a PIR prior to this inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We looked at the notifications the Care Quality Commission (CQC) had received about the service. We contacted the commissioners of the service to obtain their views.

During the inspection we spoke with the registered manager, the operations manager, two members of the care team and three people who lived in the home.

We looked at the care files for three people who lived in the home, three staff recruitment files, medicine administration charts and other records relevant to the quality monitoring of the service. We made general observations, looked around the home, including some people's bedrooms, bathrooms, the dining rooms and lounge.

Good

Is the service safe?

Our findings

People we spoke with told us they felt safe living at Sanderling House and staff we spoke with agreed that people's safety was maintained. One person told us staff helped them to feel safe because they always ensured the environment was secure, such as locking the front door at night.

We spoke with staff about adult safeguarding, what constitutes abuse and how to report concerns. Staff displayed a good understanding of abuse and the processes in place to report any concerns. Staff told us they had completed recent safeguarding training as part of the service's mandatory e-learning package and records we viewed confirmed this. Safeguarding policies and procedures were available as well as contact details for the local authority, should a safeguarding referral need to be made. The service had developed a "See something, say something" policy that staff signed to confirm they had read. Staff told us safeguarding was always discussed at team meetings. Records we viewed showed that appropriate safeguarding referrals had been made to the local authority as required.

Arrangements were in place for checking the environment to ensure it was safe. These included daily and weekly health and safety checks of the environment and equipment. Risk assessments had been completed to identify potential risks across a range of areas such as medicine administration, hot weather, windows, use of the BBQ and the use of chemicals. A fire risk assessment had been completed in January 2015 and people who lived at the home had a personal emergency evacuation plan (PEEP) to ensure they could safely evacuate the home in the event of an emergency. Safety checks of equipment and services such as, fire prevention, hot water, mattress integrity, wheelchairs, portable electrical equipment, emergency lighting, legionella and gas were all undertaken. There was a system in place to report any required maintenance work to head office electronically and staff had access to relevant contact numbers if repairs were urgent.

We observed staff supporting people to maintain their safety throughout the day, such as supporting people to prepare hot drinks and meals and providing general supervision as required. Corridors were kept clear to ensure people could mobilise safely.

The care files we looked at showed staff had completed risk assessments for people, in order to identify risks and put measures in place to reduce those risks. Assessments included individual risks relating to falls, nutrition and accessing the community. Risk assessments viewed were accurate, however not all had been reviewed regularly by staff. For example, one nutritional risk assessment had not been reviewed since September 2014 and the person had experienced changes in their weight. This meant that there was a potential that risks may not be identified and minimised by staff. The care file for this person evidenced that appropriate actions had been taken and the manager agreed to ensure all risk assessments were reviewed regularly.

We looked at how the home was staffed. On the day of inspection there were three carers, one senior carer and the manager on duty supporting six people who lived in the home. People living in the home told us there were enough staff on duty to meet their needs. One person told us there was, "Always someone available." Staff we spoke with told us there were always enough staff on duty and that staffing levels were varied depending upon activities people participated in each day or appointments they had to attend. The care files we viewed contained individual dependency assessment forms. Our observations told us there were adequate numbers of staff on duty as we observed staff support people in a relaxed way and people did not have to wait for support. We observed staff assist people to cook meals, look through photographs and put rollers in hair. We looked at the staff rotas and they evidenced consistent staffing levels as described by the manager. The rota's included planned hours to support people to appointments or visit people in hospital. The manager told us they do not use agency staff as they have regular bank staff and can access staff from the provider's other services if necessary.

We looked at how staff were recruited to the home. We viewed three staff personnel files which contained applications forms, full employment history, interview notes and identification of prospective employees. Disclosure and Barring Service (DBS) checks had also been carried out prior to new members of staff working at the home. DBS checks consist of a check on people's criminal record and a check to see if they have been placed on a list for people who are barred from working with vulnerable adults. This assists employers to make safer decisions about the recruitment of staff. Two files contained relevant

Good

Is the service safe?

references, however one file contained references dated over ten years prior to the date of employment. The manager explained there had been difficulties obtaining references from more recent employers but would follow this up and ask the employee to provide a more recent reference.

We looked at the systems in place for managing medicines in the home. This included the storage and handling of medicines as well as a sample of Medication Administration Records (MAR), stock balances and other records for people living in the home. People living in the home told us they get their medicines when needed.

There was a medicine policy available to guide staff in the safe management of medicines. This included guidance on areas such as ordering, safe administration, safe disposal, controlled drugs, actions to take in the event of an error and covert (hidden in food or drinks) medicines, though this form of administration was not in use at the time of inspection.

Medicines were stored in a locked clinic room and administered by trained senior care staff. Staff told us they completed medicine training on line each year and records we viewed confirmed this. Staff told us their competency was assessed when they were employed but not reassessed unless there were concerns about their practice. Completed competency assessments were viewed.

There was an effective process in place for ordering and returning medicines. The MARs we viewed were clear and easy to read and contained a photograph of the person for identification, details of date of birth and any allergies, in line with best practice guidance. Creams were observed to be dated when opened. Individual plans were in place for medicines administered as and when required (PRN). A communication book was in use to enable staff to share any necessary information regarding people's medicines. There were no recorded temperatures for the medicine fridge which contained one person's cream. The manager advised the cream had been discontinued and was waiting to be returned to the pharmacy, so the fridge was not in use. The manager agreed to turn the fridge off or ensure temperatures were monitored and recorded.

We completed an audit (check) of seven medicines and found the stock balances to be correct. There was a process to count stock balances regularly and to ensure the MAR chart had been completed accurately. One handwritten entry on the MAR chart had not been signed by two staff. This meant there was a risk of error when transcribing medicine details. Medicine audits had been completed which had also highlighted this issue and an action plan had been created. A container used to store clinical sharps waste, such as syringes was stored within the clinic room. This container was stored above head height on top of a cupboard. Two large kitchen knives had been placed in the container with their handles sticking out of the top, meaning that the safety closure on the receptacle could not be used and there was a risk they could fall out and cause injury. The manager advised the knives were due to be thrown out and staff had put them in the sharps container until they could be safely discarded. The manager agreed to discard the knives appropriately on the day of inspection.

People we spoke with did not have any concerns regarding the cleanliness of the home. One person told us, "I can always hear the hoover going." We found the home to be clean and this included communal areas such as the dining room, lounges and corridors.

Good

Is the service effective?

Our findings

People living at Sanderling House felt their healthcare needs were being met and that staff would arrange for a doctors appointment if they were unwell. The care files we looked at showed people received advice, care and treatment from relevant health and social care professionals, such as the GP, falls team, social worker, dentist, occupational therapist, smoking cessation and dietician. Staff also provided support to attend hospital appointments to maintain people's health and wellbeing and this was observed on the day of inspection.

We looked at three personnel files to establish how staff were inducted into their job role. The files contained evidence of induction and the care certificate has now been implemented within the home for new staff. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. The manager told us that new staff shadow existing staff members when first in post as part of the induction process, to enable them to get to know people using the service. Staff we spoke with told us the induction process was sufficient to support them in their role and help them to meet people's needs.

We looked at on-going staff training and support. Staff we spoke with felt well supported and told us they received regular supervision and an annual appraisal and the records we viewed reflected this. For new staff there were also regular review meetings held as part of their probationary period. Staff meetings took place monthly and staff told us they were able to share their views at these meetings. We looked at staff training records and these covered areas such as safeguarding, health and safety, communication, person centred care, fire safety, first aid, infection control, moving and handling, medicines, nutrition and allergies. There was also specific training completed, such as acquired brain injury and epilepsy. This meant that staff were equipped with the knowledge and skills to meet people's needs.

Training was mostly completed through an e-learning system; however staff also told us they attended external training in areas such as mental capacity and deprivation of liberty safeguards. There were electronic systems in place to monitor training and the manager told us they reviewed weekly. If any courses were due to be refreshed the system highlighted this and the manager used a communication book to remind staff to complete the relevant training. We viewed training records which showed that most staff had completed all relevant training courses. People living in the home told us staff were trained appropriately to meet their needs.

We looked to see if the service was working within the legal framework of the 2005 Mental Capacity Act (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 manager told us DoLS applications had been made as required and authorisations were viewed within care files. Staff we spoke with had a good understanding regarding MCA and DoLS.

Staff we spoke with told us they always sought consent from people and we observed this during the visit, for instance before staff entered a person's bedroom. Care files viewed evidenced that people had been consulted about their care and agreed to the support plans in place. Each support plan clearly described how the person had been involved in the creation of that plan to ensure support would be provided in the way the person chose. Individual support plans were signed by people to evidence their agreement to the support plan in place. Care files also contained a decision making profile, providing information on when the best time was for a person to make decisions and any support required to assist in the decision making process. When there were concerns regarding a person's ability to make a decision, an assessment of their capacity was completed and a decision made in their best interest, with involvement of relevant people and the least restrictive option was identified. Assessments were decision specific and in line with the Mental Capacity Act 2005.

People living at the home told us they were happy with the support staff offered them and one person told us staff regularly asked them if there was anything that could be changed to improve the support provided.

Good

Is the service effective?

We looked at how people's nutritional needs were met at Sanderling House. Care files we viewed showed that people's nutritional risk was assessed and appropriate support measures implemented, such as regular weight monitoring and referrals to health professionals such as a dietician in order to maintain people's nutritional wellbeing.

We viewed the menu which showed that choices were available and the manager told us the menu was created with the input of people living in the home and alternatives were always available. Weekly meetings were held with staff and people living in the home, which included discussions regarding meals and these records were viewed. There were also three people living in the home who created their own weekly menu's, went shopping and prepared their own meals with the support of staff. People we spoke with described the meals prepared by staff as, "Very good." There was a homely dining area where we observed people sitting during the day, eating meals and chatting.

We observed the environment of the home and found that pictorial signs were used to help orientate people to specific areas, such as bathrooms. Kitchen cupboards had signs on advising what was within each cupboard to promote people's independence with meal preparation. People's rooms were decorated to their individual preferences and one person told us they had chosen the colour of the paint for their walls and pattern for their duvet and curtains. There were other adaptations within the home to meet people need's, such as a toilet frame and shower seat and individual orientation boards in people's rooms with dates and activities planned for the day.

Good

Is the service caring?

Our findings

People we spoke with told us the staff were kind and caring and treated them with respect. One person told us the staff were, "Lovely, all of them, can't fault them." We observed interactions between staff and people living in the home to be warm, caring and gentle and staff were attentive in their approach. We observed staff sitting and chatting with people during the day and looking through photographs. Staff spoke to us about people living in the home with warmth and affection.

We observed staff respecting people's privacy and dignity in various ways throughout the day, such as knocking on people's doors before entering room's and referring to people in their chosen term of address. We observed a staff member supporting a person on an individual basis, offering support and reassurance and during discussions with staff. It was evident they were aware of how ensure people's privacy and dignity was maintained.

Staff we spoke with had a good understanding of people's individual needs, choices and preferences. One person told us they were supported by staff to access the local community and staff had helped to build their confidence and increase their independence. People were supported to access employment, pursue leisure activities and attend clubs that may interest them.

Support plans viewed clearly showed how people had been involved in developing their plan of care and people told us their needs were being met. Support plans evidenced people's preferences, such as daily routines, how they would like information given to them and what is important to them. Care files were stored securely in order to maintain people's confidentiality.

People we spoke with told us staff listen to their opinions. One person told us they were free to air their point of view and all people felt confident staff would listen to any concerns they had. One person told us they had raised a concern and staff had dealt with it straight away.

We did not see any visitors on the day of the inspection, however people living in the home and staff all told us that visitors were welcome any time and there were no restrictions to when they could visit. The manager agreed that the home had an open door policy with regards to visitors.

For people who had no family or friends to represent them, contact details for a local advocacy service were available. The manager told us one person was receiving support from an advocate.

Good

Is the service responsive?

Our findings

We asked people whether they were involved in creating their plans of care and how staff involved them in their care, treatment and support. People we spoke with were able to tell us that staff spoke with them about their care and people told us their needs were being met. The records we viewed recorded how people had been involved in the creation of each support plan and people had signed them to evidence their agreement when able.

Support plans we viewed were detailed, individual to the person and reflected people's needs and preferences in areas, such as decision making, communication, personal care, mobility, nutrition, accessing the community, emotional support, maintaining relationships and medicines. One plan viewed contained detailed information regarding a person's mobility, risks they may face and guidance for staff to follow in order to maintain the person's safety and wellbeing. Care files also contained detailed information regarding people's preferred routines both during the day and night and how they have told staff they would like support to be provided. Information regarding a person's social history was also available within the care file. This enabled staff to get to know the person and provide care specific to the individual.

Support plans were reviewed by staff regularly to ensure they remained accurate and people's health and care needs were updated within the plan of care if there were any changes. Person centred reviews were also evident which included staff, the person using the service and their relatives. Reviews looked at what was important to each person participating in the review and the short and long term goals hoped to be achieved. Support plans incorporated methods to promote people's independence. One plan viewed recorded ways to educate a person regarding their medicines in order to encourage independence in this area. The manager told us the aim of the service was to support people to develop the necessary skills to live more independently, such as in a supported living environment.

Staff we spoke with had a good understanding of people's needs, care and treatment. Staff told us they were informed of any changes within the home, including changes in people's care needs. This was achieved through staff handover and reading the communication book, as well as people's support plans and talking to people to establish what they hope to achieve. People we spoke with told us they were happy with the support staff provided to them and that staff knew them well. One person told us, "I am have improved so much since moving in here, I am much less anxious now."

We asked people to tell us about the social aspects of the home and how they spent their day. Staff supported people to participate in activities that they chose. Staff told us people had recently attended a tour of the Coronation Street set and a trip to Blackpool was booked for the following week. Staff told us they spend time with each person living in Sanderling House each week in order to develop an individual plan of activities for the upcoming week. These plans were on boards in people's bedrooms and included activities such as swimming, guitar lessons, meals out, shopping, snooker club and cooking. People told us they were supported to attend clubs and to participate in voluntary work. The home also has a vehicle which can be used to access activities within the community.

People told us they could choose how to spend their day and their preferences regarding daily routines were respected by staff, for instance when they wanted to go to bed. Staff agreed with this and support plans we viewed contained clear information regarding people's preferences, including whether the person would prefer male or female staff to support them with their personal care needs.

There were a variety of ways people living at Sanderling House and their relatives could provide feedback on the service. These included regular service user meetings, key worker meetings, worry cards and completion of quality assurance surveys. Minutes from service user meetings were viewed which showed that feedback was sought. People living in the home told us they were asked if any part of their support could be changed for the better and people told us they were listened to if they did suggest changes. We saw completed quality assurance surveys which had been reviewed and an action plan developed to address comments made and make improvements based on the feedback from people living in the home and their relatives.

Good

Is the service responsive?

People living in the home were encouraged to maintain relationships that matter to them. For instance, one staff member told us they supported a person to go away to visit their family twice a year, encouraging relationships to be maintained and avoid people becoming socially isolated.

People had access to a complaints' procedure which included contact details of relevant organisation's. The manager told us they had not received any complaints but would log any that were received and respond in line with the complaints policy. People we spoke with told us they would speak to staff or the manager if they had any complaints.

Good

Is the service well-led?

Our findings

The home had a registered manager in post. We asked people their views on how the home was managed and feedback from people living in the home and staff was positive. Staff told us the manager was always available to ask questions to ensure staff are well supported and confident in their role. The manager was described by staff as, “Very supportive,” “Always available” and a “Massive support.” One staff member told us they felt lucky to work with such a, “Dynamic team” and that, “Everybody brings something to make the team work well.”

Staff were aware of the home’s whistle blowing policy and told us they would not hesitate to raise any issue. Staff signed the policy to evidence they had read and understood the contents. Having a whistle blowing policy helps to promote an open culture within the home.

There were systems in place to gather feedback regarding the service, including residents’ meetings and quality assurance surveys and people living in the home told us they were regularly asked for their views. Staff told us they were encouraged to share their views regarding the service and their views were listened to. Records we looked at showed that staff meetings were held regularly which enabled staff opinions to be heard. Staff also completed annual quality assurance questionnaires to provide feedback regarding the service.

During the visit we looked at how the manager and provider ensured the quality and safety of the service provided. We saw that there were a range of audits (checks) completed by the manager to monitor the quality of the care provided and help improve practice. These included a weekly service review which covered areas such as staffing levels, complaints, accidents and any inspections completed. The electronic system used enabled the manager to view trends or themes in relation to accidents and incidents to ensure appropriate risk management measures could be implemented. The manager also completed an audit of the service every three months which the operations manager reviewed and verified. The company’s quality assurance manager visited twice each year and completed a full audit. We viewed the last audit completed by the quality assurance manager in which the service scored 92%. Actions were identified by the operations manager and signed off when completed. We also viewed specific audits in areas such as medicines and fire safety.

The manager had notified the Care Quality Commission(CQC) of events and incidents that occurred in the home in accordance with our statutory notifications.