

Revitalise Respite Holidays

Revitalise Netley Waterside House

Inspection report

Abbey Hill
Netley Abbey
Southampton
Hampshire
SO31 5FA

Tel: 02380453686

Website: www.revitalise.org.uk

Date of inspection visit:

05 April 2017

06 April 2017

Date of publication:

24 May 2017

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 5 and 6 April 2017 and was unannounced

Revitalise Netley Waterside House is one of three centres provided by Revitalise Respite Holidays, a national charity providing respite care in a holiday setting for guest's living with either a physical disability, learning disability, sensory impairment or dementia. The service provides 24 hour nursing care for those that need this. The service can accommodate up to 39 guest's, although at the time of our inspection there were 21 guests and one companion staying. The theme of the week was 'Youth Week'. Two guest's lived at the centre permanently. Most guest's booked to come to the service for a week's break and would either come alone or with their main carer. The aim was that during the break, the carer also had respite from their role and was able to take a relaxing break. People staying at the service were referred to as guests and their carers as companions so throughout the remainder of the report we have used the same terminology. The provider operates a large residential volunteering programme and so in addition to permanent staff; guests were also cared for by a number of long and short term volunteers.

The service had a registered manager. 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.

We found a breach of the legal requirements regarding safe care and treatment. Risks to guest's health and wellbeing were not being adequately assessed and planned for. The provider's checks had not effectively identified these and other areas for improvement.

Environmental and infection control risks were effectively managed and improvements had been made to the management of medicines.

Staff sought guest's consent before providing care and guests were encouraged and supported to make decisions about their care and support.

Staff received training, supervision and an induction which ensured they had the skills and knowledge to support guests appropriately.

Guests were positive about the food and were provided with support to ensure they were able to have enough to eat and drink.

There were sufficient numbers of staff to meet guest's needs and guests told us they felt safe and that the staff were kind and caring. We observed a number of positive and warm interactions between guests and staff. Staff demonstrated a good understanding of the meaning of dignity and how this encompassed all of the care provided to each guest.

Guests were supported to take part in a range of activities both within and outside of the home.

Information on how to make a complaint was readily available within the service.

The manager had cultivated positive relationships with guests and the staff team and the organisation was committed to actively seeking the engagement and involvement of guests and staff in developing the service.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not always safe.

Improvements were needed to ensure that all of the risks to guest's health and wellbeing were effectively assessed and planned for.

Environmental and infection control risks were effectively managed and improvements had been made to the management of medicines.

There were sufficient numbers of staff deployed and appropriate recruitment checks took place before staff started working at the home.

Staff had received training in safeguarding adults, and had an understanding of the types of abuse and neglect.

Is the service effective?

Good 

The service was effective.

Staff sought guest's consent before providing care and guests were encouraged and supported to make decisions about their care and support.

Staff received training, supervision and an induction which ensured they had the skills and knowledge to support guests appropriately.

Guests were positive about the food and guests were provided with support to ensure they were able to have enough to eat and drink.

Is the service caring?

Good 

The service was caring.

Guest's told us that staff were kind and caring. We observed a number of positive and warm interactions between guests and staff.

Staff encouraged guests to make day to day decisions about their care.

Guests were always treated in a manner that respected their privacy and dignity.

Is the service responsive?

Good ●

The service was responsive.

Guests received person centred care that was responsive to their needs and helped them to enjoy and benefit from their weeks holiday.

Guests took part in a suitable range of excursions and activities.

Information on how to make a complaint was readily available within the service.

Is the service well-led?

Requires Improvement ●

The service was not always well led.

We found a breach of the legal requirements regarding safe care and treatment and other areas for improvement. The provider's checks had not effectively identified these concerns.

The manager had cultivated positive relationships with guests and the staff team and the organisation was committed to actively seeking the engagement and involvement of guests in developing the service.

Revitalise Netley Waterside 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 the 5 and 6 April 2017 and was unannounced. On the first day, the inspection team consisted of one inspector, a specialist nurse advisor and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who has used a service similar to Revitalise Netley Waterside. On the second day there was one inspector and a pharmacist specialist.

Before the inspection, we reviewed all the information we held about the service including previous inspection reports and notifications received by the Care Quality Commission. A notification is where the manager tells us about important issues and events which have happened at the service. We asked the provider to complete a provider information return. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We used all of this information to help us decide what areas to focus on during our inspection.

During the inspection we spoke with 12 guests who used the service. We also spent time observing aspects of the care and support being delivered. We spoke with the registered manager, the Head of nursing and Care Quality, the deputy manager, the head of nursing, three registered nurses, the chef and five care workers and three volunteers.

We reviewed the care records of seven guests in detail. We also reviewed the recruitment records of four staff. We looked at other records relating to the management of the service such as training and supervision records, audits, and incidents, policies and staff rotas.

The last full inspection of this service was in February 2016 during which we found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Is the service safe?

Our findings

Guests told us they felt safe staying at Revitalise Netley Waterside. One guest said, "I feel safe at Revitalise and don't have any worries. I love it here". Another guest said, "I always feel safe and well cared for...there's always enough staff to help me". A third guest told us, "I always feel safe when I'm being hoisted, I wouldn't want them to try doing it any other way because they could hurt themselves and they could also hurt me too...My medication is managed well and I always get it on time".

Our last inspection had identified concerns about how risks to guest's health and safety were assessed and planned for. Where guests had identified clinical risks, care plans did not always contain sufficient clinical or professional guidance. This inspection continued to find concerns about how some risks were managed.

Risk management needed to be more robust. Bed rails are used extensively in care home environments to help prevent guest's falling out of bed and injuring themselves, however, they can also present a number of risks such as asphyxiation or entrapment of the head or neck. This is a National Health Service (NHS) 'Never event'. NHS 'Never events' are defined as 'serious, largely preventable patient safety incidents that should not occur if the available preventative measures have been implemented by healthcare providers'. Bed rails were in use at Revitalise Netley Waterside and risk assessments had been completed but these were not sufficiently robust. They had not identified that the gaps between the head of the bed and the bed rail were in some instances in excess of safe limits.

Two guests had been assessed as being at risk of falls. Their falls risk assessments were poor and did not include any information about how the risk was to be reduced or prevented. Other risk assessments lacked detail or were inconsistent. For example, one guest had taken the decision to eat at risk, that is, not follow professional advice to eat only a modified diet. The guest's meal and drinks risk assessment did not reflect this risk. It did not make reference to providing meat in a pureed texture. It stated that the guest was 'dependent on staff assistance to eat and drink', but then later said, 'I require no assistance to drink' and further on again said, 'I require supervision with meals'. Whilst there was information about the guests nutritional needs elsewhere in their care records, their meal and drinks risk assessment did not provide clarity about the guest's nutritional needs and risks and how these needed to be met. One guest's meal and drinks risk assessment did not include information about the consistency with which their drinks should be prepared. Whilst this information was included in their nutrition plan, this was inconsistent with the information recorded on the handover form and the dining room checklist. This placed the guest at greater risk of receiving drinks that were not in keeping with their prescribed diet.

At breakfast, a volunteer was assisting a guest to eat. They gave the guest large pieces of toast. This was not in line with the guest's care plan which stated that their food should be cut up into pieces the size of a 10 pence coin. One guest's care plan stated they needed a 'soft and moist' diet. Their lunch did not comply with this dietary requirement. Another guest required their drinks to be thickened, but we observed a new member of staff offer them a drink which was not thickened. Whilst a senior member of staff did intervene to prevent this, we were concerned that the member of staff had not been following the guidance available about this guest's dietary needs.

This was a continuing breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Despite the above concerns, it was clear that the provider had put a range of measures in place to manage risks associated with choking. Guests at risk of choking had been identified and care plans were in place. Where there was a high choking risk, a risk rating system was used. Those most at risk were only to be assisted to eat by permanent staff who had received the relevant training which included basic life support and foreign body airway obstruction training. These guests were clearly identified in red on a checklist in the dining room. Guidance was readily available in the dining room which described 'What to do if someone is choking'. Staff had handover sheets which they carried on lanyards. These described guest's dietary needs. One guest told us, "I need my food cut up into bite size pieces, they always get this right". Upon questioning, staff were able to demonstrate an understanding of how to identify and respond to an incident of choking including when this might relate to a guest using a wheelchair. We did note that care plans did not use nationally recognised descriptors which detailed the types and textures of foods needed by guest's who have swallowing difficulties. The national descriptors provide standard terminology which helps to ensure clarity about an individual's requirements for a texture modified diet. The Director of Nursing and Care Quality told us that further specialist training had been commissioned to be led by a dysphagia specialist Speech and Language Therapist. This 'Safer Eating and Drinking' Course was aimed at further developing the skills and knowledge of staff with regards to supporting guest's with eating and drinking and would include a move to using the national descriptors.

Our last inspection found that risks at service level were not always managed safely. For example, we observed a cleaning trolley containing harmful substances left unattended and fire doors were not always locked or were wedged open. This inspection did not identify any concerns of this nature. Our last inspection had found that aspects of the environment were not always clean and that there were ineffective measures in place to prevent, detect and control the spread of infections. This inspection found that the required improvements had been made. The service was clean and free from malodours. Staff were seen to be using personal protective equipment effectively. A full deep clean of the service was completed during the shutdown week in January. Staff told us the housekeeping team were effective. Cleaning schedules were in place and an infection control audit had recently been completed. Guests provided positive feedback about the cleanliness of the home.

Our last inspection had found concerns regarding the safe management of medicines. This inspection found that some improvements had been made, but these needed to be embedded and sustained in order to drive lasting improvements.

The effectiveness of medicines was not always appropriately monitored. We reviewed the medicines administration record (MAR) for one person whose blood was monitored. Whilst these records contained test results and subsequent scheduled tests; it was not clear if the tests were carried out before or after meals which can affect the results. Records did not include information about what might be a 'normal' range for the guest. This is important in order that staff can appropriately escalate irregular results to a healthcare professional.

Staff stored medicines securely. Following our previous inspection the room where medicines were stored had been refitted. Controlled drugs, which are medicines that require a higher level of security, were now stored in a safe that complied with legislation. The medicines refrigerator was also now kept locked. Medicines were stored within their recommended temperature ranges. The service kept a stock of homely remedies. Homely remedies are medicines the public can buy to treat minor illnesses like headaches and colds. A local GP had agreed these for the use of guests.

Each person's MAR or care plan contained details of any allergies, information about medicines to be taken on a 'when required' basis and 'how I like to take my medicines'. The service encouraged self-administering by guests and their carers following the completion of a risk assessment by staff to ensure they were safe to self-administer.

The provider organised daily excursions for guest's, which usually required off site access to medicines for administration later on in the day. We observed the person who would administer the medicines later in the day, under the supervision of a registered nurse, preparing medicines for later administration. The care worker selected the relevant medicine and placed sufficient doses into a pot clearly labelled with the guest's name, the medicine and administration time. Staff on the excursion would record any medicines administered on a second copy of the MAR.

Consideration was given to the assistance guests would require for safe evacuation of their home. This information was recorded on the handover form. The manager had developed a business continuity plan for unforeseen emergencies. This contained information about how staff should manage events such as loss of power or flood that might make the building uninhabitable. Staff received training in emergency fire procedures and a fire risk assessment had been completed. This highlighted that the fire panel needed to be upgraded. We were advised that this was planned for 2018. The emergency lighting, fire doors and call system were also checked monthly.

Motor insurance was in place for the mini buses operated by the provider and staff had undertaken relevant training in order to be able to drive these. There was a fully equipped and regularly checked suction machine available. Checks were being undertaken of the water safety within the service and regular checks were completed to ensure that equipment such as mattresses, slings and hoists were safe and fit for purpose. We did note that some of the pressure relieving mattresses should be set according to the guest's weight for these to be most effective. However, there was no evidence that staff were always checking this. Other mattresses were meant to be set to 'comfort' but again there was no evidence that staff were checking this with guests. There were however, no current concerns regarding the skin integrity of guests using the service.

The guests felt there were mostly sufficient numbers of suitably skilled staff available to meet their needs. One guest said, "They can be a little bit short of staff but generally it's ok, I'm happy...There is always a volunteer to ask if you want something...although there were a couple of problems last year where I wasn't getting up very early, until about 10am and not getting calls answered for going to the toilet and things like that. This year though everything seems to be sorted out and everything has been fine, no problems at all this year." Another guest told us there were enough staff. They said, "If I want anything I can always ask and if I ring my bell somebody will come".

The registered manager told us staffing numbers were based upon the number of guest's staying and their level of dependency which was discussed each week with the head of nursing. However in general there was a 1:5 guest to care staff ratio during early shifts and 1:7 ratio in the evenings. Overnight there was one nurse and two care workers on duty. The late shifts worked 3pm – 11pm and night staff came on at 10pm which meant that was an hour when both shifts were working so that guests could be supported to bed after the evening entertainment. In addition a 6pm – 2am twilight shift and a 6am to 2pm early shift had been introduced. This enabled guest's to have increased flexibility about how they spent their time and when they received their care and support. Feedback from staff was more mixed. Some staff told us that guest's might at times have to wait a little longer than they would like for their call bell to be answered, but they were all confident that guest's needs were met appropriately and that their choices about how they spent their time were respected.

The provider operated a large residential volunteering programme and so in addition to permanent staff, guests were also supported by a number of long and short term volunteers. The volunteers were not included in the daily staffing quotas but were in addition, the aim being that they added an extra dimension to the support, companionship and practical help that guests and their companions received. Many of the volunteers undertook the same role as the paid staff and did support guests with all aspects of their personal care. In addition to the nursing and care staff, the service also employed a team of housekeeping and catering staff, administrators and maintenance staff. The service employed a guest relations manager whose role was to prepare and plan a weekly programme of excursions, entertainment and activities. In addition excursions staff were employed whose role was to escort guests out on the planned excursions. Since our last inspection two staff had been appointed to oversee the provision of activities within the service.

Appropriate recruitment checks took place before staff started working at the home. Records showed staff completed an application form. The manager had obtained references from previous employers and checked with the Disclosure and Barring Service (DBS) or equivalent to ensure the staff member had not previously been barred from working in adult social care settings or had a criminal record which made them unsuitable for the post. Annual checks were made to ensure that the registered nurses were currently registered with the Nursing and Midwifery Council (NMC). These checks are important as they provide reassurances that the registered nurses remain safe to practice.

Staff had received training in safeguarding adults, and had an understanding of the types of abuse and neglect. They had a positive attitude to reporting concerns and to taking action to ensure guest's safety. One volunteer told us, "You don't see abuse here, all the staff are caring...the managers would act, they take concerns seriously". There was evidence that safeguarding concerns were used as opportunities to drive improvements across the organisation. For example, following safeguarding concerns staff across the organisation had been provided with sun cream and emergency first aid training. A new 'Confidential Reporting' or whistleblowing policy had recently been introduced and staff were aware of how to raise concerns about poor practice both within the organisation and with external agencies.

Is the service effective?

Our findings

Guests told us they received effective care and enjoyed their holiday at the centre. One guest said, "This is my third time here, the staff are good, the food is good". Another guest said, "It's a home from home staff are so good and friendly. I can't think of anything that could make it any better". A third guest said, "I always enjoy it and I always look forward to coming. I never want to go home". The service had received a number of compliments which indicated that guest's had had a positive experience. For example, one compliment read, "I've been to respite in the past but now I've found the best at last. The staff and volleys [volunteers] are such grafters, its nice everyday to hear the laughter. Marks out of ten? I'll give them 11". Healthcare professionals told us the service provided effective care. One said, "They work well with the different needs of their residents" and another told us, "Things are relatively stable...the nursing staff seem competent and caring, I have no concerns at this time".

Newly recruited staff and volunteers had completed an induction. This included information about the organisation, guidance and advice about the range of disabilities they might encounter working at the service and a period of shadowing more experienced staff. Staff were supported to complete the Care Certificate. This was introduced in April 2015 and sets out explicitly the learning outcomes, competences and standards of care that care workers are expected to demonstrate. Staff told us that their induction was helpful and adequately prepared them to perform their role and responsibilities.

Our last inspection had highlighted that staff were not receiving regular supervision. During this inspection, staff told us they felt well supported and were able to approach senior staff whenever they needed for advice or support. In addition, records showed that most staff had received at least four supervision sessions and an annual appraisal in 2016. Supervision and appraisals are important tools which help to ensure staff remain suitably skilled and understood their role and responsibilities. We did note that some care workers had not had supervision since the autumn of 2016 and were concerned that the momentum with these improvements were not being maintained. The registered manager told us this was due to appraisals taking place and that the provision of ongoing supervision would be maintained. The provider was committed to supporting registered nurses to gain their revalidation and provided opportunities for additional training and learning. Revalidation is the way in which nurses demonstrate to their professional body that they continue to practice safely and effectively and can therefore remain on the nursing register.

Each January, the home shut down for a week to enable staff to undertake their annual training refreshers. In addition, the provider had recently introduced a range of e-learning courses which had enabled new staff to receive training in a more responsive manner throughout the year. Staff training included safeguarding, health and safety, infection control, first aid awareness, basic food hygiene and fire safety training. This training was mostly up to date. Staff undertook other training relevant to their role. For example, most staff had completed training in the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS), dementia awareness, diabetes care, documentation, equality and diversity and the management of choking. Mini bus drivers had relevant training and some staff had undertaken a more detailed one day first aid course. Informal training also took place on topics such as helping guest's to eat and drink, maintaining good hydration, wound management and the effective use of body maps. The deputy manager told us that

if a training need was identified, the provider ensured this was sourced.

Many of the volunteers lived on site in their own accommodation. There were currently ten long term volunteers at the centre who had come for a period of between six to twelve months. Others came for just for one or two weeks. The volunteers were trained to different levels. Level one volunteers provided opportunities for social interaction only. Level two volunteers supported guests with personal care tasks, but only after they had been observed and declared competent to do so by three permanent members of the care team. They were still only able to support guests alongside permanent staff members. Level three volunteers underwent a more in depth assessment, but once completing this were able to support guests independently with most aspects of personal care including manual handling. They were not able to assist guests known to be at risk of choking with eating and drinking. There was no requirement that level three volunteers complete all of the provider's mandatory training programme or the Care Certificate, but they were offered the opportunity to do so. Volunteer information packs contained further information such as how to observe for signs that a guest may be experiencing a seizure, stroke or that perhaps their diabetes was not being well managed. The deputy manager had the role of supporting and co-ordinating the team of volunteers on a daily basis. Volunteers were positive about the support they received. One said, "You don't have to do something if you are not comfortable, I'm not trained to do convenes, so I would go and get a member of staff". Staff and volunteers wore clearly distinguishable uniforms to ensure guests were able to be confident that their support was being provided by suitably qualified staff.

Guests told us that staff asked them for their consent before providing care or support. Guests felt that their choices and wishes were respected and no one indicated to us that restrictions were placed upon them whilst staying at the service. Staff involved guests in decisions about their care, such as which meal choice they would like or whether they would like to go on an excursion or take part in an activity. Where a guest's mental capacity to consent to their care and treatment was unclear, the head of nursing told us a mental capacity assessment would be completed and there were clear procedures in place to support this. We discussed the need for the best interest's consultations to also be robustly documented in order to clearly record the rationale for any subsequent actions and care interventions.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of guest's 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. We saw an example, where a mental capacity assessment had been completed to check that a guest understood the risks associated with not following a prescribed diet. It was evident that the provider was committed to developing the skills of staff with regards to the MCA 2005. This had been the focus of training and recent annual conference. Staff had an acceptable understanding of the MCA 2005 and its main principles.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards are part of the MCA 2005 and protect the rights of people using services by ensuring if there are any restrictions to their freedom and liberty, these have been agreed by the local authority as being required to protect them from harm. The safeguards would likely only apply to a very small number of guest's using this service and during our inspection, we were told that each guest was able to consent to the care being provided and did not therefore meet the criteria or 'Acid Test' for a DoLS to be applied for. New policies and procedures had been drafted to provide guidance for staff about how to recognise when mental capacity assessments were required and whether the care being provided might amount to a deprivation of that guest's liberty.

Guests were positive about the food provided at the service. One guest said, "I had scrambled egg and hash browns this morning, it was nice". Each day there was a planned menu which included options of a cooked breakfast or cereals. Lunch was a selection from the light bite menu which included toasted sandwiches or paninis. Salads or jacket potatoes were also available as a healthy option. Packed lunches were provided for the guests going out on excursions. Dinner was a two course meal such as glazed chicken or fish pie followed by tiramisu or yogurt or ice-cream. There was a vegetarian option at each meal and fresh fruit was readily available.

We spoke with the chef. They explained that they were provided with a diet sheet before a new set of guests arrived which contained information about their special diets which could be requirements such as diabetic, low salt or gluten free. They also visited each guest to find out about their individual likes and dislikes. We observed lunch on the first day of our inspection. Tables were laid with menus, cloths and condiments. We did note that the sauces were provided in sachets which a number of guests were unable to use independently. It was a small group as many of the guests were out on the excursion, but there was a good atmosphere with guests readily chatting with one another and being supported by staff as necessary.

Overall guests told us they were confident that the service and the registered nurses would help them maintain good health during their stay. Due to transitory nature of guests stays at the service, staff did not have routine contact with community healthcare professionals, but we were able to see that when required staff had supported guest's to see the chiropodist, optician, speech and language therapists or tissue viability nurses. If a guest became unwell, staff requested appointments for guests and their companions where needed with a local GP practice where they would be registered as temporary patients for the duration of their stay at the centre. Before their first stay guests were required to obtain a medical certificate from their own GP which provided key information about their general health and prescribed medicines. We were advised that these were updated every two years or when the guest's medical history changed.

The service was built in 1977. The accommodation is arranged in wings and is a mixture of single or twin rooms and four larger suites. All rooms have an accessible ensuite shower room. Overhead or manual hoists, profiling beds and air flow mattresses are available for hire. There is a licenced bar and tea and coffee making area and a large dining area. There are a number of quiet areas where guests can go and sit including a library. We did note that the nurse call system did not currently include the option for guest's to have a wristband alarm for example, allowing them to call for help wherever this might be. The service had accessible grounds with paths down to the beach and a viewing area, although this was being repaired when we inspected. We were able to see that there was an on-going programme of refurbishment taking place.

Is the service caring?

Our findings

Guests told us that staff were kind and caring. One guest told us, "Yes I'm enjoying it, everyone is very kind and attentive". Another guest said, "All the staff are very kind, caring and friendly". A third guest said, "The staff are kind and I just love coming here". A healthcare professional told us, "I observed the staff working with the client on a 1-1 basis and as a group, they were very caring". Our observations throughout the day were indicative of a caring, nurturing and supportive environment. The atmosphere in the home was lively and buzzing. There was music appropriate to the guest group playing. Staff responded promptly to guests or their companions who were requesting assistance and they did so in an attentive manner.

We saw many examples, of positive and warm interactions between guests and staff. We saw a member of staff reassuring one guest by hugging them. It was clear the guest valued this. At breakfast time, whilst supporting guests to eat and drink, staff were readily chatting with guests about their plans for the day. We observed a guest ask a staff member if they would see them again before the end of their break. The staff member explained that they were not on duty again and so they would have to say their goodbyes today. The guest took the staff member's hand and said, "It's been lovely meeting you". These sentiments were reciprocated by the staff member. The interaction was spontaneous and genuine and indicated that the guest had developed a good rapport with the care worker. Other guests told us they also had developed positive relationships with staff. One guest said, "You always have a nice time here, you can always have a giggle with the staff and nurses because they get used to you and you get used to them".

Staff encouraged guests to make day to day decisions about their care, such as which meal choice they would like, or whether they wanted to take part in an excursion. At lunch time we heard staff asking guests 'Would you like some mayonnaise on your salad' and 'Do you want your fruit cut up or just peeled'. Guests were encouraged to be involved in planning their care and we observed that staff knew guest's preferred routines. A guest told us, "All the staff are very knowledgeable about my needs, they know me so well, I've been coming here for years. Another guest told us, "My wishes are always respected, I like to get up early at 6am or sometimes 5am but the staff don't mind the night staff get me up". This was echoed by a third guest who told us, "They always knock about 8 o'clock and ask if you want to get up yet, or if you want longer. If you don't feel like getting up they offer to bring you breakfast to your room. I've never done that yet because I always like to get up and go to the dining room". A staff member told us, "We follow what they [the guest] want, if they want breakfast in bed, that's fine". This demonstrated that staff had knowledge about guest's individual choices and preferences and supported them to achieve these.

Guests told us they were always treated in a manner that respected their privacy and dignity. One guest told us, "I am always treated with respect...I am always given choices". Another guest said, "Staff always treat me with dignity and knock and ask if it's alright to come in my room". Staff demonstrated a good understanding of how to provide care in a manner that was respectful of guest's privacy and dignity. Staff told us they were careful to ensure guest's doors were closed when providing personal care and we observed that staff knocked on guest's doors before entering their rooms.

Is the service responsive?

Our findings

It was clear that guests and their companions felt that staff provided person centred care that was responsive to their needs and helped them to enjoy and benefit from their weeks holiday. One guest told us, "If I have a bad back or anything they will find ways to help me feel more comfortable. It's like home from home, there is always a choice of activities and entertainment, always something to do... They always send us a feedback form to fill in to say how we found our stay." Another guest told us, "I always feel respected and feel I could have help whenever I need it... If I want something there is always someone here to provide it. If they can't do it straight away they will do it as soon as possible."

Our last inspection had identified concerns about the quality and robustness of the pre-admission assessments and of the care plans which described guest's needs and how these should be met. This inspection found that some improvements had been made, but again these needed to be embedded further to ensure that care plans always contained consistent information and included robust risk assessments. This is referenced elsewhere in this report.

Prior to their stay at the service guest's completed a booking form with the registered provider's head office. This identified any potential equipment or dietary needs they might have and also any 'nursing alerts' or concerns about their health. This was then sent to the service, following which, a registered nurse would ring the guest and complete an 'Activities of Daily Living Assessment'. This asked for information such as how the guest mobilised, their medical history, their dietary needs and personal care requirements. This information was then used to draft an extended care plan. Since our last inspection, the documentation used to assess and plan for guest's needs had been reviewed and updated to ensure it provided a more rigorous and thorough overview of a guest's clinical needs, including any infrequent healthcare problems they might have. The care plans covered areas such as the guest allergies, mobility, support required to stand or move in bed, history of falls, any wounds or dressings they required and which medicines they were prescribed. In most cases, the care plans viewed were more detailed and provided adequate information about how the guest's needs should be met.

The provider's electronic care planning system allowed care staff to read guest's care plans, record observations and to complete food and fluid charts and other monitoring tools aimed at monitoring guest's risk of poor nutrition or skin damage. Body maps were being completed to document any skin damage and were under constant review and included a consequential action plan on the reverse to ensure the skin damage was not just noted but responded to in constructive fashion. Fluid charts were reviewed every shift by the registered nurse to ensure that an adequate volume of fluid was being taken. A number of care staff told us they had not read the full care plan for each person. They told us the information shared in handover and provided on the handover sheet was usually sufficient to enable them to provide effective support. The fuller care plans were available for them to reference should they need more information.

The guests staying at the service during our inspection were attending a youth week aimed primarily at guest's aged 18 – 40yrs. On the first day of our inspection, excursions had been arranged to a nearby zoo and to London. Other recent excursions included visits to the Titanic museum, Longleat and bowling. Guest's

told us they enjoyed the excursions. A healthcare professional said, "They [the service] have a varied and extensive programme which changes often".

Some guest's did not choose to go on the excursions and instead made use of the in-house activities. Examples of the activities provided at the centre included wine tasting, biscuit making, movies and skittles. Guests were enthusiastic about a poster they had all been contributing to and were looking forward to doing more work on this. One guest said, "I'm not going on the trip I'm looking forward to the activities here....I like art and drawing, we are making a poster". Another guest told us, "I love it here, I love to be able to sit outside in the sun drinking a pina colada". A third guest told us, "I love coming here, there is always something to do and I never get bored....I have this view from my room window and I love to watch the boats."

Guests were positive about the role volunteers played in providing social interaction. For example, one guest said, "I love coming here because I like the fact I can meet so many guest's and volunteers from different countries and I like to hear about their cultures, that's something that really interests me. A second guest told us how they liked to be taken out around the garden. They said, "The volunteers always help by taking me out to the park and getting ice-cream". Most evenings there was live entertainment or bingo or quiz nights and guest's told us they also enjoyed this.

Complaints policies and procedures were in place. These were included in the service user guide which was available in each room. Any negative feedback received was also viewed as a complaint and responded to. There had been two complaints this year which had been responded to appropriately. Complaints were discussed at staff meetings which evidenced a commitment to developing ways of shared learning. The manager advised that a complaint tracker had been devised which we were shown. The provider had oversight of the tracker which also served to identify trends or areas of risk that needed to be addressed.

Is the service well-led?

Our findings

Within this report we have identified a breach of the legal requirements regarding safe care and treatment. Whilst audits were undertaken to check that guest's care records were accurate and complete, these had not identified the concerns we found. Staff undertook a daily gap analysis of the MAR charts and review other records. However, they had not identified that the controlled drugs (CD) record book did not accurately reflect the CDs held within the CD safe and when CDs had been returned to guests the record was incomplete. This was not in line with the provider's policy and procedures and is evidence that the governance arrangements within the service needed to improve further. We have therefore rated the 'Is the service well led' key question as requires improvement.

Other aspects of the service were well led and managed. Guests were positive about the leadership of the home. One guest told us, "The managers are always wandering around and will usually stop for a chat...I would recommend this holiday to anyone". A second guest said, "I know the managers, the lead manager and [the deputy manager]". They told us they felt the service was well organised and added, "I think everything here is good quality, whether it is Youth Week or any other week I recommend it". A health care professional told us, "The managers seem engaged with the clients and the families and are always accessible...they provide a wonderful respite programme for a varied group of clients".

Staff told us the service was well led. A registered nurse told us, "[the registered manager] listens, their door is always open". One staff member said, "[the registered manager] always knows what's going on, they are brilliant, hardworking, they come out socialising, doing a little dance, they are not always stuck behind a desk, it brings everyone closer. If you have an issue, they would act if possible, they have always got time to listen". A volunteer said, "They know more about the residents than I do, they are always talking to the guests". Another staff member said, "Many things have improved since [the head of nursing] came, communication is better".

Both internal and external audits were undertaken of areas such as medicines, catering, health and safety and infection control. The infection control audit had highlighted a concern around staff wearing jewellery. There was evidence that this had been raised at a subsequent staff meeting. The registered manager completed a monthly report which was shared with the senior management team and reviewed how the service had performed in terms of areas such as medicines errors, meeting safe staffing levels and the quality of care provided. This information was explored at staff meetings and used to promote best practice, develop alternative ways of working or to inform the training programme. A monthly clinical forum / operations meeting was held which discussed a range of matters including quality issues such as the outcome of inspections and complaints. Records were kept of the incidents and accidents which took place within the service such as medicines errors or falls. We reviewed the medicines related incidents recorded by the service since January 17. The incidents were of two types; those identified whilst administering the medicines and those identified later through audit. The investigations showed the service had exercised duty of candour where harm or potential harm had occurred. The investigations could be improved by including an analysis of clustering of similar incidents to identify common themes.

The provider's policies and standard operating procedures had been reviewed and updated and were available to staff via a shared electronic network. The policies included a review date this is important as it helps to ensure that policies and procedures continue to be updated in line with current legislation and best practice guidance. Staff had also been issued with a new staff handbook with provided information about their role and responsibilities and expected code of conducts.

There was evidence that guest comments, concerns or views were listened to and used to drive lasting improvements within the service. Guests were asked to say what they had enjoyed about their stay and how the break could have been improved. The responses were largely positive with comments including, 'I think that you could not have been any better, the caring was superb' and 'The relaxing atmosphere, the attention to detail and the comforting feeling that you could mix with likeminded guest's'. Where guest feedback had indicated improvements could be made, action had been taken to address this. For example, some guests had fed back that the length of the excursions during 'Alzheimer's Week' were too long, so action had been taken to shorten these for future breaks. We were advised that new dining room chairs had also recently been purchased in response to feedback from guests. There were plans to introduce a 'what you said, what we did' summary into the guest directory located in each bedroom. The intention was to evidence that guest's feedback was valued and that action was being taken in response.

Guest feedback was also used to inform a plan of improvements across the service to enhance the guest experience. We reviewed the plan for 2017/18 and saw that a range of measures were planned which included aims to improve the number of guests rating their experience at the centres as excellent and working to improve staff engagement and reduce staff turnover. The plan included key actions that would be necessary to achieve the improved targets and performance. Some of these had already been completed such as enrolling staff on an e- learning programme and undertaking a trial of new medicines procedures.

Staff and volunteers told us there was an open and supportive culture in the service and that staff morale was usually good. One staff member told us, "The volunteers are brilliant, the staff are brilliant, we are all like a little family, there are some conflicts, but it does not impact on the guests and it is quickly resolved". A registered nurse told us, "Sometimes it's a struggle but we have a better team now, the carers are very adaptable, the new staff are enthusiastic, that's a good base to build on". Another staff member told us, "The whole atmosphere is on the up".

Staff and volunteers told us they loved working at the service and felt supported by the management team. Staff meetings were held on a regular basis. These were used both as a learning and development tool and an opportunity for staff to express their views about issues such as staffing matters. A staff forum had been developed to provide an opportunity for staff to be actively involved in developing the service and the organisations Chief Executive Officer also visited twice a year. There was an 'Extra mile club' in place. If staff were mentioned by guests as having gone the extra mile when providing their care, they were entered into a draw to win a £25.00 voucher. Meetings were also held on a regular basis with the volunteers. These discussed a range of issues but also explored with the volunteers what they wanted to get from their time at Netley.

The provider had a very clear vision which was to provide respite care in a holiday setting for guest's with disabilities and their carers characterised by guest centred care. The provider described guest centred care as being care that 'responds to the guests wants, need and preferences and where guests are autonomous and able to decide for themselves. This vision was understood by the manager and the staff team and we observed that they were committed to ensuring that guests enjoyed their stay. For example, one staff member told us, "We are here to give [the guest] an amazing holiday and experience" and another said "It's good to know that a guest has had a good holiday, it means we have done our job".

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had not ensured that care and treatment was always provided in a safe manner. The provider had not robustly assessed the risks to people's health and wellbeing or done all that was reasonably practicable to mitigate these risks. This was a continuing breach of regulation 12 (1) (2) (a) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>