Revitalise Respite Holidays

Revitalise Netley Waterside House

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 12 and 13 June 2018 and was unannounced.

Revitalise Netley Waterside House is one of three centres provided by Revitalise Respite Holidays, a national charity providing respite care and short breaks 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. People staying at the service were referred to as guests and their informal carers as companions so throughout the remainder of the report we have used the same terminology. The service can accommodate up to 39 guests, although at the time of our inspection there were 21 guests and nine companions staying. The theme of the week was 'Historic Hampshire'. One guest lived at the centre permanently.

The registered manager had recently left the service. A new manager had been appointed and was due to start at the service in July 2018. In the interim the service was being supported by the operations team. 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.

Improvements had been made to ensure that risks to guest's health and wellbeing were assessed and planned for.

Guests' needs were assessed, however, some of the holiday care plans needed to be more detailed. The care guests received did not always reflect the needs identified in the assessment.

The design of the premises was suitable for the guests, although some aspects of the fixtures and fittings were tired and worn and needed repair or decoration. A programme of renovation was underway.

Staff sought guest's consent before providing care however, we have made some recommendations about the need for documentation regarding consent to be reviewed.

Infection control risks were effectively managed.

There were systems in place to manage medicines safely.

There were sufficient numbers of staff deployed.

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

Staff had the skills and knowledge to support guests appropriately.

Guests were supported to eat and drink according to their preferences.

Technology was used to support the effective delivery of care and support.

Guests were cared for by staff who were kind and caring and were treated with dignity and respect.

Despite the short-term nature of guests' stay within the service, the staff we spoke with were knowledgeable about the guests and could explain to us their individual needs and requirements.

Overall, guests received person centred care that was responsive to their needs.

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

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

Staff felt well supported and reported a positive culture and improved communication.

There were effective quality monitoring systems to monitor the quality of the care guests received.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Risks to guest's health and wellbeing were assessed and planned for.

Infection control risks were effectively managed.

There were systems in place to manage medicines safely.

There were sufficient numbers of staff deployed.

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

Is the service effective?

Requires Improvement

The service was not always effective.

Guests' needs were assessed, however, some of the holiday care plans needed to be more detailed. The care guests received did not always reflect the needs identified in the assessment.

The design of the premises was suitable for the guests, although some aspects of the fixtures and fittings were tired and worn and needed repair or decoration. A programme of renovation was underway.

Staff sought guest's consent before providing care however, we have made some recommendations about the need for documentation regarding consent to be reviewed.

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

Guests were supported to eat and drink according to their preferences.

Technology was used to support the effective delivery of care and support.

Is the service caring?

Good

The service was caring.

Guests were cared for by staff who were kind and caring and were treated with dignity and respect.

Despite the short-term nature of guests' stay within the service, the staff we spoke with were knowledgeable about the guests and could explain to us their individual needs and requirements.

Is the service responsive?

Good

The service was responsive.

Overall, guests received person centred care that was responsive to their needs.

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?

Good

The service was well led.

Staff felt well supported and reported a positive culture and improved communication.

There were effective quality monitoring systems to monitor the quality of the care guests received.

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 12 and 13 June 2018 and was unannounced. On the first day, the inspection team consisted of three inspectors 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 like Revitalise Netley Waterside House. On the second day there was three inspectors.

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 this information to help us decide what areas to focus on during our inspection.

During the inspection we spoke with 14 guests. We also spent time observing aspects of the care and support being delivered. We spoke with the director of operations and care quality lead, the acting general manager, the deputy manager, the head of nursing and eight nursing and care staff. We also spoke with the chef.

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. Following the inspection, we sought feedback from eight health and social care professionals, three of these responded.

The last full inspection of this service was in April 2017 during which we found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This inspection checked to see if the required improvements had been made.

Good

Is the service safe?

Our findings

Guests told us they felt safe staying at Revitalise Netley Waterside House. One Guest told us, "It's very safe and secure here. There's always someone around and the staff are lovely". A companion told us, "It's amazing, they always come to ask if we need help, the nurses are very good".

Our last inspection had identified concerns about how risks to guest's health and safety were assessed and planned for. This inspection found that overall improvements had been made and the legal requirements were being met. Information about risks associated with guest's care had been identified as part of the pre-admission assessment and included in their holiday plans. The holiday plans included bed rails risk assessments and moving and handling assessments. Falls risk assessments were in place and post falls protocols available for staff to follow. Nationally recognised tools were being used to help predict whether guests were at risk of poor nutrition or skin integrity.

Guests at risk of choking were clearly identified on a checklist in the dining room and guidance was readily available which described 'What to do if someone is choking'. Staff had handover sheets which they carried on lanyards. These described guest's dietary needs. Staff demonstrated an understanding of who was at risk of choking and how respond to this. Those most at risk of choking 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. We did note that guests at risk of choking did not consistently have an individualised risk assessment in place as part of their holiday plan. We brought this the attention of the clinical team who provided assurances that this would be addressed.

Consideration continued to be given to the assistance guests would require for safe evacuation of their home and this information was recorded on the handover form. The provider's health and safety consultant had developed a comprehensive business continuity plan to assist senior staff to safely manage a wide range of unforeseen emergencies. A fire risk assessment had been completed and regular testing of the fire alarm system took place. We did note that the last full evacuation practice drill had been in January 2018 during a week when there were no holiday guests staying. The notes from the drill indicated that some improvements could be made with regards the staff response to the drill however there had been no further drills since. We recommend that the leadership team seek to undertake a further drill to reassure themselves of the knowledge of staff with regards to fire evacuations. Whilst regular servicing and checks were undertaken of the fire extinguishers, we noted that one extinguisher had for last three months been noted to not have a tamper tag in place. These are tags which show that the extinguisher has not been discharged and is ready for use. We have brought this to the attention of the management team in order that they might address this. Hampshire Fire and Rescue Service undertook a fire safety inspection of the premises in April 2018 which made five recommendations that the provider has indicated are being addressed. Checks were being made of the water system to manage risks associated with legionella and the provider had engaged an external contractor to assist with this. Action was being taken to recheck any results that were outside of normal ranges and to sample the water for legionella.

The home was clean and we did not detect any malodours during our visit. The provider had ensured the

adequate provision of personal protective equipment (PPE) for staff, such as aprons and gloves. Cleaning rotas were up to date and signed by relevant staff. There were hand hygiene stations around the home. All hand basins contained hot running water, soap and disposable towels. Bathrooms and toilets were clean and free of litter or debris. Staff told us they received regular training and updates in infection prevention and control. Infection control audits were undertaken. These identified issues related to cleanliness and risk of cross infection in both communal and guest areas. We noted issues arising from these audits were addressed within a specified timeline.

Medicines were managed safely. Medicines were safely stored in locked cupboards in guests' rooms. Medicines requiring refrigeration were stored in a lockable fridge which was not used for any other purpose. The temperature of the fridge was monitored daily. Only registered nurses administered medicines for guests on the premises. However, a large number of trips and outings were organised by the provider; for those going on day trips it was sometimes necessary to take medicines whilst on these trips. To manage this safely, the provider had devised a system whereupon medicines could be dispensed by care staff during outings. Medicines were 'signed out' to staff, who were trained and competency checked to administer medicines. These were then signed back in on return. On occasion, registered nurses would accompany guests if their medicines regime dictated only a registered nurse could dispense them.

We looked at the medicines administration records (MARs) for 10 guests using the service. There were no gaps in these records. The MARs contained a front sheet with a recent photograph for identification purposes, along with relevant information, such as whether the guest suffered from allergies or preferred to take their medicines in a particular way. We asked staff about the identification of guests and their medicines in the light of the high turnover of guests. We were told that staff always checked with the guest beforehand to ensure they were the right guest; photographs were consulted if there were any doubts. We noted from the examination of medicines errors that there had been no recent cases of mistaken identity.

We observed a medicine round. Staff followed best practice guidance. They did not leave the medicines trolley unlocked when unsupervised and signed MAR charts only when the guest had taken their medicine. Medicines given on an 'as needed' basis (PRN) were managed safely. PRN protocols were in place for all medicines taken in this way; these outlined how, when and why the medicine should be taken and included maximum doses over a 24-hour period. There was no-one using the service during our visit who could not express pain to staff, however should this be the case, there were pain assessment tools available for staff to use. No-one using the service received their medicines covertly, that is without their consent or knowledge. Some guests managed their medicines independently. The provider had checked to ensure that these guests were able to do so safely. Safe storage, in the form of lockable cabinets, was available in all rooms. We did note that topical medicines administration records (TMARs) did not always contain sufficient information to ensure staff were aware of the site and frequency with which the creams were to be applied.

We looked at the medicines audits undertaken by the provider. These were conducted on each guest on a rotating basis and looked at how that guest's medicines were managed. This fed into a system, maintained by senior managers, that gave an overview of possible trends or causality. We also looked at the recording of medicines errors in the period of April and May 2018. There had been nine medicines errors recorded during this time; all that were rated were judged to be minor by the provider. We were told that, like audits undertaken, these were subject to analysis to establish common themes. However, we did note that on three of these forms the 'lessons learned' section was left blank. The provider had developed a pathway for responding to medicines errors. This included guidance that medicines errors resulting in harm or potential harm should be reported to the local authority safeguarding team and to the Care Quality Commission. We have spoken with the local adult services and they have advised that they would like to be told of all medicines errors, whether or not, harm or potential harm has occurred in order that they can retain

oversight of any emerging risks within the service. We have fed this back to the provider.

The provider used occupancy trends and a recognised model to assist in determining the number of staff required and range of skills needed to meet guests' needs. Alongside this, staffing levels were reviewed each week in light of the number of guests staying, their dependency levels and the pre-existing knowledge of the guests needs. We reviewed the staff rota for the week of the inspection and the previous three weeks. These showed that where there were gaps in the rotas, agency staff were used to fill these. The guests we spoke with felt there were mostly sufficient numbers of suitably skilled staff available to meet their needs
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Staff also felt that there were generally enough staff on duty. One staff member told us, "We could always do with one more person, but the care we give is safe and good quality" and another said, "I think we do have enough staff, yes. It is different here to most places as this is a holiday for guests coming here, they need things done at their pace so the care is spread out. Guests want lie-ins and things like that. If someone rings in sick at short notice, that can be difficult, but the care is always safe".

The provider operated a large residential volunteering programme and so in addition to permanent staff, guests were also currently being supported by 14 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. Some of the volunteers, undertook additional training and alongside the paid staff, supported 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.

We looked at the recruitment checks that 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) 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. We did note that in the case of one staff a full employment history had not been obtained and that in the case of one nurse, the provider's records suggested that their registration with the Nursing and Midwifery Council (NMC) had expired. While this was found not to be the case, we have discussed with the provider, the need to ensure there was robust measures in place to identify when NMC renewals are due and to ensure this has been completed. These checks are important as they provide reassurances that the registered nurses remain safe to practice.

Staff had received training in safeguarding adults, and understood the types of abuse and neglect. They had a positive attitude to reporting concerns and to acting to ensure guest's safety. Keeping people safe from harm was discussed in the induction of new staff and in supervisions. One staff member said, "There's been a lot of training about that, online and face to face".

When accidents occurred or things went wrong, lessons were learnt and communicated effectively with the staff team to help drive improvements. For example, records showed that staff meetings were used as a forum for reviewing complaints or safeguarding concerns to help improve practice and safety across the service. Each incident was reviewed by the director of operations and care quality lead and analysed across all three of the provider's centres to identify local and national themes or trends that might require protocols or policies being updated or changed.

Requires Improvement

Is the service effective?

Our findings

Overall, guests told us they received effective care and enjoyed their holiday at the centre. Comments included, "Nothing needs to be bettered" and "It's an amazing concept being done with a lot of love". A small number of guests and their companions did tell us of some areas of the service which they felt could be better organised, for example, one companion told us they had been called prior to coming to the service and had answered lots of questions about their relative's needs, but then on arrival, they were given a blank form with the same questions in to fill out again".

Since our last inspection, the provider had introduced new care planning documentation to enable staff to better, assess, plan and implement each guest's care and support. These new 'Holiday Plans' were completed by a named nurse during a pre-admission call to the guest and gathered key information about the guest such as their medical and life history and the level of support they needed with personal care, nutrition, manual handling and wound care. The plans were then finalised and agreed with the guest on their arrival in the service. The plans were a comprehensive document and when fully completed served as a suitable record of each guest's needs and how these should be met.

However, we saw some examples, where the holiday care plans should have been more detailed. For example, the type of seizure guests experienced was not always recorded. The handover sheet stated that staff should be testing one guest's blood glucose levels three times a week but this was not included in their holiday plan and was not happening. The guest's care plan did not indicate what their 'normal' blood glucose range was. This is important to ensure that staff know when they might need to seek additional guidance from a health care professional. A second guest was living with epilepsy. Their epilepsy plan guided staff to call 999 if the guest experienced a seizure lasting more than five minutes. As the guest had not had a seizure in more than two years, we were advised that the registered nurses would call 999 straightaway, however, their care plan did not accurately reflect this. We have been reassured that all our concerns regarding the robustness or accurateness of the holiday plans viewed would be addressed promptly. The use of the holiday plans was still being embedded within the service and any shortfalls in the information recorded was mitigated by the fact that staff appeared to consistently have a good understanding of people's needs and the feedback from people confirmed this.

Newly recruited staff and volunteers had completed a robust induction. This included information about the organisation and guidance and advice about the range of disabilities and emergency situations they might encounter working at the service such as responding to a seizure or an incident of choking. New staff also had a period of shadowing more experienced staff. Care staff underwent a range of competency assessments in areas such as completed personal care, moving and handling techniques and infection control procedures. Registered nurses were also asked to demonstrate their competency in a range of clinical skills including diabetes management, the use of rescue medicines and pressure ulcer avoidance and management.

Staff were issued with a recently updated staff handbook with provided information about relevant policies, their role and responsibilities and expected code of conducts. New staff were assigned a buddy to provide

support and guidance during their early weeks with the service. A staff member told us they had shadowed other staff for a month until they felt confident. They said, "They trained me really well, I know so much about care that I never thought I would learn, it's rewarding". We met with three staff who were on the first day of their induction. They told us they had just completed a practical session learning about how to respond to a choking incident using a training manikin which they had found useful and informative. New staff were expected 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.

Despite some recent changes in management, the staff we spoke with felt well supported and able to approach senior staff for advice or support. Records showed that staff were receiving regular supervision and an annual appraisal. One registered nurse told us, "We do get clinical supervision and we can discuss our development and issues such as training and revalidation". Supervision and appraisals are important tools which help to ensure staff remain suitably skilled and understand their role and responsibilities.

A suitable programme of staff training was delivered. This helped to ensure that staff had the skills and knowledge required to meet guests' needs. Training included safeguarding guests from harm, health and safety, infection control, first aid awareness, basic food hygiene and fire safety training. This training was mostly up to date. One nurse told us, "We do get updates to ensure our practice is up to date. We have regular staff meetings for nurses too so we can support and learn from each other".

Guests told us that staff asked them for their consent before providing care or support. Guests generally felt that their choices and wishes were respected. One guest did express a view that staff were not supportive of them going out independently. We discussed this with the deputy manager, who was clear that the guest would not be prevented from going independently if they wished, but they were encouraged to accept support in light of a recent accident during which they had fallen from their wheelchair.

We asked staff about issues of consent and about their understanding of the MCA (2005). 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 guests 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.

The staff members we spoke with had, or were, undertaking recent training in this area. Most could tell us the implications of the Act and its relevance to guests using the service. However, when we looked at a selection of holiday care plans, we noted there was some confusion and contradiction in these in relation to how capacity and consent was documented. For example, one guest had been assessed as being able to understand, retain, weigh up and communicate information given to them. However, they were judged not to have mental capacity and their records noted that their decisions would be made in their 'best interests' by their spouse. Another guest's consent to care and bed rails provision form had been signed by a relative even though they possessed capacity to consent to this equipment. We were told this was because the guest could not physically sign due to disability. We have recommended that where this is the case, the reason for a third-party signing is made clear on the form. We also noted that the format of the mental capacity assessment in the holiday plan did not start with the two-stage test of capacity or clearly indicate what decision the capacity assessment related to. We recommend that the format of the documentation is reviewed to ensure it is in keeping with the MCA 2005 Code of Practice. We discussed these records with the management team and were advised that this would have been written in error and that the guest's records would be reviewed to ensure they were clear and accurate.

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 guests 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 for a DoLS to be applied for. However, policies and procedures were in place to provide guidance for staff about how to recognise 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 told us the food was, "Really nice". They said that for breakfast they had "Egg normally or bacon, or both…. every time I come here I get big"! They confirmed they could have snacks whenever they wished. Other comments included about the food included, "Its plentiful" and "There is lots of choice".

Each day there was a planned menu which included options of a cooked breakfast or cereals. For lunch guests could choose from a range of sandwiches, toasties and 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 pork in black bean sauce or chickpea and spinach curry. There was a vegetarian option at each meal and fresh fruit was readily available. We observed the lunchtime meal on two occasions. Tables were laid with menus, cloths, flowers and condiments. There was a good atmosphere with guests readily chatting with one another and being supported by staff as necessary.

We spoke with kitchen staff concerning the provision of food and drink at the service and how likes and dislikes and changes in guests' special diets were communicated and managed, particularly in the light of the high turnover of guests using the service. The staff were confident that they received adequate information about people and their dietary needs and showed us documentation completed when each guest first came to stay. It contained detailed information about their likes and dislikes, possible specialist diets and cultural or religious food requirements. This information was displayed in the kitchen and updated daily. We were told that new or agency kitchen staff never worked unsupervised when starting work. The staff we spoke with were knowledgeable about guests' differing dietary requirements. They were aware of the importance of healthy eating, special diets and of maintaining a balanced diet.

There was always a registered nurse on duty who could monitor guests' health needs and act in accordance with those needs. 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 guests to see the chiropodist, optician, speech and language therapists or tissue viability nurses. Every Monday, a local GP attended to review any health concerns with the guests who had been admitted over the weekend. In addition, the GP provided home visits throughout the week should this needed. They told us that staff contacted them appropriately to discuss guest's healthcare needs.

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 or guests could bring their own equipment as long as this came with the necessary safety certificates. There was a licenced bar and tea and coffee making area and a large dining area. There were a number of quiet areas where guests could go and sit including a library and a newly created meditation room which had been decorated with a mural and included a massage chair and a patio area containing sensory plants. The gardens led down to the beach. A viewing area was currently being repaired. A summer house and fire pit were available for evening celebrations and there were plans to develop this area further to make it more accessible for guests who used wheelchairs.

We noted that some areas of the internal décor needed redecoration and would benefit from being homelier in nature. We were advised that there was an ongoing programme of refurbishment taking place that would be addressing this.

Technology was used to support the effective delivery of care and support. For example, guests could have access to voice activated call bells and the organisation had recently been successful in bidding for a grant to install more effective WIFI across the centre. A new sound system was planned to enhance the entertainment and possibly support inter-centre connections. There were plans to develop an App allowing guests to complete the whole booking, care planning and feedback process.

Good

Is the service caring?

Our findings

Guest's told us that staff were kind and caring. One guest told us the staff "Were all angels" and another said, "They [the staff] treat you as an individual, not a problem". A third guest said, "They [the staff] are very helpful, you've only got to ask, nothing is too much trouble".

We observed that staff always seemed to have time to stop and talk with the guests and the atmosphere in the home was lively and cheerful and we saw many positive and warm interaction. We observed staff and volunteers readily chatting with guests and enjoying some laughter and appropriate banter with them. One guest told us, "The staff look like they are enjoying their work, it can make a difference, we meet the same carers, volunteers and sometimes guests" One staff member told us, "Guests are here to have a break or a holiday. It's our job to make sure they enjoy it". Another staff member told us, I love meeting new guests and the ones that come back over and over again". One of the new staff we spoke with told us they had wanted to work at the service as when they had come for their interview "Everyone was smiling".

Despite the short-term nature of guests' stay within the service, the staff we spoke with were knowledgeable about the guests they were caring for and could explain to us guests' individual needs and requirements, for example, staff knew guests' food preferences without needing to refer to documentation. Due to the nature of the service, it was particularly important that guests were encouraged and supported to retain their independence and staff demonstrated an understanding of this, but also appreciated the importance of balancing this with the fact that guests were on holiday at the service and might want a little extra attentiveness and support that usual. It was evident that staff saw guests as individuals and encouraged them to make day to day decisions about their care, such as which activities they wished to take part in and where they would like to eat their meal.

The importance of working in a caring and compassionate manner was one of the focuses of the new staff induction. The induction promoted staff treating guests with the same respect they would want for themselves and treating each guest as an individual able to make their own choices and remain in control of their lives. Our observations indicated that staff did care and support guests in a manner that was in keeping with these values. One staff member told us, "Dignity is one of the more important things, I ensure staff and volunteers knock on the door. We provide deaf guests with a door bell with a coloured light, I remind staff to cover guests up [when providing personal care]". A professional working with the service told us, "Treating guests with dignity and respect is at the heart of everything Revitalise does, and at the heart of their ongoing strategic thinking. They aim to provide holistic care within a holiday experience". Where guests needed to be monitored closely to help manage known risks, staff provided this in a discreet manner. The guests we spoke with confirmed they were always treated in a manner that respected their privacy and dignity.

Staff told us that guests would be supported to maintain any cultural, gender and spiritual choices identified during their initial assessment or throughout their stay at the service.

Guests and their companions were mostly positive about their involvement in the pre-admission assessment and care planning process and confirmed that they had seen and consented to their holiday

plan.

Companions were welcome at the service alongside the guest if this was their wish. They were then able to take as little or as much ongoing role in the provision of the guests care as they wished. The aim, however, was they too would receive a holiday experience. A professional told us, "I have been told over and over again by couples how important this opportunity to 'reconnect as people' is to them, and that a stay at Revitalise is the only chance they have to be together just as a couple again, away from the burden of the care routine".

Good

Is the service responsive?

Our findings

Guests told us they received care that was responsive to their individual wishes and choices. For example, one guest said, "I've only just realised what trouble the staff have been to get things right for me, I'll definitely come back".

Since our last inspection, the provider had introduced 'Holiday Care Plans'. As guests were often only staying at the service for a week, the plans were brief, but mostly contained sufficient detail about the guests' life histories and preferred routines to ensure that staff could provide guest centred care and support guests to follow their interests. For example, we saw that the holiday plans contained information such as what a good or bad day might look like for the guest and their expectations from the holiday. Plans also included information such as the guest's preferred name, the time they liked to get up in the morning, their food likes and dislikes and whether they would like to have checks throughout the night. The holiday plans were kept in the guest's room and available for them to read or update at any time.

Daily nursing and care notes were completed and allowed staff to record observations about the guest's wellbeing. Food and fluid charts and other tools were available to help staff monitor guest's risk of poor nutrition or skin damage. One guest was noted to have a pressure ulcer which had developed in their own home. The records relating to this including appropriate risk assessments and wound management protocols which were being followed. Preventative measures such as the use of pressure relieving equipment and a regular repositioning regime were in also in place.

We did note that in the case of one guest, the care received did not fully reflect the needs identified in their assessment. For example, their holiday plan stated that staff should be monitoring their urinary output but this was not happening. We discussed our findings during the inspection and received assurances that action would be taken to clarify the level of care required and update the care records as necessary.

Considering the nature of the service and the very high turnover of guests, to help ensure that information about guests and their needs was shared effectively, the service had a system of having multiple handovers each day. We attended two of these handover meetings. Both the care guests had received, and their reasons for coming to stay, were discussed.

There was evidence that the service had taken steps to provide information to guests in a way in which they could understand. For example, large print menus were available and the guest room brochures were now in a large font. Further improvements were also planned. The organisation was looking at how they might improve the signage in the service and use tablets to provide recordings of key information for guests with sight loss. This helped to ensure that the service was complying with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure guests with a disability or sensory loss can access and understand information they are given.

The service employed a guest relationship manager whose role was to plan and oversee the provision of a range of activities. For example, the service offered a range of themed breaks throughout the year. The week of our inspection was a 'Historic Hampshire' break with trips being arranged to local places of interest such a Salisbury and Winchester Cathedral. The week prior to our inspection, guests had attended a 'Disco Inferno' week during which there had been live entertainment each evening. Plans were being made to offer trips to festivals and to support inclusiveness by supporting guests to attend festivals celebrating gay culture.

Some guests 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 crafts and quizzes and exercise classes. On the second day of our inspection, guests were taking part in a music session. They each had a harp and the activity leader was supporting them to play this. The guests looked to be really engaged with the session and enjoying themselves. Guests could also book massages or reflexology sessions and other relaxation therapies such as gong meditation. Guests told us they enjoyed the activities provided. One guest said, "It's been marvellous, we had a trip out yesterday which we both really enjoyed".

Complaints policies and procedures were in place. These were displayed within the service and 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 and used to drive improvements. We viewed the services complaints log. There had been nine complaints so far in 2018. This represented just over 1% of guests who had used the service. In contrast 5% of guests had complimented the service. The majority of complaints or concerns related to hospitality matters rather than the quality of care. On each occasion, the complaint had been addressed in a timely and satisfactory manner. The complaints were audited in order that themes or trends might be identified.

Good

Is the service well-led?

Our findings

There was no registered manager in post as they had recently left the service. A new manager had already been appointed and was due to start at the service in July 2018. In the interim, the service was being managed by an acting general manager who was based in the service four days a week. The service had a long-standing deputy manager and a team of duty managers who also provided leadership support.

The provider had a quality assurance and governance framework in place to ensure the safety of the service. Each week the heads of department completed audits of the quality and safety of aspects of the service such as the cleanliness of the premises, the catering, activities and of the quality of the nursing care. Night staff completed weekly checks to ensure that emergency equipment was clean, working and safe to use. In addition the general or deputy manager completed a quality audit which assessed the quality of care from the perspective of guests. A multi-centre audit model had been implemented with registered managers swapping into each other's services for a week at a time to help in identifying any quality or safety issues. The management team 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. 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.

The provider had a broad range of policies and standard operating procedures to ensure that staff were clear about their role and responsibilities. These were reviewed and updated in line with current legislation and best practice guidance and discussed with staff at team meetings.

There was evidence that the service had systems in place to continuously learn, improve and to innovate. Guest comments, concerns or views continued to be 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. Where guest feedback had indicated improvements could be made, action had been taken to address this. For example, we saw that in response to guest's highlighting that the call bells could sometimes be difficult to use, new, larger, voice activated, call bells had been purchased.

The organisation's senior management team met weekly to discuss and review clinical governance and to share any themes or learning from guest feedback. The provider's senior team had access to expert friends, or mentors, to provide independent and professional supervision and worked with a range of external consultants such as tissue viability nurses to ensure that the care was being provided in line with best practice guidance. The Director of Care and Quality had developed a quality improvement paper. This described a range of measures that had either been completed, were underway, or planned to enhance the guest experience but also to 'future proof' the service. For example, we saw that there were plans to introduce a bespoke electronic care planning system that guests could, for example, interact with, prior to their stay, to update their information and holiday plan. There were also plans to introduce carer support groups.

The nature of the service meant that the care and nursing team faced some unique challenges. Nearly 1400 guest admissions had taken place in the last 12 months. Each guest came to the service with a range of disabilities, expectations and routines. There had been a high turnover of staff with 41 staff leaving in the last year including the registered manager. Despite these challenges and the recent changes in the management of the service, staff told us the interim manager was creating an open and supportive culture in the service and that staff morale was improving.

Staff meetings were held on a regular basis and records showed these were well attended. The meetings were used both as a learning and development tool and an opportunity for staff and the management team to express their views about issues such as staffing matters. We saw for example, that the most recent meeting had been used to discuss issues of staff morale and the impact of the management changes. A member of staff told us, "The managers are very open and I can say what I want". Staff told us the interim management arrangements were working well. One staff member said, "[the interim manager] is much more friendly and approachable and morale has gone up".

A staff forum had been developed to provide an opportunity for staff to be actively involved in developing the service and staff were able to meet with the organisations Chief Executive Officer to provide feedback about their role and any challenges this might present. 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. The interim manager told us how proud they were that the staff team had pulled together and despite a lot of staffing changes had stayed focussed on ensuring that guests had a great holiday.

The provider had a very clear vision which was to provide respite care in a holiday setting for guests with disabilities and their carers characterised by guest centred care. This vision was understood by the staff team and we observed that they were committed to ensuring that guests enjoyed their stay. A professional who had spoken with guests across all the provider's services told us guests often talked about valuing the "Friendly listening ear" of staff and of how at Revitalise they felt "Wanted and sociable again" and were confident that the staff and volunteers at Revitalise would provide "Thoroughly good company". The organisation continued to seek out ways of improving the guest experience and used independent market researchers to seek the views of people and then use this to improve the service. The service was building links with a community companion driving service enabling guests to access safe transport to and from the service and bespoke excursions during their stay. The organisation continued to provide one of the biggest national residential volunteering schemes and the presence of volunteers within the service was generally felt to be positive by those guests we spoke with.