Care Quality Commission

Southern Healthcare (Wessex) Ltd

Sefton Hall

Inspection report

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Ratings

Overall rating for this service	**Good**
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

This inspection took place on 14 and 15 April 2015 and the first day was unannounced.

Sefton Hall is a care home situated in Dawlish. The home is registered to provide nursing care for up to 52 people who may have dementia or a physical disability. Accommodation is provided in two areas of the home, a nursing care area which can support up to 39 people, and a more secure dementia care area which can support up to 13 people. There were 35 people living in the home at the time of our inspection.

At our last inspection of the home in August 2014 we had identified three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, in relation to obtaining people's consent to care and treatment, care records that did not accurately reflect people's care needs and the safety of the care provided to people.

We took enforcement action against the home in relation to the care and welfare of service users under Regulation

Summary of findings

9 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered provider sent us an action plan on 6 January 2015 telling us they had completed improvements to put these issues right.

At this inspection we saw the improvements needed had been made and sustained.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were supported in a home that was safe. Risks to people's health and safety were clearly identified and managed. Staff understood people's rights and how to protect them from potential abuse or harm. People told us they felt well cared for and supported by the staff. One person said "I had a good feel about the home as soon as I came" and another, "it's lovely, always a lovely atmosphere."

There were sufficient staff on duty to keep people safe and meet their needs and this was supported by comments received from people and relatives. One person said staff have time for her, "I feel I can always ask the staff". Staff had received training in topics relating to people's care needs such as dementia care and pressure ulcer prevention, as well as health and safety topics such as infection control. People's medicines were managed safely.

Care staff were well organised and it was clear each day who they were responsible for. Staff told us they received good support at the home and Sefton Hall was a good place to work.

People had access to community healthcare support services. Health care professionals involved in providing support to the home confirmed their confidence in the home's ability to care for people with complex mental health and nursing needs. Staff told us that they were proud of the care they delivered to people, particularly at the end of their lives, and felt it was something the home did very well. One member of staff said "it's a privilege to care for them."

People told us they enjoyed the meals at the home and were provided with a wide variety. People who needed support to eat were given this sensitively and in ways that respected their dignity.

Care planning was individual and personalised: staff had a good understanding of people's backgrounds, needs and wishes. People's capacity to consent to care was recorded, and where they could not do this, records and assessments showed decisions had been made in people's best interests. For those people whose liberty was restricted to maintain their safety, such as with the use of coded locked doors, applications for authorisation had been made to the appropriate authority.

People had access to interesting activities that met their needs and wishes. The home's activity organiser had used innovative and creative approaches, including the use of hand held computers, to support people to remain active and involved.

Communal areas of the home and people's rooms were clean with no unpleasant odours.

The home managed any complaints or concerns well. People told us they felt able to raise any issues and be confident of a resolution without recrimination. The culture at Sefton Hall was open and the registered manager told us their door "is always open".

Robust recruitment practices were in place which included appropriate pre-employment checks to ensure prospective staff had not been barred from working with vulnerable people.

Quality assurance and audit systems ensured people's views were sought and learning took place to develop the service further. The home met its legal obligations to the Care Quality Commission, and was operating in accordance with their conditions of registration.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People told us they felt safe at the home. They said they had confidence in the staff, and staff supported them well. Health care professionals confirmed the home's ability to care for people with complex mental health and nursing needs.

People were protected from abuse. Staff had access to training, policies and procedures, and they understood their responsibilities to address concerns and report them appropriately.

Robust recruitment practices were in place that included completed application forms, work histories and pre-employment checks.

There were enough staff to support people safely.

Medicines systems were safe and people received the medicines they needed.

Is the service effective?

Good

People received effective care from staff who had the knowledge and skills to carry out their roles and responsibilities.

Staff had received appropriate training in the Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards. Staff understood the requirements of the act. This meant that people's rights were being protected.

People were supported to eat and drink enough and maintain a balanced diet, with a good choice of food available to them.

People received access to healthcare services in a timely way and clear records of GP or Community Nurse involvement were maintained.

Is the service caring?

Good

People told us the home was caring. People were treated with kindness and compassion by staff who knew each person well and understood their likes, dislikes and preferences.

People were supported at the end of their life to have a comfortable, dignified and pain free death. Staff were proud of the care they delivered to people at the end of their lives.

Personal information was treated respectfully and confidentially. People's privacy and dignity were respected.

Is the service responsive?

Good

The home was responsive to people's needs.

Assessments of people's care needs were detailed and identified the risks to people's health or safety. Care plans described people's needs and how they wished to be supported.

Summary of findings

The home's activity organiser used information about people's past social history and interests to plan group and individual activities. Hand held computers allowed people to remain in contact with family and friends more easily.

Complaints or concerns about the home were responded to immediately and clear records were maintained. People told us they would feel able to raise any concerns with the registered manager or staff.

Is the service well-led?

Good

The home is well-led.

People spoke positively about the management team. People and visitors told us there was good communication with the staff and registered manager.

Residents and family meetings were held regularly, providing a forum for ideas, suggestions or concerns to be put forward.

Systems were in place to monitor the quality and safety of the service.

The management team worked with other organisations to develop and share best practice and to promote community links.

Sefton Hall

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 also reviewed the actions taken by home to meet the requirements of the enforcement action made by the Commission following the previous inspection in August 2014.

This inspection took place on 14 and 15 April 2015 and the first day of the visit was unannounced. The inspection was carried out by three inspectors: the lead inspector attended both days accompanied by a different inspector on the first and second days.

Before the inspection we reviewed information we held about the service. This included previous inspection reports, the action plan from the home and notifications we had received. A notification is information about important events which the service is required to send us by law.

During the inspection we spoke with 15 people who used the service, six relatives, the registered manager, one registered nurse, nine members of care staff, the home's administrator, the cook, the activities organiser and the registered providers. Following the inspection we contacted local community support teams, including the Community Nurse team and the Community Mental Health team, for their views on the quality and support provided by the home.

We looked around the premises and observed how staff interacted with people throughout the day. We used the Short Observational Framework for Inspection (SOFI) in both the nursing area of the home and the dementia care area. SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We also observed people enjoying an activity session and being supported to eat their lunchtime meal.

We looked at four sets of records related to people's individual care needs. We looked at three staff recruitment files as well as records associated with the management of the service, including quality audits, training records and policies and procedures. We looked at the way in which medicines were stored and administered to people.

Good

Is the service safe?

Our findings

At our last inspection in August 2014 we identified concerns over the care and welfare of people living in the home. We found that people were not protected against the risk of receiving care or treatment that was inappropriate or unsafe. Information held in people's care files was conflicting and unclear. This was in breach of Regulation 9 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 9(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, and we took enforcement action against the home in the form of a warning notice.

At this inspection we saw action had been taken and had been sustained to ensure people were protected from unsafe care or treatment.

People who lived at the home told us they felt safe there. Comments included, "I feel safe here" and "I certainly feel they would look after me well if there was an accident." One relative said "I feel confident that she is being well looked after."

People were protected from the risk of abuse as staff had either undertaken or were due to undertake training in safeguarding. Staff were knowledgeable about whistleblowing, and understood what to do if they identified concerns about someone's welfare. Staff understood about people's rights to make decisions and felt confident if they reported concerns they would be acted upon. They also understood about how and to whom concerns should be reported.

The owners, registered manager and staff had been working closely with the local authority's community support teams to ensure they had sufficient information and resources to meet people's care needs. Health care professionals, including Community Nurses and Mental Health nurses, involved in providing support to the home confirmed their confidence in the home's ability to care for people with complex mental health and nursing needs. One nurse described the staff as "fantastic."

Where risks to people's health were identified actions were taken to reduce these wherever possible and in agreement with the person involved. For example, one person had been assessed as being at risk of inhaling (aspirating) food and fluids due swallowing difficulties. Their care plan clearly identifying the risk "at chronic risk of aspiration ... Nil by mouth." The person had been assessed by a specialist team and guidance given to the home about how to support the person safely. There was a specific care plan giving staff clear information about the signs and symptoms of aspiration and what actions to take should they suspect this has happened.

Other assessments in people's files recorded risks from potential pressure ulcers, poor nutrition, falls and those associated with the use of bed rails. The registered manager confirmed no one in the home had a pressure ulcer, despite there being people of very frail health. A health care professional told us they believed pressure area care at the home was very good. Staff understood the actions needed to prevent a breakdown in people's skin. We saw pressure relieving equipment such as air flow mattresses and pressure relieving cushions in use, with instructions in people's care plans about their use and the settings required for the mattresses to be effective.

There were sufficient staff on duty to keep people safe and meet their needs and this was supported by comments received from people and relatives. One person said staff have time for her, "I feel I can always ask the staff".

One person's care plan indicated they should be assisted with their personal care by two care staff and this could take "up to 40 minutes". Both the person and staff confirmed they were not under pressure to assist the person more quickly. Throughout the two days of our visit we saw the home was busy and active, but staff always had time to talk to and help people at their own pace. For example, we saw one person ask a member of staff to look at her new bracelet, and the staff sat with her and spent time talking about this.

Records in the quality monitoring file showed the registered manager reviewed the length of time staff take to answer call bells and used this information to assess the required number of staff to meet people's needs.

Staff confirmed they primarily worked in one of the two care areas of the home, the nursing area or the dementia care area, to promote continuity of care and to build relationships with people more easily. Each day the registered manager or the registered nurse on duty made

Good

Is the service safe?

an assessment of the staffing requirements in each area and allocated staff accordingly based upon people's needs and any specialist planning or care that needed to be carried out.

People's medicines were managed safely.

In the nursing care area, medicines were administered by the registered nurse on duty and in the dementia care area, by the senior care staff on duty: all of whom had received training in the safe administration of medicines. Medicines the home felt required an additional level of caution in their administration, such as insulin and warfarin, were administered by two staff, one of whom was always a registered manager. Should they wish, people were supported to maintain responsibility for managing their own medicines and risk assessments had been undertaken to ensure this was done safely.

Medicines were stored safely and those that required refrigeration were kept in a dedicated medicines fridge at the recommended temperature. Controlled drugs were locked away in accordance with legislation and records accurately reflected the amount held by the home. In the dementia care area of the home, the medicines currently in use was kept in a locked cupboard in the person's bedroom and a medicines trolley was not used: this promoted a more home-like environment.

For those people who were unable to express their needs, a pain assessment chart was held with their medicine administration record and staff completed this at each medicine round to assess non-verbal signs that someone might be in discomfort and require analgesia. Care files also held this information alerting staff to signs and symptoms of discomfort, such as changes in facial expression, making noises when at rest, and guarding parts of their body upon movement. We saw people being given their medicine: an explanation was given about the medicine and people had time to take it at their own pace.

Robust recruitment practices were in place that included completed application forms and work histories. New staff pre-employment checks were carried out and included references and disclosure and barring checks to ensure prospective staff had not been barred from caring for vulnerable people.

Accidents were recorded and review regularly by the registered manager to identify if anyone was at particular risk and how to reduce that risk. An action plan for one person following a fall identified how the risk of a repeat fall could be reduced.

We observed staff receiving training in fire safety on the first day of our inspection and the home had completed emergency evacuation plans to ensure people were moved to a place of safety in the event of an emergency. Staff confirmed they receive regular training in health and safety issues, such as infection control and moving and assisting.

Communal areas of the home and people's rooms were clean with no unpleasant odours. The home was well maintained and equipment, such as hoists and the lift were serviced regularly, to ensure they were in safe working order. Staff had access to appropriate cleaning materials and equipment, as well as personal protective equipment such as gloves and aprons.

Good

Is the service effective?

Our findings

At the previous inspection in August 2014 we identified people were at risk of not having their needs met. Staff lacked an understanding of how to support people to accept assistance with personal care when the person was unable to understand the consequences of not receiving care, for example, due to confusion associated with dementia. This was in breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We asked for, and received an action plan from the home telling us how they were going to address this.

At this inspection we saw people received effective care from staff who had the knowledge and skills to carry out their roles and responsibilities. People told us they felt confidence in the staff ability to support them, and spoke positively about the care they received. They told us the staff understood their needs and supported them well. One person said, "I feel well looked after", and another said "I honestly don't think there's anything I'm not happy with."

Care plans provided clear information of people's mental health support needs, including people's ability to express their needs and preferences, and whether there were any barriers to the person accepting assistance with personal care. One care plan informed staff "(the person) may say "yes" when they mean "no", and gave guidance on assessing non-verbal communication to help identify their needs. Information also included, "use touch to guide her", and if the person became upset to "hold her hand and talk to her to ease her distress."

Staff had received training and information about The Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and they understood the principles of presumed capacity and best interest decisions. For example, for one person, a capacity assessment had identified they were unable to understand the importance of their prescribed medicines and a best interest meeting had been held to ensure taking the medicines was in the person's best interests. The registered manager had a good knowledge of their responsibilities under the legislation, and where it was necessary to deprive people of their liberty for their safety. For example, they recognised providing additional security at the exit doors, other than into the rear garden, was the least restrictive means to keep people safe and applications had been made to the relevant authority for authorisation for this.

Where staff needed additional support or training to carry out their duties we saw plans were in place to address this. For example, one registered nurse needed to update their competency in using a medical device and we saw that this training had been organised through the local hospital. The registered manager told us specialist advice and training was sought as needed and this was confirmed by the health care professionals we spoke with: one said the home had supported someone with complex care needs "marvellously."

Newly employed staff were supported by an induction programme which included working alongside an experienced member of staff until they were considered competent and information about people's care needs as well as health and safety issues. Staff also commenced working towards the requirements of the Care Certificate, which sets out the learning outcomes, competences and standards of care expected from care staff. This ensured staff had sufficient knowledge and understanding to meet people's care needs. One newly employed member of staff said they had been very well supported and had worked alongside an experienced member of staff for four to five weeks.

A staff training audit and matrix identified the training staff had undertaken and which was required. Training was provided in topics relating to the care of people living in the home, such as dementia care, pressure area care, and diabetes as well as health and safety issues, moving and handling and infection control. Where gaps had been identified, training had been planned to address this. Each month a different training topic was identified for all staff to complete. For example, in March staff had training booklets for pressure ulcer prevention, in April fire safety: planned training for May included dementia care. Staff told us they received regular training and would be supported to do more as they wished, including obtaining nationally recognised qualifications in care.

People were supported to eat and drink enough and maintain a balanced diet. People told us they had a good choice of food available to them and we saw this demonstrated on both days of the inspection. People said

Good

Is the service effective?

the food was plentiful, home cooked and of a good quality. Comments included, "the food is lovely", "the food is generally very good", and "the food is good, you can have whatever you like."

Meal times were flexible and on the two days of our inspection we saw people being provided with breakfast later in the morning, as they had requested a lie in. We saw people enjoying individual bowls of a variety of fruit during the morning. Jugs of juice and water and clean glasses were available in both lounge rooms and we saw these replenished during the day.

We observed the lunch time meal in the dementia care area of the home. Meals were brought from the kitchen in a heated trolley to ensure the food remained hot. People were asked their preference, and shown the food to help them make a decision about what to eat. Staff were provided with a meal to enable them to sit at the table and eat alongside people, promoting a more home-like environment of people eating together. People who required support were assisted appropriately and discreetly. For those people who required pureed food due to swallowing difficulties, these meals were pleasantly presented. People were able to eat their meals at their own pace, while enjoying friendly conversation with staff and each other.

People at risk from poor dietary intake were referred to the community dietician for support and advice, and this was clearly recorded in people's care plans. For example, one person's care plan identified they would initially decline anything to eat, but if presented with one or two pieces of food which they could pick up, they would eat. The kitchen staff and care staff were aware of this and provided very small, suitable meals during the day.

The registered providers had recently undertaken an audit of all the meals provided during the previous month to gain people's views of the quality and their preferences. As a result of this audit, the menus were amended but overall there was a high satisfaction with the meals and choices provided.

People received access to healthcare services in a timely way and clear records of GP or Community Nurse involvement were recorded in the care files. Not all people living at Sefton Hall had nursing needs and those who did not were referred to the local Community Nurse team when staff had concerns over their health. The Community Nurse team confirmed staff seek advice promptly and they had no concerns over the quality of the care provided at the home. One nurse described the staff as "fantastic."

The Community Mental Health Care professionals were involved in providing guidance and support for a number of people at the home, and they confirmed their confidence in the staff to care for people with complex care needs, describing the care one person received as "marvellous."

The home was found to be clean, tidy and free from offensive odours. Accommodation was provided in two areas of the home, a nursing area and more secure dementia care area. Both areas of the home provided a communal lounge room, dining room and had access to pleasant gardens. In addition, the dementia care area of the home had a kitchenette to enable people with staff support to make drinks and snacks. An activities room in the dementia area of the home, but available to everyone living in the home, provided an area for art and craft activities, as well as an area to meet with relatives or to watch a film without disturbing other people. The staff had created two shops where people could buy clothes and toiletries and sweets.

Good

Is the service caring?

Our findings

People told us the home was caring, and they felt well cared for and supported by the staff. They spoke highly of the care they received, one person said "I had a good feel about the home as soon as I came" and other comments included, "it's lovely, always a lovely atmosphere" and "everything is lovely, the girls look after me well." One visitor said, "No concerns, I think the staff are caring."

Good relationships were in evidence throughout the staff group towards the people who lived at the home. During our period of observations using the Short Observational Framework for Inspection (SOFI) in both areas of the home, we observed staff using appropriate physical contact when gaining someone's attention and when talking to people. We saw lots of laughter and smiles between people and staff, and staff were attentive to people's needs. For example, when staff prompted people to drink they told them what the drink was, either tea or a particular juice, so people knew what they were being asked to drink. Staff were aware people's sense of taste could be affected by their dementia and they may not recognise what they were drinking.

We observed two members of staff assisting a person by using a hoist. We saw this was done safely and the staff were talking to the person throughout and explaining each step as it was happening. This clearly made the person feel more comfortable and confident and made them smile.

People were treated with kindness and compassion by staff who knew each person well and understood their likes, dislikes and any preferences. Staff said they "treat everyone as if they are my own family", and "we try to make sure they are happy." One person said the staff "respect me very much so, they ask my permission first", and "I think they know what I like and don't like." One person's care plan indicated they preferred to stay in their room, but staff should "always take time to pop in and say hello when passing."

Where personal or sensitive information was recorded about people in their care files it was treated respectfully and confidentially. People's privacy and dignity were respected: we saw staff knocking on people's doors before entering and speaking to people quietly and discreetly about their personal care needs. Staff ensured people retained their independence as far as possible and care plans guided staff to when and how to support people. For example, one care plan for someone with dementia guided staff to use objects when talking to the person to enable them to better understand, as they may no longer recognise familiar objects such as a hairbrush. Another said, "offer (name) the opportunity to wash his face and hands, likes to have a daily wash and shave. Encourage him to choose his clothes daily."

We discussed with staff how they supported people who did not want to receive care. They told us people could get up when they wanted. If the person did not want to get up and dressed when staff went to support them, then they would check respectfully with them later, and we observed this in the dementia care area of the home. This person was seen later in the morning enjoying their breakfast in the dining room despite it being nearly lunchtime.

Visitors told us there was good communication with the staff and registered manager. There were no set visiting times at the home which enable relatives and friends to visit at times that suited them and the people they visit. Visitors were coming and going throughout our inspection. One visitor said, "It is very useful I can pop in at any time to visit (my friend)". They felt they were kept informed by staff of changes and concerns about the people they visited at the home. One visitor said, "I talked to the manager 10 minutes ago, she asked me how I was finding it (for their relative)."

People were supported at the end of their life to have a comfortable, dignified and pain free death. Records held in people's files contained information on people's wishes in relation to their end of life care and forms had been completed with their GP to record their clinical preferences in the case of a sudden deterioration in their health. Staff told us they were proud of the care they provided, particularly at the end of people's lives, and felt it was something the home did very well. One member of staff said "it's a privilege to care for them."

Good

Is the service responsive?

Our findings

At the previous inspection in August 2014 we found assessments and care planning did not ensure person-centred care. Some people's care files did not contain sufficient detail to ensure their needs and wishes were understood and met. This was in breach of regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We asked for, and received an action plan from the home telling us how they were going to address this.

At this inspection we saw detailed assessments of people's care needs which identified any risks to their health or safety. One visitor said prior to their relative moving in to the home, "they did an assessment of need. I attended a couple of meetings. Everyone was aware of her needs."

Care plans had been amended to contain detailed information about people's needs and how they wished to be supported. People were encouraged to say how their care was delivered and their preferences were recorded. For example, one care plan stated, "(person's name) prefers to stay in his room but should always be asked if he would like to come downstairs and attend events." And "(name) chooses when he gets up and goes back to bed. Likes his curtains drawn and to leave the door open during the night. Likes to use one pillow." One person told us, "I can get up when I want and I go to bed when I want, they let me get on with things," and another person said, "I like a brandy and coke" and we saw this recorded in the care plan. Staff confirmed should people wish to have an alcoholic drink this was provided by the home and a bar area was situated in one of the in the dining rooms.

Many of the people living at Sefton Hall required nursing care due to a long term health condition, and the care plans provided staff with clear guidance about how to support people to maintain their health, as well as when they should seek advice from a health care professional. For example, one care plan stated, "Closely monitor for increased respiratory rate, coughing, confusion and raised temperature. These may be signs of a chest infection and require GP intervention to prevent deterioration." Another provided staff with guidance on managing a person's diabetes. It stated the signs and symptoms of a too high or too low blood glucose level and what action staff should take. The risks of continuing with raised blood glucose levels were described and staff were guided to contact the GP if blood glucose levels were unstable, or if the person showed signs of becoming unwell.

People had been involved in regular reviews and discussions about their care planning with the registered manager and the registered providers, and the outcomes of these discussions were recorded in the home's monthly audit file to enable any issues raised to be reviewed. For example, one person had requested bed rails as they feared falling from the bed, an assessment was undertaken and the rails provided with the necessary padding to prevent injury. The continued use of the rails was discussed with the person periodically to see if they still felt them to be necessary.

People's past history and preferences, including hobbies and interest, were recorded in the care plans. We spent time with the home's activity organiser looking at how people were involved in the life of the home and encouraged to participate in interesting and stimulating activities. There was an acknowledgement of the importance of people's personal history, and some people at the home knew each other from local village life prior to admission. The activity organiser used hand held computers, the home has two, to show people pictures of places important to them, such as where they grew up, where they lived and worked when married or where they went on holiday, and we saw this being enjoyed during our inspection. The computers were used to take photographs of people's involvement in activities to show their visitors or send to friends and family who lived away or abroad.

For some people individual or room based activities were more in accordance with their wishes than group ones. Other people enjoyed more communal, or craft based activities. There was a daily programme available and we saw people participating over both inspection days in events. Activities included the use of the computer, quizzes and word games, reminiscence, crafts, armchair Pilates, movie afternoons, animal petting and gardening where appropriate. During the inspection we observed people enjoying an arts and crafts activity session. People told us how much they enjoyed a recent piano recital. The home has a cat which people told they enjoy.

The activity organiser was very aware of the risk of isolation for people who through need or preference stayed in their rooms. The timetable of planned activities identified time

Good

Is the service responsive?

for one-to-one sessions. The registered providers told us of the home's involvement in "The Eden Alternative", an initiative to reduce people's risk of becoming lonely, bored or feeling helpless once they move into a care home.

Complaints or concerns about the home were responded to immediately and clear records were maintained. People told us they would feel able to raise any concerns with the registered manager or staff and feel confident they would be acted upon without bad feeling. Relatives told us they had had no concerns but would feel very comfortable in raising any issues if they had to.

Good

Is the service well-led?

Our findings

People and visitors told us they did not have any concerns about the leadership of the home. They knew who the registered manager was and found them approachable. People spoke positively about the management team and with affection for the care staff. One relative told us "I can't emphasise enough if I mention something they sort it out. The manager is great. I am not saying there are never any issues but if we have a problem they really respond."

People told us they enjoyed living at Sefton Hall and said they felt "at home" living there. One person said "this has felt like my home from the day I moved in."

The registered manager was present throughout the inspection as were registered providers. They told us they encouraged an open and family orientated culture and said they were always available to speak to anyone and promoted an 'open door' atmosphere within the home. The registered manager told us "we are like a family". This was echoed by a relative who described their family member's hospital visit with care workers as, "feeling like a family outing". Staff told us they felt comfortable with and understood the family ethos of the home.

Records showed that residents meetings were held monthly and every other month family members were invited to attend. These meetings allowed a forum for people and relatives to put forward any ideas or suggestions they may have, as well as being kept informed about future events planned for the home. The registered manager told us the attendance of relatives for some meetings was low but they felt this was because they usually spoke to relatives each month anyway.

Records indicated an openness and transparency about identified areas in which the home had needed to improve. These were included in a discussion note from a recent residents' and relatives' meeting, where there registered provider had given a presentation on the new Fundamental Standards of CQC inspections and the last CQC inspection findings. Copies of the note were on display and freely available in reception for people to take away. Other records showed a number of people expressed appreciation of the presentation and of being kept informed. The owners had also printed information sheets about NHS Choices and the issues to consider when looking at residential care for a loved one, as well as how Sefton Hall provided a service in relation to these issues. Guidance on consent and mental capacity were also available in the reception area.

The management team were visible to people in the home. The registered manager visited each person in their room at the beginning and the end of the each shift. They told us that as well as being an opportunity to catch up with people this provided an additional check on the quality of care. Records showed one recent visit had enabled the registered manager to check and support staff with approaches to a person who refused personal care.

The registered providers also carried out visits to people in their room. Records showed these visits included social chat, bringing the registered provider's dogs to visit those who enjoyed it and obtaining feedback about the care and support they received.

Staff told us they felt well supported and confident if they had concerns or issues they would be listened to and treated fairly, and they knew that issues of poor practice had been addressed by the registered manager and not left unchallenged. Staff told us they felt valued by the management team and they really enjoyed providing care for the people at Sefton Hall.

The registered manager showed us the systems that were in place to monitor the quality and safety of the service that was provided. Monthly audits were carried out on practice issues, such as medicines administration records, and a regular monthly analysis was undertaken of incidents such as falls to try to identify any trends and prevent them re-occurring. Action plans were put in place where there were areas for improvement or corrective action scheduled. The registered manager had a system in place for reviewing and monitoring accidents and incidents and had notified the CQC of all significant events which had occurred in line with their legal obligations.

The management team worked with other organisations to develop and share best practice. They had recently made changes to care plans based upon their work with the Devon Dementia Kitemark group. An external peer review of the quality of the service's care plans had recently been undertaken and the registered manager was awaiting the report on this.

Good

Is the service well-led?

The home had established links with the local community and community groups such as the British Legion. Some people used the local library services. The home held a number of events in the grounds in the summer months such as a fete and dog show attended by local people.

Where people had raised concerns we saw additional information had been sought to clarify and resolve the issue. For example, during a recent survey of people's satisfaction with the meals provided, a small minority of people had said they were not always to their liking. We saw additional consultation with all the people in the home about every meal on the planned monthly menu to ascertain which meals to remove and if there was any meal in particular people wished to have added to the menu planning.