

Liverpool City Council







Sedgemoor Care Home

Inspection report

41 Sedgemoor Road
Norris Green
Liverpool
Merseyside
L11 3BR
Tel: 0151 256 1810
Website:

Date of inspection visit: To Be Confirmed
Date of publication: 29/04/2015

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?	Outstanding	
Is the service well-led?	Good	

Overall summary

This unannounced inspection of Sedgemoor Care Home took place over two days on 21 and 22 January 2015.

Sedgemoor Care Home is registered to provide accommodation and personal care for up to thirty people. The home accommodates people who require respite care, short-term care as well as permanent residential care. The home is no longer admitting people who require long term care. Sedgemoor is a purpose built

single storey building that is fully accessible to people who are physically disabled. The home is owned and run by Liverpool City Council and it is located in the Norris Green area of Liverpool.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered

Summary of findings

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.

During the inspection we spoke with 12 people who were either living or staying at the home. We also spoke with a number of visiting relatives and six members of the staff team including care staff, senior care staff and the registered manager.

We found that people who used the service were protected from avoidable harm and potential abuse because the provider had taken steps to minimise the risk of abuse. Procedures for preventing abuse and for responding to allegations of abuse were in place. Staff told us they were confident about recognising and reporting suspected abuse and the manager was aware of their responsibilities to report abuse to relevant agencies.

Each of the people who lived at the home had a plan of care. These provided a sufficient level of information and guidance on how to meet people's needs. Risks to people's safety and welfare had been assessed and guidance on how to manage identified risks was included in people's care plans. Care plans also included information about people's preferences and choices and about how they wanted their care and support to be provided.

Staff worked well with health and social care professionals to make sure people received the care and support they needed. The service worked on a multi-disciplinary basis to meet people's needs and support the purpose of people's stay. We spoke with a number of health and social care professional who worked into the home and they gave us positive feedback about the service.

Medicines were safely administered by suitably trained care workers. We found that medicines were stored safely and adequate stocks were maintained. Regular medicines audits were being carried out to ensure that medication practices were safe and to ensure that any medication errors could be promptly identified.

The manager had knowledge of the Mental Capacity Act 2005 and their roles and responsibilities linked to this and they were able to tell us what action they would take if they felt a decision needed to be made in a person's best interests.

During the course of our visit we saw that staff were caring towards people and they treated people with warmth and respect. People we spoke with gave us good feedback about the staff team. People described staff as 'helpful' and 'friendly'. One person said "Nothing seems to be too much bother for them, they are lovely."

Staffing levels were good and people told us there were always sufficient numbers of staff on duty to meet people's needs safely and effectively.

Staff told us they felt supported in their work. They told us they had the training and experience they required to carry out their roles and responsibilities. The majority of staff held a relevant qualification and all staff had worked in care for a number of years. However we found there was room for improvement in staff training as some staff had not been provided with up to date training. Regular staff meetings were held and handovers took place three times per day. Systems were in place to provide supervision and appraisal to staff. However, we found there was room for improvement in the frequency at which these were provided.

The premises were safe and well maintained and procedures were in place to protect people from hazards and to respond to emergencies. The home was fully accessible and aids and adaptations were in place in to meet people's needs and promote their independence.

The home was clean and people were protected from the risk of cross infection because staff followed good practice guidelines for the control of infection.

Systems were in place to check on the quality of the service and ensure improvements were made. These included surveying people about the quality of the service and carrying out regular audits on areas of practice.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Practices and procedures were in place to protect people living at the home from avoidable harm and potential abuse. Staff were confident about recognising and reporting suspected abuse.

Risks to people's safety had been assessed and were well managed.

Medication was managed safely and people received their medicines as prescribed. Medication practices were checked on a regular basis.

There were sufficient numbers of staff on duty to meet people's needs.

Good



Is the service effective?

The service was effective.

Staff felt well supported in their roles and responsibilities and they told us they had the skills and knowledge they needed to meet people's needs. Staff were long standing and the majority had attained a relevant qualification. However, there were gaps in staff training in a number of topics.

The manager showed that they had a sufficient knowledge and understanding of the Mental Capacity Act 2005. They had referred to relevant professionals in making a decision in a person's best interests and within the requirements of the law.

Staff worked well with health and social care professionals to make sure people received the care and support they needed. The majority of people were staying at the home for a short period of time to support them to build up their skills to return home. The service worked on a multi-disciplinary basis to help people achieve this.

The home was fully accessible and aids and adaptations were in place to meet people's needs and promote their independence.

Requires Improvement



Is the service caring?

The service was caring.

People were supported by staff who were caring. During the course of our visit we saw that staff were caring towards people and they treated people with warmth and respect. People we spoke with gave us good feedback about the staff team.

We saw that people chose their own daily routines and staff respected people's choices.

Good



Summary of findings

Is the service responsive?

The service was responsive.

People received care and support that was responsive to their needs.

People's individual needs were reflected in a plan of care and with achieving goals linked to their recovery were in place.

Complaints were logged and investigated and action was taken in response to any learning from complaints.

Outstanding



Is the service well-led?

The service was well-led. We found that the home was well managed and staff were clear as to their roles and responsibilities and the lines of accountability within the home and across the organisation.

Systems were in place to regularly check on the quality of the service and ensure improvements were made. A number of audits were carried out at the home to monitor the service, these included health and safety audits.

Good



Sedgemoor Care Home

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 was carried out on 21 and 22 January 2015 and was unannounced. The inspection team consisted of an adult social care inspector.

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

During the inspection we met a visiting healthcare professional and we sought their feedback on the service. We also spoke with another health care professional and two social workers all of whom who work closely with the service.

During the inspection visit we spoke with 12 people who were staying at the home and a number of visiting relatives. We also spoke with seven members of the staff team including care staff, senior staff, the cook and the registered manager.

We spent time observing the care provided to people who were staying at the home to help us understand their experiences of the service.

We viewed a range of records including: the care records for three people who were staying at the home, 4 staff files, records relating the running of the home and policies and procedures.

We carried out a tour of the premises and this involved viewing communal areas such as the lounges, dining rooms and bathrooms. We viewed a sample of bedrooms. We also viewed the kitchen and laundry facilities.

Is the service safe?

Our findings

People's health, safety and welfare were protected in the way the service was provided. People told us they felt safe at the home and that they felt confident to approach staff or the manager if they had any concerns. People's comments included "I feel absolutely safe here" and "The staff are always around to make sure I'm OK, they are so helpful."

A copy of Liverpool City Council's safeguarding policy and procedure was in place. This included information about the types of abuse and indicators of abuse. It also provided guidance for staff on the actions to take if they suspected or witnessed abuse. We spoke with care staff about safeguarding and the steps they would take if they witnessed abuse. Staff gave us appropriate responses and told us that they would not hesitate to report any incidents to the manager. The manager was able to provide us with an overview of the action they would take in the event of an allegation of abuse, this included informing relevant authorities such as the local authority safeguarding team, the police and the Care Quality Commission (CQC). The manager had up to date training in adult protection/safeguarding. However, training records indicated that not all staff had been provided with up to date training in safeguarding.

Risks to people's safety were appropriately managed. We saw that risks to people's safety had been assessed and information on how to manage or control risks was incorporated into people's care plans. For example, if a person was at risk of falling then information about how to support the person to prevent them falling was documented in their care plan.

Hazards to the safety of people who stayed at the home, staff and visitors were controlled. Regular checks were carried out on the home environment to protect people's safety. For example, checks on fire safety and water safety. Risk assessments had been carried out with regards to safe working practices and control measures were in place to manage identified risks. For example, a risk identified might be linked moving and transferring people who had difficulties with their mobility. The risk assessment would identify possible hazards linked to this for all people involved in the activity and would then provide information about how those risks were controlled or managed.

Medication was managed appropriately and safely. We found there were tight systems in place for attaining, storing and administering medication. Medicines were only administered by senior staff who had been provided with training in administering medication. We looked at the medicines records for three people who were staying at the home. The medicines administration records we viewed were clearly presented to show the medicines people had received. We found that arrangements were in place to ensure that special instructions such as 'before food' were followed when administering medicines in order to ensure that people received the most benefit from their medicines. We found that medicines were stored safely and adequate stocks were maintained to allow continuity of treatment for people. Regular medicines checks and audits were being completed to help ensure medicines were managed safely and to ensure that any shortfalls could be promptly identified and addressed. Two members of staff booked medicines into the home and two staff were also involved in preparing medicines for people who were being discharged. We saw that people's care plans included a section to document the person's needs with regards to their medicines. The information in this section in the care plans we viewed lacked detail about the individual needs of the person. We discussed this with the manager at the time of our inspection.

During the course of the inspection we found there were good staffing levels. On the first day of the visit there were high numbers of staff available to meet people's needs and the home was a hive of activity. This was because on one day per week there was a cross over on the staff rosters and this meant that there were lots of staff available. The manager told us staff used this time of the week to catch up on updating people's care records, attending supervision and planning work. On the second day of our visit the staffing levels were as they would normally be on the other six days of the week. These were still sufficient to meet people's needs safely.

We saw that staff took their time when supporting people and took the time to have conversations with people. Staff responded immediately when people needed assistance and people told us they never had to wait long for assistance if they needed it. Staff told us the staffing levels were good. One member of staff told us; "There are always enough staff", another told us "We have time to sit with people and talk." A number of staff commented that sometimes they felt the staffing was too high and that this

Is the service safe?

could result in them carrying out more tasks for people instead of supporting people to use their own skills. We discussed this feedback with the manager who advised that a review of staff rotas was imminent.

There had been no new staff recruited to the home for a number of years. All staff had gone through Liverpool City Council's recruitment process which ensured that all required pre-employment checks had been carried out. These included requiring applicants to: complete an application form, provide confirmation of their identity, provide employment references and proof of any criminal record history. These checks assist employers to make safer decisions about the recruitment of staff.

Policies and procedures were in place to control the spread of infection and domestic staff were employed to ensure people were provided with a safe and clean home environment. During a tour of the building we found all areas were presented as clean and there were a number of domestic staff carrying out their duties. The home had recently achieved a 5 star rating for food hygiene practices. This is the highest award under the star rating system. We viewed the kitchen and found it was clean and well organised.

Is the service effective?

Our findings

Staff told us they felt well supported and sufficiently trained and experienced to meet people's needs and to carry out all of their roles and responsibilities effectively. Their comments included "I love my job and love coming to work" and "We work well as a team, it's excellent". Staff meetings were taking place on a regular basis and handovers took place three times per day. We viewed a sample of staff files. The information in these was not up to date so the manager agreed to forward information on staff training, supervision and appraisal to us following the visit. The information sent to us showed us that some of the systems in place to support staff required improvement. For example, the staff team was well qualified, but many staff had not had up to date training in topics such as safeguarding vulnerable adults, first aid, fire safety, food hygiene and infection control. Staff were provided with one to one supervision and appraisal meetings but there was little consistency in the frequency of this across the staff team and records showed that some staff had not had a supervision over the past 12 months.

Failing to ensure staff are appropriately supported to carry out their roles and responsibilities is a breach of Regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations, which corresponds to regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People who were staying at the home gave us good feedback about the staff team and the care and support they provided. One person told us "They are all very helpful." Another person said "Nothing seems to be too much bother for them, they are lovely."

The home provided support to two people on a permanent residential basis. The two people concerned had lived at the home for many years. They told us they were happy with the care and support they received and we found that staff knew their needs very well. The home also provided a small number of places for people who required respite care. The majority of people who stayed at the home did so for a period of up to four weeks for intermediate care (generally care required after discharge from hospital) and/or reablement (care for people who required short term therapeutic support to help them recover and regain

independence). The overall focus of people's stay was to continue with their recovery and use and develop their skills with a view to returning home or moving to another type of supported living.

We found that the home provided effective care and support that met people's needs and met the aims and purpose of the service. People's needs were assessed prior to and upon admission and a plan of care was developed based on people's individual needs. The service worked on a multi-disciplinary basis to ensure people were provided with the right care and support they required. People were registered with a local GP upon admission and the GP carried out weekly visits to the home to see people, as required, and to attend a multidisciplinary team (MDT) meeting. The MDT meeting was also attended by a physiotherapist, an occupational therapist, and social worker all of whom were linked to the service and based on site. The MDT meeting was used to review the input provided to each of the people who used the service and to set plans in place for new goals or for discharge.

We spoke with a number of outside professionals who had links with the home, some of whom were based at the home. They gave us good feedback about the effectiveness of the service and they told us communication between themselves and staff at the home was good. They told us that staff followed any instructions they gave about how to support people and they had no concerns about the effectiveness of the service.

The manager had knowledge of the Mental Capacity Act 2005 and their roles and responsibilities linked to this. We spoke with the manager about how they would support a person to make a decision when there was a concern about their mental capacity to do so. The manager had a good understanding of this and they told us they were in the process of obtaining guidance from relevant professionals with a view to establishing if there may be a need to make a decision in a person's best interests. The manager told us they had been provided with training on the Mental Capacity Act 2005. Staff training records showed that some but not all staff had been provided with training in mental capacity. The manager advised that an application had been made for one person who was staying at the home to be assessed to determine if they needed to be subject to a Deprivation of Liberty Safeguard (DoLS). The Deprivation of Liberty Safeguards [DoLS] is a part of the Mental Capacity

Is the service effective?

Act (2005) that aims to ensure people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom unless it is in their best interests.

Care staff were able to describe how people's consent to care and support was obtained. Examples of this included asking people's permission before carrying out tasks and seeking people's feedback about the support they received. We saw that people's care plans made reference to their mental capacity. People had also been asked to sign their care plan to agree to the care and support provided.

People who lived at the home had a care plan which included information about their dietary and nutritional needs and the support they required to maintain a healthy diet. We saw that people had been referred for specialist input from a dietician or speech and language therapist if they required additional support with their nutrition or with eating and drinking. People's food and fluid intake was also monitored if this was required. People's likes, dislikes and preferences for food and meals were documented in their care plan and the cook advised that they were aware of people's dietary needs and they told us how they

accommodated these. For example people who had diabetes were provided with alternative meals or desserts as appropriate. People staying at the home told us the food was good and they had a choice of meals. One of the people who was staying at the home told us "The food is lovely I'll miss it." Another person said "I really enjoy the meals and they are very good. They will make you something else if you want it."

We found that all areas of the home were safe, clean and well maintained. The home was fully accessible and aids and adaptations were in place to meet people's mobility needs, to ensure people were supported safely and to promote their independence. Areas of the home had been refurbished to a high standard and further work was planned under a second phase of refurbishment. This was scheduled to refurbish bedrooms and communal bathrooms. The manager told us that people who stayed at the home could also access a day centre which was attached to the main building. The day centre had won a national design award for innovation and it housed recreational facilities including a 4D cinema room.

Is the service caring?

Our findings

People who lived at the home or were staying at the home told us staff were caring. People's comments included: "It's great here, they are all so kind", "The staff are very helpful" and "I've been made to feel so welcome. They are a lovely here, really warm and friendly." We asked a number of people to tell us their rating of the service and every person who we asked told us they would rate it ten out of ten.

We saw that staff showed concern for people's wellbeing and they responded immediately to people's requests. One of the people who was staying at the home lost their balance and staff responded quickly in supporting them to the floor safely and gave them lots of attention and reassurance in assisting them back to their feet.

We observed the care provided by staff in order to try to understand people's experiences of care and to help us make judgements about this aspect of the service. We saw that staff were warm and respectful in their interactions with people. Staff spoke about the people they supported in a caring way and they told us they cared about people's wellbeing.

Staff told us they were clear about their roles and responsibilities to promote people's independence and respect their choice, privacy and dignity. They were able to explain how they did this. For example, when supporting

people with personal care they ensured people's privacy was maintained by making sure doors and curtains were closed and by speaking to people throughout, by asking people's permission and by explaining the care they were providing. During discussions with staff they were able to describe people's individual needs, wishes and choices and how they accommodated these in how they supported people.

People's care plans were individualised and included details about the people's preferences and choices. We found that other records, such as daily reports, were written in a sensitive way that indicated that people's individual needs and choices were respected and that staff cared about people's wellbeing. People who lived at the home had been asked to sign their care plans as being in agreement with the contents.

All of the staff we spoke with told us they rated the care as ten out of ten. Staff told us the culture of the home was 'good' and 'healthy'. One member of staff said "People are well looked after here and the staff are well looked after too."

The atmosphere in the home was welcoming, warm and friendly. People told us they were warm and comfortable and we saw people were supported to move around the home independently with the use of aids. This promoted people's independence and self-direction.



Is the service responsive?

Our findings

The service worked well with other agencies to make sure people received the care and support they needed. People who were staying at the home and their relatives gave us good feedback about how staff responded to their needs. One person told us they suffered with pain, they said “I only have to say and they get my tablets straight away.” Other people’s comments included: “When I wasn’t feeling well they got the doctor to see me straight away”, “The staff are helping me get around, they’re helping me get my strength up and my confidence up to go back home” and “They’re encouraging me along and It’s reassuring to know they are there.” Many of the people we spoke with had not experienced care of this nature before and they told us their stay had exceeded their expectations of a care home.

The nature of the service meant that there were always new people arriving and people being supported to be discharged home. The service therefore needed to have very good systems and processes in place for admitting people, for providing the right care for the duration of people’s stay and for discharging people. Alongside this the service also had to provide a high level of multidisciplinary team work to be able to respond to people’s needs and meet the aims and objectives of the service. We found that the service did have good systems and processes in place to achieve its objectives of responding to people’s needs, providing safe and effective care and preparing people to move on following therapeutic input.

The service was working strategically with Commissioners to respond to changes in the healthcare needs of the local population. For example a rapid increase in the number of people requiring intermediate care (care generally required following a hospital admission) during the winter months meant that the home stopped admitting as many people as usual on a reablement basis (care generally for recovery). This was in order to accommodate more people on an intermediate care basis. The nature of the service therefore meant that it needed to be flexible in order to respond to outside influences and it did this well.

A pre admission assessment was carried out for people referred to the home and a more detailed assessment and care plan was drawn up on their admission. An access co-ordinator was responsible for co-ordinating the admission of new people and they told us they were clear that they would only admit people whose needs could be

met appropriately and safely at the home. New people were registered with a local GP upon admission and their medicines were booked in and new medicines were ordered from the supplying pharmacist. These activities were all undertaken within set timescales. People were supported by a range of professionals who worked into the home and some of whom were based at the service. Multi-disciplinary meetings were held every Monday and the care and support provided to each of the people who was staying at the home was reviewed at these meetings. The meetings involved a GP, district nurse, physiotherapist, occupational therapist, social workers and senior staff from the service. Multi-disciplinary professionals who we spoke with gave us good feedback about the service. They told us they thought the quality of the care and support provided to people was good and there were effective methods of communication across the service in order to achieve the goals of the service.

We viewed the care plans for three people who were staying at the home. We found care plans were individualised and they detailed people’s support needs and provided guidance for staff on how to meet people’s needs. Staff were clear about the purpose of people’s admission to the home and the goals people were aiming to achieve and of how they needed to support people to achieve these. Care plans and associated records detailed the care, support and treatment that people had been provided with. The provider was therefore able to demonstrate that people were provided with good and responsive care and support which met their needs. Risks to people’s safety and welfare had been assessed as part of their care plan. Guidance on how to manage identified risks was included in the information about how to support people. People’s care plans include information about their preferences and choices and about how they wanted their care and support to be provided.

The provider had a complaints procedure which was appropriately detailed and included timescales for responding to complaints. Few complaints had been made about the service in the past 12 months. We found that action had been taken to investigate and resolve those that had been made. People who were living at the home or staying for a short term told us that if they had any concerns they would be happy to raise them with staff or the manager and they were confident they would be responded to and their concerns would be addressed. They told us the manager was approachable and if they had any



Is the service responsive?

problems they would not hesitate to tell them. We asked staff if they had any concerns about home or the quality of the service provided to people. They told us they had no concerns and number of staff said that people often did not want to leave the home because their experience was

so good. People were provided with a 'Have Your Say' leaflet upon discharge from the home and this gave them contact details if they wanted to provide feedback on their stay or make a complaint. A suggestions box was also in place in the main atrium/communal area.

Is the service well-led?

Our findings

Systems were in place to regularly check on the quality of the service, to ensure improvements were made and to protect people's welfare and safety. The provider's system for assessing and monitoring the quality of service was effective in ensuring people received the right care and support.

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

A number of audits were carried out by the manager of the home on a regular basis. These included checks on matters such as: health and safety of the home environment, accident and incident reporting, fire safety. Daily checks on medication were carried out alongside a regular audit of medicines.

An operations manager carried out unannounced audits of the service on a monthly basis. These audits identified strengths and shortfalls within the service. They included the auditing of care plans to ensure they included sufficient and accurate information about people's needs and to

demonstrate that they reflected the care and support that had been provided to people. Actions had been identified as part of the monthly audits and these were followed up to ensure any required improvements had been made.

Staff told us they felt there was an open culture within the home and that they would not hesitate to raise any concerns. The manager was described as 'approachable' and people who were staying at the home and staff we spoke with felt the manager would take action if they raised any concerns. The home had a whistleblowing policy, which was available to staff. Staff we spoke with were aware of the policy and told us they would feel able to raise any concerns they had and would not hesitate to do so.

Feedback we received from outside health and social care professionals who worked into the home indicated that there was good partnership working between the home and other agencies. They told us they had no concerns about the quality of the care provided and they considered Sedgemoor Care Home to be a good home.

We viewed accident and incident reports and these raised no concerns with us and indicated that people were protected against receiving inappropriate and unsafe care and support. Accidents and incidents at the home were recorded and reported through the provider's health and safety reporting mechanism.

The manager told us they were holding meetings with the Commissioners of the service to look at ways to further improve the care pathways for people.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA (RA) Regulations 2014 Staffing</p> <p>Regulation 18 HSCA (RA) Regulations 2014 Staffing</p> <p>The registered person had not made suitable arrangements to ensure staff were appropriately supported in their roles and responsibilities. Regulation 18 (1)(a).</p>