

Liverpool City Council

Sedgemoor Care Home

Inspection report

41 Sedgemoor Road
Norris Green
Liverpool
Merseyside
L11 3BR

Tel: 01512336320

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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?

Outstanding ☆

Is the service well-led?

Good ●

Summary of findings

Overall summary

Sedgemoor Care Home is registered to provide accommodation and personal care for up to 30 people. At the time of the inspection 30 people were living at the service. Sedgemoor provides accommodation, personal care and therapies on a short-term basis to help people regain their independence and return to their own homes (reablement). The people living at the home have both physical and psychological support and care needs. The Home is owned and run by Liverpool City Council.

At the last inspection, the service was rated Good.

At this inspection we found the service remained Good.

Why the service is rated Good.

At our last inspection in January 2015 we found that some staff had not received formal supervision in over 12 months. The service was found to be in breach of regulation in relation to staffing. During this inspection we checked staff records and spoke with people to ensure that they had sufficient access to supervision and support. We saw that each person had a supervision schedule for 2017 and had completed an annual appraisal within the last 12 months. The service was no longer in breach of regulation.

The people living at Sedgemoor and their relatives spoke positively about the safety of the service. We saw that people were protected from the risk of abuse or harm because staff knew people well and were vigilant in monitoring risk.

Staff had been trained in adult safeguarding and knew what action to take if they suspected abuse or neglect. Each of the staff that we spoke with was clear about their responsibilities to report concerns inside and outside the service. Posters promoting safeguarding and whistleblowing were displayed throughout the service.

Medicines were safely managed within the service by trained staff and in accordance with best-practice guidance for care homes. We checked the storage, administration and record-keeping for medicines on two out of the three units and found that stock levels were correct and records were completed correctly.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were supported to maintain a varied and healthy diet in accordance with their preferences and healthcare needs. People's nutritional and fluid intake was monitored where there was an identified risk or health need.

We saw from care records that staff supported people to access a range of community based healthcare

services on a regular basis. Some people were also supported to access specialist healthcare services to improve their independence and support them to return to their homes.

People were extremely complimentary about the caring attitude of the staff. It was clear from our observations and discussions that staff knew people well and tailored the provision of care and support to meet individual needs. We saw that staff took time to discuss matters with people and confirm their understanding. The language and approach used by staff was gentle and caring. The people living at Sedgemoor were clearly relaxed and responded very positively to the communication and engagement of the staff team.

People's right to privacy and dignity were supported by staff in the provision of care and support. Personal care was given in locked bathrooms or people's own en-suite facilities. A member of staff told us, "Dignity comes with independence."

People and their families spoke extremely positively about the quality of the service and the impact that it had on their lives. People were clear that they had been involved in the assessment and care planning process and were kept well informed as they progressed in their recovery.

People's progress was reviewed on a weekly basis at a multi-disciplinary team meeting. The meeting was attended by a range of external health and social care professionals as well as representatives from Sedgemoor. We saw clear evidence in care records that people had made significant progress since arriving at Sedgemoor and the vast majority had been successfully supported to return to their homes.

The service continued to work very effectively with local commissioners and provided services in a flexible manner to meet emerging needs. This was done in conjunction with a local GP, pharmacist, occupational therapists and physiotherapists. The healthcare professionals that we spoke with provided very positive feedback regarding the response of staff, the completion of activities and therapies and the impact of the service on people.

A registered manager was in post, but was not available on the day of the inspection. People living at Sedgemoor, their relatives and staff spoke positively about the quality of communication and the general management of the service.

The provider encouraged people and their families to provide feedback through a range of formal and informal mechanisms. They issued exit surveys. Of the surveys that we saw for 2017, 94% of the responses were at the highest (very good) rating.

The staff that we spoke with were motivated to provide high quality care and understood what was expected of them. They spoke with enthusiasm about the people that they supported and their job roles. Each of the staff were positive about the support and quality of care offered by the service.

The registered manager had sufficient systems and resources available to them to monitor quality and drive improvement. Quality and safety audits were completed on a regular basis. Important information was captured and used to produce reports. These reports were shared with senior managers throughout the organisation and used at a local level to monitor and drive improvement. Additional audits were completed by the quality assurance team and through contract compliance visits.

Further information is in the detailed findings below.

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 remains Good

Is the service effective?

Good ●

The service remains Good

Is the service caring?

Good ●

The service remains Good

Is the service responsive?

Outstanding ☆

The service remains Outstanding

Is the service well-led?

Good ●

The service remains 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.

This inspection took place on 3 April 2017 and was unannounced.

The inspection was conducted by an adult social care inspector and an Expert by Experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

At the last inspection in January 2015 we identified a breach of regulation because some staff had not received supervision for a period in excess of 12 months. As part of this inspection we looked at the provision of supervision to ensure that the necessary improvements had been made.

We checked the information that we held about the service and the service provider. This included statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. We used all of this information to plan how the inspection should be conducted.

We spoke with eight people using the service at Sedgemoor. We also spoke with six relatives, an acting manager, three team organisers, three reablement assistants, a visiting chaplain and two visiting healthcare professionals. In addition, we spent time looking at records, including six care records, four staff files, staff training records, complaints and other records relating to the management of the service. We contacted social care professionals who have involvement with the service to ask for their views.

Is the service safe?

Our findings

The people living at Sedgemoor and their relatives spoke positively about the safety of the service. Comments included; "I feel safe, yes I do. I'm better here than at home. I had a fall and went into hospital. I was upset when I first came here but now I feel better and safer", "I didn't feel safe in hospital but I do here" and "I feel safe because I know staff will help me if I need it. I ring my buzzer and they come no problems. It's good."

We saw that people were protected from the risk of abuse or harm because staff knew people well and were vigilant in monitoring risk. Risk was assessed prior to admission and was reviewed within 72 hours. We saw risk assessments in relation to; manual handling, falls and self-administration of medicines. Each had been completed to a high standard and showed evidence of review. Each person had a personal emergency evacuation plan (PEEP) in their care file which advised staff how to safely support the person during an evacuation.

Staff had been trained in adult safeguarding and knew what action to take if they suspected abuse or neglect. Each of the staff that we spoke with was clear about their responsibilities to report concerns inside and outside the service. Posters promoting safeguarding and whistleblowing were displayed throughout the service.

Staff were safely recruited and deployed in sufficient numbers to meet the needs of people using the service. The service maintained a high ratio of staff throughout the day to ensure that people were supported with their therapies and activities.

Medicines were safely managed within the service by trained staff and in accordance with best-practice guidance for care homes. We checked the storage, administration and record-keeping for medicines on two out of the three units and found that stock levels were correct and records were completed correctly.

All other safety checks had been completed as required.

Is the service effective?

Our findings

At our last inspection in January 2015 we found that some staff had not received formal supervision in over 12 months. The service was found to be in breach of regulation with regard to staffing. During this inspection we checked staff records and spoke with people to ensure that they had sufficient access to supervision and support. We saw that each person had a supervision schedule for 2017 and had completed an annual appraisal within the last 12 months. It was clear that not all supervisions had been completed as planned. Staff told us this was partly due to cancellations during periods of sickness and annual leave. But improvements had been made and sustained since the last inspection. Each of the staff that we spoke with said that they had ample access to formal and informal supervision. The service was no longer in breach of regulation.

People were complimentary about the staff and their abilities. One person said, "When you come in you're worried, the staff know what they are doing and so this helps you to adjust." While another person said, "I have come on in leaps and bounds here. My health was poor but now I'm in great shape. It's down to here and that's true."

People's capacity was assessed and consent sought in accordance with the Mental Capacity Act 2005 (MCA). This process included the use of best interests decisions for example, to determine if it would be safe for people to leave the service. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). None of the people living at Sedgemoor at the time of the inspection was subject to a DoLS authorisation.

People were supported to maintain a varied and healthy diet in accordance with their preferences and healthcare needs. We saw that there was a set menu, but that people could choose what they wanted on an individual basis. Where people required a softened diet, this was prepared using moulds to make the ingredients look more familiar and appetising. Meals and drinks were prepared by dedicated staff and served in the dining room in each unit. People's nutritional and fluid intake was monitored where there was an identified risk or health need.

We saw from care records that staff supported people to access a range of community based healthcare services on a regular basis. Some people were also supported to access specialist healthcare services to improve their independence and support them to return to their homes. We saw evidence that important healthcare information was well documented and reviewed on a weekly basis at a multi-disciplinary team meeting with health and social care professionals.

Is the service caring?

Our findings

People were extremely complimentary about the caring attitude of the staff. Comments included; "Staff are great here. Very kind and caring, I couldn't have got better without them", "Oh yes staff are excellent. Really good, I don't want to go home now it's that good. I'll miss them I will" and "Staff listen that means I am still important."

It was clear from our observations and discussions that staff knew people well and tailored the provision of care and support to meet individual needs. We saw that staff took time to discuss matters with people and confirm their understanding. The language and approach used by staff was gentle and caring. The people living at Sedgemoor were clearly relaxed and responded very positively to the communication and engagement of the staff team.

We asked if people were able to decline care and how they communicated this. One person told us, "I'm asked what I want not told." We saw examples where staff were encouraging, but not demanding of people throughout the inspection. For example, we observed a person using the stairs to help them rehabilitate. Staff supported the person in a dignified and respectful way explaining all the time to them why the exercise was of benefit.

People were given information in a way that made sense to them. We heard examples where staff repeated or re-worded questions to ensure that people understood. Images and photographs were also used in care records and other documents to support people's understanding.

People's right to privacy and dignity were supported by staff in the provision of care and support. Personal care was given in locked bathrooms or people's own en-suite facilities. A member of staff told us, "Dignity comes with independence."

Sedgemoor operated designated visiting hours to ensure that people completed their therapies and made progress to return home. The staff and manager that we spoke with were clear that families and friends could visit at any time if there was a specific need. We were provided with recent examples where this had happened. Visits could take place in people's rooms, or in the central atrium where drinks and snacks were available. We saw that one family had brought a person's pet with them to provide additional motivation to return home.

Is the service responsive?

Our findings

At the last inspection in January 2015 Sedgemoor was rated Outstanding in this domain because it worked efficiently and effectively to aid people's recovery, improve their independence and help them return to their homes. At this inspection we checked to see if the standards had been maintained.

People and their families spoke extremely positively about the quality of the service and the impact that it had on their lives. One person said, "I have come on in leaps and bounds here. My health was poor but now I'm in great shape. It's down to here and that's true." While another person told us, "I was low when I come out of hospital but now due to being here I'm great. My confidence has grown ready for me going home."

People were clear that they had been involved in the assessment and care planning process and were kept well informed as they progressed in their recovery. The records that we saw demonstrated that this was the case. The nature of the service meant that people were often referred at short notice which gave little time to assess people's needs and produce care plans. In each of the records that we saw these processes had been completed to a very high standard in an extremely efficient manner. Each of the records contained essential clinical information, but also contained person-centred details which helped staff to get to know the person and provide individualised care. Each care record contained a one page profile with likes, dislikes and preferences. For example, one person liked books by a particular author and their preferred alcoholic drink was specified.

People's progress was reviewed on a weekly basis at a multi-disciplinary team meeting. The meeting was attended by a range of external health and social care professionals as well as representatives from Sedgemoor. We saw clear evidence in care records that people had made significant progress since arriving at Sedgemoor and the vast majority had been successfully supported to return to their homes. The small number that had not been able to return to their homes had been discharged to other services that better suited their needs. Many of these were people requiring end of life care.

The service continued to work very effectively with local commissioners and provided services in a flexible manner to meet emerging needs. This was done in conjunction with a local GP, pharmacist, occupational therapists and physiotherapists. The healthcare professionals that we spoke with provided very positive feedback regarding the response of staff, the completion of activities and therapies and the impact of the service on people.

The service used the 'Have Your Say' process for raising complaints and displayed promotional materials throughout the building. Each room held a service user' guide which included details of how to make a complaint or pass on a compliment. The service had not received any formal complaints in the previous 12 months.

Is the service well-led?

Our findings

People living at Sedgemoor, their relatives and staff spoke positively about the quality of communication and the general management of the service. The relatives that we spoke with said that they were kept up to date by their family members and staff when they visited the service. One relative said, "Communication here is good." While a member of staff told us, "We mostly see the Team Coordinators. They tell us what's going on. We also get memos about changes." Another member of staff commented, "We have monthly briefings, emails and [registered manager] spends every Thursday on the floor. We see [senior managers] too. They're very supportive." However, more than one person commented that written communication could be improved. This was because the multi-disciplinary (joint-working) approach required to support people with their reablement generated multiple records. We spoke with the acting manager and a team organiser about this and were assured that progress had already been made, but would be further reviewed.

A registered manager was in post, but was not available on the day of the inspection. The manager from an adjoining service with experience of Sedgemoor facilitated the inspection. 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.

The provider encouraged people and their families to provide feedback through a range of formal and informal mechanisms. They issued exit surveys. Of the surveys that we saw for 2017, 94% of the responses were at the highest (very good) rating. Comments included; 'staff and managers are first class.' 'Staff are wonderful.' 'Facilities are very good.' 'Cannot say a bad thing about Sedgemoor.' And, 'I don't want to leave. I wish I could pay to stay.'

The staff that we spoke with were motivated to provide high quality care and understood what was expected of them. They spoke with enthusiasm about the people that they supported and their job roles. Each of the staff was positive about the support and quality of care offered by the service. A member of staff told us, "We all should be proud. We see people come in on stretchers who walk out able to care for themselves."

The registered manager had sufficient systems and resources available to them to monitor quality and drive improvement. Quality and safety audits were completed on a regular basis. Important information was captured and used to produce reports. These reports were shared with senior managers throughout the organisation and used at a local level to monitor and drive improvement. Additional audits were completed by the quality assurance team and through contract compliance visits.