

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

Sefton Park

Sefton Park, 10 Royal Crescent, Weston-super-Mare, BS23 2AX

Tel: 01934626371

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We inspected the following standards as part of a routine inspection. This is what we found:

Consent to care and treatment	✓	Met this standard
Care and welfare of people who use services	✓	Met this standard
Management of medicines	✗	Action needed
Staffing	✓	Met this standard
Complaints	✓	Met this standard

Details about this location

Registered Provider	Mercia Care Homes Limited
Registered Manager	Mr. David Perry
Overview of the service	Sefton Park is a residential alcohol and drug rehabilitation centre based in Weston-Super-Mare. It can provide accommodation for up to 28 people.
Type of services	Care home service without nursing Residential substance misuse treatment and/or rehabilitation service
Regulated activity	Accommodation for persons who require treatment for substance misuse

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 8 March 2013, talked with people who use the service and talked with staff.

What people told us and what we found

We spoke with five people who used the service, three members of staff and the manager.

The people we spoke with who used the service all provided positive feedback regarding their experience of the service. Comments included "it's a brilliant place, it saved my life"; "you are treated fairly and with respect all the time" and "it's the best thing I've done".

We viewed four care plans. The planning was centred on the individual and considered all aspects of their individual circumstances. The care plans were specific to the individual's needs and preferences. People advised that they were involved in discussions about their care and support. There were robust arrangements in place that demonstrated that consent had been provided in relation to the care received.

We found that there were procedures in place regarding medicines handling which included arrangements to ensure the safe administration and disposal of medicines. The provider was unable to demonstrate that staff members had received up-to-date medication administration training. If a person was self medicating we found that there were no risk assessments in place.

Staff members demonstrated a good knowledge of the people they supported. The staff told us that they felt supported to undertake their role and staffing levels were adequate.

We found that there was a system in place to deal with complaints, including providing people who used the service with information about that system.

You can see our judgements on the front page of this report.

What we have told the provider to do

We have asked the provider to send us a report by 10 April 2013, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Reasons for our judgement

During the inspection we spoke with four people who used the service and reviewed their individual care plans. People told us that staff took account of their views and they had talked with staff about the support they would like to receive. One person told us "the staff were totally frank. They advised of the position and expectations of the programme". Another person told us that they had a "brilliant relationship with the staff and wasn't rushed to make any decisions"

All the people we spoke with confirmed that they were taken through the content of the programme and had fully consented to the rules and conditions of the Sefton Park client contract. We found that they had all signed and agreed to the provisions of the contract. Provisions included the requirements of abstinence of alcohol/mood altering substances, attending group sessions, completing a daily diary and a monthly review of the individual's care plan.

Each person had signed a confidentiality agreement which stated that counsellor's will treat their clients with respect and dignity. People had agreed information would only be disclosed with their consent or where it was considered as being in the interests of the person to share information with people involved in their care. It was also agreed that information would be disclosed where it was considered to be in the public interest. This included the prevention of a person causing serious harm to either themselves or others.

Each person's records were contained in an individual file. They included forms which people had signed to confirm the decisions that had been made. Signed consent forms included a detox consent form, which was used to agree to receive the provider's programme of treatment. People had also signed a multiple drugs screening form consenting to random drugs tests.

The care plans we saw demonstrated that regular risk assessments were conducted. All of the care plans viewed were signed by the person who used the service, which recorded their involvement and agreement. Regular discussions were held with the people we

spoke with and they were aware of the content of their care plan. A copy of their care plan was held by them. One person told us "you are given a care plan and you don't sign it until you have read it and agreed to it". This meant that it could be adequately demonstrated that the person had consented to the care, treatment and support as detailed in their care plan.

We found that people were encouraged to share their views, concerns and comments regarding their treatment. This was achieved by talking to staff members during case plan reviews and attending the weekly house meetings.

We found that there were suitable arrangements in place which could demonstrate that the person using the service provided valid consent to the practices adopted by the provider. The provider had robust procedures in place for obtaining, and acting in accordance with the consent of the person who used the service, in relation to the care and treatment provided for them.

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

We spoke with five people who used the service. Without exception positive comments were received regarding the level of care and support. Comments included "I have an excellent relationship with the counsellor's because they are open and honest", "there's lots of support here, no-one is ever judged" and "staff explained the boundaries. It's been a life changing experience".

Where possible people's needs were assessed before moving into Sefton Park. People who used the service told us that they visited the premises to get a general feel of the place. It provided an initial forum for the person to discuss their needs and the staff to assess whether the person would be suited to the programme.

We viewed four care plans. Care plan documentation was person centred and included essential information to support the individual. To enhance their understanding of the person, plans included information supplied by social services and health professionals. The plans included the following areas: history and patterns of substance abuse, previous community intervention, current health issues, current physical health, periods of stability, social history, leisure activities, cultural/religious needs, carer's views and wishes, financial circumstances and motivation. The plans reflected the person's needs, preferences and diversity.

Care and treatment was planned and delivered in a way that ensured people's safety and welfare. Any potential risks were identified and steps taken to reduce and where possible, eliminate the risks. Each person we saw had a care plan which detailed the service they received and their needs.

We saw that risk assessments were in place where required to help ensure that people were supported in an appropriate way. Where it was identified that a person was potentially at risk of relapsing, measures were put in place to support that person and the outcomes were regularly reviewed. We also saw evidence that other healthcare professionals were involved in supporting people when required.

The staff members we spoke with told us that one-to-one sessions were held on a weekly basis and if circumstances had changed the person's care plan would be amended. Evidence of the person's involvement was recorded in the person's records. The review

process meant that plans of care and support were regularly assessed for their effectiveness, changed if found to be ineffective and kept up to date in recognition of the changing needs of the person using the service. Conducting regular risk assessments reduced the risk of people receiving inappropriate care and support.

We viewed the daily records of the people who used the service. Staff recorded changing circumstances, general housekeeping issues, requests for medication, medication changes and notable behaviour's of the shift. This meant that there was an effective communication tool between those who provided the care. At staff handover the daily records provided up-to-date information of the actual support given to the person and provided an accurate picture of the delivery of their care.

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was not meeting this standard.

People were not protected against the risks associated with medicines because the provider had inappropriate arrangements in place to manage medicines.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

The provider held a medication system comprehensive guide. The guide provided instructions on admissions and clients medications, recording medication, sending requests for repeat prescriptions, medication times, medication returns and overseeing duties.

We found that appropriate arrangements were in place in relation to obtaining medicine. The system was easy to follow and all medicines was checked into the home and recorded appropriately.

Procedures were in place in relation to the recording and disposal of medicine. Records showed that medicines were prescribed to each person and were given to people safely. Medication was reviewed regularly ensuring that people had the medication they needed and at the appropriate dose. Records were regularly checked by staff so that any errors could be picked up quickly and acted on.

We saw that medication systems were audited and stock levels of medication were checked on a weekly basis. We also saw that records relating to the ordering of medication were also maintained. The home had systems in place to return unused medication to the pharmacist and records were maintained of this process. This meant medicines were disposed of appropriately.

Medicines were handled appropriately and stored safely and securely when not in use. There were arrangements to secure the medication keys and storage facilities.

We found no evidence that staff had received up-to-date medical administration training. This meant that there were no arrangements in place to demonstrate that staff had sufficient competency levels to administer medication. The manager advised that this position would be rectified and staff training is due to be held in June.

The provider's policy states that only clients who have been risk assessed and care planned would be able to self administer certain medications. We found no evidence of

self medication risk assessments being conducted. This risk assessment would support people who wished to and were capable of self-administering their medicines to do so safely. We found that there was an individual record in place, showing the date a member of staff gave a stated quantity of a named medicine to the person who self-medicated.

We found that the provider required more robust arrangements in place regarding staff training and following the self medication procedures as stated in their medication guide

Staffing

✓ Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

On the day of our inspection there were sufficient qualified, skilled and experienced staff to meet people's needs. At the time of our inspection there were 22 people living at the premises. We viewed the staff rota and were told by the manager that staffing levels were currently based on the levels that would be provided if the premises were fully occupied, consisting of 28 people.

Depending on the nature of the activities of that particular day, there were generally four to six clinical staff on duty plus the manager during the week. Where out of house activities were provided by an external body, less clinical staff were required at the premises. Owing to weekends consisting of free time and home visits there were two clinical staff on duty on a Saturday and support workers provided cover on a Sunday. We found that the staff rota also identified an additional person on call. This meant that the provider could respond to changing circumstances in the service, for example to cover sickness, absences and emergencies.

We spoke to three members of staff. They demonstrated that they had a good knowledge of the people they supported. They advised that they felt adequately supported and trained to meet the needs of the people who used the service. The staff felt that staffing was pitched at the correct level and they had enough time to deliver care as set out in the person's care plan. One staff member told us that they were never allocated more than six clients at one time.

People we spoke with who used the service told us that there was always a member of staff they could speak with. One person told us that the 'staff have the right skills and our needs are well catered for'. There were enough staff who knew the needs of the people who used the service. This meant that the people who used the service received a consistency of care.

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available.

Comments and complaints people made were responded to appropriately

Reasons for our judgement

We found that the provider had not received any formal complaints in 2012. Two complaints had been received in 2013. There was a complaints procedure in place which set out the process for handling, considering and responding to comments and complaints. It stated that the manager was accountable for doing so. The complaints procedure also highlighted steps which could be taken if the person was not satisfied with the outcome once the complaint had been responded to

We found the concerns received were dealt with in accordance with the provider's complaints procedure. On the individual's file we found that a step by step guide of the investigation of the complaint was recorded. The file identified the actions taken to resolve the complaint and documented the changes made as a direct result of the complaint made. The provider may wish to note that the transfer of this information to a complaints log may make it easier to monitor the progress of the complaints procedure and identify any emerging themes.

The people we spoke with who used the service all understood how to raise a concern. They all confirmed that they held a copy of the complaints procedure as it formed part of their service user's guide. This meant that the complaints process was available, understood and well-publicised. The publicising of the complaints system encouraged feedback and identified areas that could be improved.

We found that were clear procedures followed in practice, monitored and reviewed for receiving, handling, considering and responding to complaints.

This section is primarily information for the provider

✕ **Action we have told the provider to take**

Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Accommodation for persons who require treatment for substance misuse	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines
	How the regulation was not being met: The provider was not meeting Regulation 13 of the Health and Social Care Act 2008 Regulations. Staff were not trained and self medication risk assessments were not conducted.

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us by 10 April 2013.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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