

***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

Date of Inspection: 13 June 2013

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

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Management of medicines	✓ Met this standard
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Mercia Care Homes Limited
Registered Manager	Mr. Derek John Wheeler
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

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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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 carried out a visit on 13 June 2013, checked how people were cared for at each stage of their treatment and care, talked with people who use the service and talked with staff. We reviewed information given to us by the provider.

What people told us and what we found

This inspection was carried out to follow up the compliance action made at the last inspection 08 March 2013. We looked at the management of medication. We also looked at how the organisation was respecting and involving people, providing care, supporting workers and assessing the quality of service provided.

People spoken with told us they were very happy with the service provided by the staff at Sefton Park. One person told us, "I have told them I owe them my life. They say it was down to me but I say it is them that gave me the tools and the support and without them I would not be here today". Another person told us, "I think they are very fair, they understand what we need and the pressures we are experiencing".

We observed a very professional but supportive rapport between staff and people who used the service. People could talk with staff at any time.

We saw care plans were written by people who lived in the home. They discussed their identified needs, their goals and agreed how to achieve those goals.

Following the inspection on 08 March 2013 we saw people had clear risk assessments when they administered their own medication and all staff had attended training in medication management.

Staff confirmed they were given the opportunity to build on their skills and received appropriate support from the manager.

The provider had a quality assurance system in place that ensured people were safe and changes could be made to improve the service provided.

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

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

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

During the inspection we spoke with four people who used the service. People spoken with confirmed they were involved in the plan of care put together to help them achieve their goals. One person told us, "We set the pace, within reason, we all know the timescales for certain tasks. They have their ideas of what is required and we discuss and agree our care plans. Every month, sometimes more often we look at how we have progressed and the next step". Another person told us, "We have our house meetings when we discuss the things we think the place needs to do or include. Then we send the minutes to the manager, they make their decision and get back to us. We did make some changes with the menu so it works". This meant people were supported to remain involved in the way they would like to live within the therapeutic community.

People told us everyone was given written information about the rules and boundaries for attending the programme. These included specific areas, for example undertaking not to take addictive substances or to go out on their own. We saw a signed copy of this agreement, which was witnessed by a member of staff, on each person's file. We saw regular reviews were conducted with the person. This meant people were fully involved in setting goals and agreeing the way they would attain those goals.

We looked at four people's care plans. We saw they contained signed agreements for initial care plans and further care plans written by the person. We saw signed agreements to assessments carried out prior to their admission to the home. Staff spoken with confirmed people had the chance to voice their opinions and make suggestions at daily meetings and the weekly house meeting. The registered manager told us how people's suggestions had influenced changes to the menu provided.

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

People spoken with all said they felt well cared for by staff. One person told us, "I think they are very fair, they understand what we need and the pressures we are experiencing. They are always there to talk to and never make you feel you are wasting their time". Another person told us, "I messed up on my leave. I thought that was it, they would just give up on me like so many others had in the past. But they didn't, they were brilliant they were there to support me and took me back. It was then I knew I was going to get through with their help".

We looked at four care plans for people who lived in the home. We saw assessments were agreed with people from the start of their stay. They were given very clear information about the home. Before they moved in they were encouraged to visit so they knew exactly what to expect. One person told us, "My social worker said they would take me round three places and I could make a choice. I came here looked around and had a chat with the staff and people who were here at the time then left. When I got outside my social worker said we can go to the next place now and I said no this is the place for me. I knew from that first visit".

People could also access the Sefton Park website which gave plenty of information about the provider's philosophy of care. On arrival at the home people were given a client handbook. This included the house rules, house duties and what was expected of each client. This meant everybody who moved into the home had a clear understanding of the philosophy of supporting people through the programme and preparing people to move back into the community.

We saw risk assessments were completed when required. This ensured people were supported in an appropriate manner to manage risk with the support of their peers and staff. We saw the risk assessments included a risk of relapsing. Measures were in place to support the person and people were given coping strategies to identify the potential for relapse and how to avoid or prevent it.

We saw people were supported to attend Narcotics Anonymous (NA) Alcoholics' Anonymous (AA) meetings within the local community. People also attended educational facilities within the Weston-Super-Mare area as well as voluntary jobs if they wished. This

meant people were supported to develop life skills to use when they moved back into the community.

Care plans reviewed showed people were supported to attend doctors' appointments, the dentist, opticians and outpatient departments at the hospital. People were encouraged to manage these visits themselves with the support of staff. This meant people were supported to maintain a healthy life style.

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

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

At the last inspection on 08 March 2013 we found the organisation did not have clear risk assessments in place for self-administration of medication by people who used the service. We also found staff who administered medication did not have up to date training.

During this inspection we saw people did not self-medicate medication until they were in the last two weeks of their treatment program. We saw a clear risk assessment was completed to show the person was competent to manage their own medication. This was checked by staff and agreed with the person. We saw records which showed a person had completed the risk assessment and had managed their medication appropriately with the support of staff. They had gone on to complete their program and move back into the community.

A clear medication policy was available for staff with guidance on best practice. We saw up to date information was also obtained to keep staff informed of current changes in legislation. The registered manager explained the processes in place. They demonstrated a clear knowledge and understanding of medication in the home and the policies and procedures to ensure the safe administration of medication.

We saw there were processes in place to audit medication recording procedures including those for medication accepted into the home and returned to the pharmacy. The registered manager confirmed the prescribed medication was audited regularly.

We looked at the records kept by staff. We saw they were all up to date and signed. We saw examples of staff signatures so they could be identified as having administered medication or supervised a person at a specific time. The medication records were clearly written and no gaps or errors were seen.

We saw that medication held in the home was stored safely. The home did not have any medication that required extra security. However appropriate storage and recording systems were available if the need arose.

We saw staff had attended training in the administration of medication since the last inspection. The final few staff members who needed training were scheduled to receive

training on the day of our inspection but due to circumstances beyond the registered managers' control this did not go ahead. However there was a sufficient number of staff who had completed their training to ensure there was a trained member of staff on each shift.

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

Everybody spoken with told us staff members were experienced in their role and knew the needs of the people who followed the programme.

We spoke with four members of staff about their experience of working in the home. They told us they attended regular one to one supervision meetings when they could discuss working practices and any area they would like to build on. They also attended supervision meetings provided by an external company. We saw staff members attended debriefing sessions after one to one work with people who lived in the home. They confirmed they would either meet on a one to one basis or together in a team meeting. However they also told us the registered manager was "very approachable and is available to talk to on a daily basis".

The registered manager confirmed regular one to one supervision was carried out. We saw records of supervision meetings. These included discussions about people who used the service, working practices as well as planned future training. This meant all staff members were given the opportunity to discuss their role and any training they wished to attend. It also meant staff could discuss the way they were meeting the needs of people and allowed them to put new ideas forward.

Staff spoken with told us they had the opportunity to attend plenty of training. We saw training records and certificates which showed us all staff members had attended training relevant to their role; the renewal dates for all mandatory subjects were recorded. Staff training records showed us staff had completed training in subjects required to support the people who used the service. One member of staff spoken with told us, "I have always found they are open to training we suggest, so long as it is relevant to our role and the home". This meant people were supported by staff who had the experience to help them achieve their goals.

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

People spoken with told us they had the opportunity to feedback comments to staff and the manager at house/group meetings. They all said they felt their opinions were listened to and taken seriously.

We looked at the house meeting minutes. We saw people had made suggestions for changes which the manager had acknowledged and put into place. One person told us, "We had a say about menus and we saw the changes happened pretty quickly". The registered manager confirmed the menus had been reviewed following comments from people who used the service.

The provider had systems in place to check all areas of the home and staff performance. We saw the registered manager had carried out regular audits of all areas of the home and compiled reports. These included regular audits of care plans, medication and the premises. Any shortfall was identified and an action plan put into place with reflective learning for staff.

The registered manager explained how regular checks of the home were completed to ensure people carried out their house duties properly as well as identifying areas for maintenance.

We saw surveys were sent annually to staff, clients and care managers as well as exit questionnaires for people on completion of the programme. This meant everybody involved with the home could have a say about the way the home was run and the way the programme was managed.

The provider was a member of an accredited substance abuse organisation, who also reviewed their performance.

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 other services less often. 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.

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. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). 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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