

Southern Healthcare (Wessex) Ltd

Sefton Hall

Inspection report

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Outstanding 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

Sefton Hall is a care home providing personal and nursing care to 45 people at the time of the inspection. It is registered for up to 50 people.

There was an experienced registered manager who was responsible for the home. 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, Southern Healthcare, also has another care home in Exeter.

People received outstanding person centred and individualised care from a motivated, skilled and exceptionally well led staff team. The provider had strong visions and values focused on maximising people's quality of life and cultivated a caring and supportive culture. Staff had embraced these values which were evident in all interactions. Without exception people and relatives spoke in high praise of the registered manager, provider and all of the staff team. One person summed this up by saying staff were "interested" in the people they cared for, and said about their choice of Sefton Hall, "Every day I thank my lucky stars."

Staff at all levels were described as exceptionally caring and the provider encouraged staff and people to be kind in everything they did. Helping to celebrate people's lives and achievements had resulted in a caring culture at the home. Staff understood the needs of each individual person and regularly went the 'extra mile' to ensure people lived their positive lives. There were numerous examples of people's everyday lives being enhanced by creative, compassionate care with an extremely varied diary of social events.

People benefited from a balanced and varied diet available in a variety of settings, including a pub within the home. Emphasis was placed on the social aspect of meals to encourage people to eat and drink more in a calm and unrushed atmosphere. Those with specific health needs were supported by knowledgeable staff and external health professional advice.

The passion and motivation of the registered manager and senior staff created a committed staff team. These key members of staff supported nursing and care staff to provide an outstanding level of care to people through regular reflection and learning.

There had been a significant investment in staff training and development in best practice innovations which had resulted in improved outcomes for people, particularly those living with dementia. The service was constantly being adapted to meet the needs of people well and staff encouraged people to maintain their independence and life skills.

There were systems in place and oversight for monitoring the quality of care provided; some improvements

were made during the inspection linked to environmental checks and some aspects of fire training. The staff team were continuously learning, developing and shaping the service, involving people living at the home in making changes.

Medicines were managed safely and in line with best practice guidance. The internal and external environment offered varied, safe and meaningful engagement opportunities for people. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service acted as a foundation to this practice.

Rating at last inspection: The last rating for this service was outstanding (published August 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection programme. If we receive any concerning information we may inspect sooner.

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.
Details are in our safe findings below.

Good 

Is the service effective?

The service was exceptionally effective.
Details are in our effective findings below.

Outstanding 

Is the service caring?

The service was exceptionally caring.
Details are in our caring findings below.

Outstanding 

Is the service responsive?

The service was exceptionally responsive.
Details are in our responsive findings below.

Outstanding 

Is the service well-led?

The service was exceptionally well-led.
Details are in our well-led findings below.

Outstanding 

Sefton Hall

Detailed findings

Background to this inspection

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Staff at all levels were described as exceptionally caring and the provider encouraged staff and people to be kind in everything they did. Helping to celebrate people's lives and achievements had resulted in a caring culture at the home. Staff understood the needs of each individual person and regularly went the 'extra mile' to ensure people lived their positive lives. There were numerous examples of people's everyday lives being enhanced by creative, compassionate care with an extremely varied diary of social events.

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The passion and motivation of the registered manager and senior staff created a committed staff team.

These key members of staff supported nursing and care staff to provide an outstanding level of care to people through regular reflection and learning.

There had been a significant investment in staff training and development in best practice innovations which had resulted in improved outcomes for people, particularly those living with dementia. The service was constantly being adapted to meet the needs of people well and staff encouraged people to maintain their independence and life skills.

There were systems in place and oversight for monitoring the quality of care provided; some improvements were made during the inspection linked to environmental checks and some aspects of fire training. The staff team were continuously learning, developing and shaping the service, involving people living at the home in making changes.

Medicines were managed safely and in line with best practice guidance. The internal and external environment offered varied, safe and meaningful engagement opportunities for people. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service acted as a foundation to this practice.

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Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- During the inspection, the registered manager recognised the recording of fire drills and completion of fire drills training needed to improve and confirmed in writing this had been addressed. Improvements were also made to the home's action plan to ensure this was monitored more closely in the future. Changes were also made to the recording of hot water temperatures to make the checks more robust.
- People's individual needs and risks were identified. Clear actions were in place to mitigate or manage these risks. For example, the risk of choking on food.
- When risks were identified, the least restrictive option was used to keep people comfortable and safe. For example, specialist beds and sensor mats to alert staff for people at risk of falling. Records and discussions with staff showed changes to people's health were quickly identified, and where necessary monitoring increased, such as a fluid watch to reduce the risk of dehydration.
- Staff understood people's individual needs and used a variety of techniques and person centred practices to reduce distress and frustration for people living with dementia. This was by carefully thought out approaches, which were used consistently by the staff group. Specialist training gave staff the skills to recognise the challenges in a care setting. For example, boredom and frustration, by ensuring there was an enriched environment offering companionship and meaningful activity.
- There were systems in place to ensure equipment and the environment was maintained in line with health and safety guidance.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Staff had been trained in safeguarding vulnerable adults. They knew what signs to look for if a person might be at risk of harm and how to report these concerns.
- People were protected from the risk of harm because there were processes in place to minimise the risk of abuse and incidents. People said they felt safe, for example, because there was a friendly atmosphere, good staffing levels and they felt at ease with staff.
- The registered manager and provider carried out robust investigations following any incidents, complaints and safeguarding concerns. They shared outcomes and lessons learnt with staff, people, professionals and people's loved ones. The service was open and transparent at all levels of the organisation.

Staffing and recruitment

- Recruitment procedures ensured necessary checks were made before new staff commenced employment. Relevant references for new staff were requested, for example from previous employers in care. Disclosure and barring service checks (DBS) were carried out to confirm whether applicants had a criminal record and were barred from working with potentially vulnerable people.

- People benefited from a conscientious staff team who knew them well and could meet their current care needs. Staff recognised the importance of team work to provide consistent and safe care. This was evident by their practice and how they responded to people's emotional and physical needs.
- During the inspection we saw staff responded promptly to people's requests for support and staff were always available in communal areas. Staff were always visible and vigilant: they carried out their work in a calm and relaxed manner, which demonstrated their aim to provide a homely environment rather than a place of work.

Using medicines safely

- People received their medicines safely, and in the way prescribed for them. For example, there were systems in place to guide staff when to use 'as required' medicines.
- Staff were trained before they administered medicines and regular audits were carried out to ensure staff practice was safe. Staff undertook medicine competency checks before they administered medicines on their own.
- Medicines were held securely, including medicines requiring extra security and there were audits in place to show they were managed correctly.
- Staff were calm and unrushed, so people were relaxed as they took their medicine.

Preventing and controlling infection

- Good infection control practice was in place. This helped maintain a clean and odour free environment. Visitors and people living at the home commented on the cleanliness of the home.
- Protective clothing such as gloves and aprons were readily available to reduce the risk of cross infection. Each month staff were asked about their knowledge of hand hygiene and had their practice checked; this was also supplemented by senior staff observing staff practice from a distance to ensure staff were consistent in their approach. Staff told us there were good supplies of general personal protection equipment; they knew the importance of their role to keep well and safe through their infection control practices.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Outstanding. At this inspection this key question has remained the same. This meant people's outcomes were consistently better than expected compared to similar services. People's feedback described it as exceptional and distinctive.

Adapting service, design, decoration to meet people's needs

- Southern Healthcare state one of their key aims is 'to aspire continuously towards a happy, vibrant environment'. Throughout our inspection, we saw numerous examples of how this aim had been achieved based on our observations, conversations and feedback on the exceptional care within the home. A staff member said, "I'm very proud of how far we've come, making it a homely atmosphere."
- Space was maximised and used creatively to promote independence where people felt safe to explore. The service did not 'stand still' recognising what is beneficial now may not meet the needs of future generations. A commitment to drive innovation forward included staff, in different roles, taking time to consider the changing interests of people moving to the home. This meant they stepped back, observed how people interacted with each other and the areas they preferred to use. As a result, the environment was adapted for the people living at the home rather than the environment requiring people to change their behaviour to fit their surroundings. For example, people living with dementia had multiple communal areas to explore and to engage their curiosity and senses, including themed rooms and indoor 'memory' streets to reflect the history of the shops and businesses in Dawlish. We saw how staff generated conversation and engagement between people and visitors. A staff member said, "It's not just about having something to look at, it's got to be interactive as well." They described how one person used objects personal to them to find their room.
- A core value of the service was to support meaningful relationships. Since the last inspection, a coffee shop had been fitted to a high standard, enabling people to meet with each other and their families/friends or staff in a recognisable social setting. People were complimentary about its purpose and told us it was a good alternative to the tea shop, which was also available in the grounds. During our inspection, a second social café was being discussed with people. Some staff and the provider had visited the Eden Project in Cornwall for inspiration; plans included a viewing platform and Mediterranean plants in a conservatory setting with an accessible ramp.
- Staff explained how their observations and ideas were listened to by the management team, so the environment was always changing to make it meaningful to the current people living at the home. For example, in the past several men had previously enjoyed the use of a games room, including a pool table. Staff recognised this was no longer an area that was being used as people were no longer engaging with the theme of the room. They were working on plans to recreate a nursery to give pleasure to those who responded well to child care reflecting their past careers or family roles. For example, one person took immense pleasure from caring for a lifelike baby doll, they comforted the doll, and responded positively with smiles and touch when staff and others interacted with them and the 'baby'.
- Since the last inspection, there had been a focus on maximising the use of the large outdoor space

surrounding the home. To enhance the social areas at the front of the home, a village setting had been created in large secure back garden accessible to everyone living at the home. People living, visiting and working at the home praised the creation of a range of wooden chalets each with a different purpose, for example a pub, a place of worship and a café named after a person living at Sefton Hall. People showed us photographs of how the village was used, for example for fetes and as a Christmas market. Visiting families and friends said they had enjoyed visiting Father Christmas and watching the fake snow fall to enhance the festivities. A staff member said they found it inspiring to see "everyone together having a nice time in something I've built, it's just really rewarding."

- Aids and signs enabled people living with dementia to make sense of their environment to promote their independence and choice. For example, there was a pub complete with a bar and piano to help people recognise the setting. A relative said how much they "enjoyed lunch with (X) in the pub...A good innovation." People visiting the home told us they used the pub as a social meeting place, which photos confirmed. Over lunch, people requested alcohol with their meal and were served their preference. Staff skillfully created a positive and joyful approach to this experience. For example, bringing a bottle of wine to the table for approval, saying, "A glass of wine Sir?" There was a sense of celebration, with people's spouses enjoying an alcoholic drink with them.

Staff support: induction, training, skills and experience

- Southern Healthcare have chosen '...valuing meaningful relationships' as their aim for their staff development programme to reflect their objectives and ambitions. A comprehensive summary of the provider training programme stated, 'Our intention... (is) to engage with you on this journey as well as seek your support in this team endeavour.' A staff member described how the provider's approach to training had 'opened my eyes' and changed 'my mindset'.

- Staff said, "There are more opportunities now to learn and grow." People benefited from highly skilled staff who recognised people's behaviour changed for a reason. Staff recognised it was their role to translate people's actions if they could not describe their experience. For example, working with people to find appropriate pain relief.

- We saw numerous examples of staff practice, which showed they understood it was their responsibility to interact and communicate in a manner which was acceptable to each person. People said they were treated as equals and staff worked alongside them. For people who were less able to describe their experience, we saw how they responded to staff, smiling and joking or feeling able to demonstrate if they wanted things done differently. People were confident and able to express their emotions with staff, which showed they felt safe and understood.

- Experiential training was rated highly by staff as a way of helping them understand the reality of the people they supported at Sefton Hall. For example, a staff member described a training session where staff tried drinks with a thickener added to them, which is prescribed when people are at risk of choking. They experimented with a variety of drinks, including alcohol, to establish which reacted better to the thickener, having realised some tasted unpleasant. They described how this gave them insight into why some people were reluctant to drink. By making changes across the home after the training people's intake had improved.

- There was an inclusive atmosphere to ensure people had the same opportunities where possible. For example, during lunch a staff member presented a frothy beer, they said to the person, "I know it looks like something you would get in Austria but it's the thick and easy, it'll settle down."

- Since the last inspection, the induction pack has been revised to make it more informative and accessible. The style of training had been reviewed changing from on-line to face to face learning in response to feedback and following a review of how to make training meaningful and practical. New staff worked in the same group over three weeks with a set training day with a more structured approach.

Supporting people to eat and drink enough to maintain a balanced diet

- There was a strong emphasis on the importance on people eating and drinking well. For example, staff sat with people living with dementia and ate with them, as this increased how much people ate. After a meal, a staff member turned to a person and said, "Thank you for your company."
- Staff supported people living with dementia to be independent by showing the choices of food available and describing the dishes to people, so they could make a meaningful choice. Staff said, "We like to keep it as relaxed as we possibly can, we don't like to rush, that's why it's paramount we eat with residents, so they feel we are in it together – the only thing that makes us different is this (points to name badge)."
- People were supported to eat and drink and maintain a healthy balanced diet. Staff knew some people ate their main meal at breakfast time as they became tired later in the day so ensured there was plenty of helpings and choice, including a cooked breakfast.
- There was attention to detail and setting the scene for meals, such as discussing cooking smells and people choosing to set the tables. People had the opportunity to bake, including recipes they cooked at home. Staff suggested dishes for people to prepare with distinctive smells, such as garlic bread or spiced cakes. They recognised the importance of aroma to activate people's taste buds to encourage them to eat.
- There was a range of dining experiences within the home acknowledging people's personal preferences and abilities. One person described how they chose to meet with a friend who also lived at Sefton Hall to eat a meal together once a week. Visitors said they were always made welcome and many regularly chose to eat with their relative or spouse; they praised the quality of the food.
- There were numerous examples of people being able to enjoy meals outside of the home, including fish and chip suppers. People told us how important it was to maintain the pleasures they had enjoyed before moving to Sefton Hall. A staff member said, "They go out on trips - their life doesn't stop here."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The service had strong links with health professionals to benefit the people living at the home by ensuring they had equal access to health care services. A visiting health professional said, "It's one of the best homes I've been to...really nice." They described how staff contacted them promptly and commented on the pride staff took in their role to support people.
- Nursing staff held twice daily clinical meetings to discuss each person's needs and make referrals to other health professionals, where required. When people's needs changed, staff adapted the care they provided. For example, seeking additional advice from the tissue viability team for a person with capacity who was reluctant to turn regularly to relieve the pressure on their skin. They worked with them to find compromises.
- Nursing staff worked closely with the care staff, and all other staff working at the home, to the benefit of people living at the home. This was because they recognised the importance of emotional well-being, as well as people's physical healthcare needs.
- There was a focus on good nutrition, so people who were underweight when they moved to the home were monitored and action taken if they were at risk of malnutrition. For example, by working with relevant health professionals and staff using their knowledge of the individual to consider how to encourage them to eat and drink more.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as

possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA were being met.

- People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.
- Staff demonstrated they understood the principles of MCA, supporting people to make choices. People confirmed staff always asked their consent before providing their care. Staff explained how they would supplement their speech with facial expressions, body language and visual clues to help people living with dementia understand the choices available to them.
- Staff carried out regular mental capacity assessments to establish people's insight and understanding of their care needs. This enabled people to make informed decisions about their care, or involve others to make best interest decisions about people's future care.
- Appropriate referrals were made for people using the service who were currently subject to any restrictions to their liberty under DoLS.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Outstanding. At this inspection this key question has remained the same. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

Ensuring people are well treated and supported; respecting equality and diversity

- People were truly respected and valued as individuals at this distinctive service. This was shown by a strong, visible person-centred culture. Staff were highly motivated to support people's relationships to continue. For example, one couple wanted to spend Christmas together but a lack of public transport over the Christmas period meant the person's spouse could not get to the home, which they normally visited every day. Staff rallied together to find a solution and prepared a vacant room for them to stay in over the festive period. They went the 'extra mile' by decorating the room with a tree with fairy lights, providing Christmas snacks and drinks in their room and presents. Staff recognised they and the people living at the home had become the couple's surrogate family; they recognised the emotional impact on the couple if they could not be together. The person's spouse praised the compassion and thoughtfulness of the staff group. We saw numerous demonstrations by staff of exceptional kindness and empathy for people and their families.
- Some families struggled to cope with their relative's changing health needs; they shared their experiences with us. Relatives and spouses said staff took time to reassure them. This meant they could leave after a visit knowing the person they loved was cared for by skilled and caring staff. Staff showed exceptional insight and worked hard to support families with the range of emotions linked to a relative moving into a care setting.
- People's individual religious and culture needs were supported. This included supporting people to attend local church services. People were supported to take part in religious services within the home do something for other people. Staff said the outdoor 'church' had been blessed and a christening had taken place there, as well as holy communions and wakes.

Supporting people to express their views and be involved in making decisions about their care

- Care staff worked in different ways with people according to what would best maintain their self-esteem. Staff recognised some people struggled with the changes in their physical and mental health, which could impact on how they responded to offers of assistance from staff. When we spoke with staff, they were consistent in their understanding of how they needed to adapt their approach to make their support acceptable to individuals and on their terms. For example, stepping into people's reality and life experience, by using language linked to their former careers to keep them involved in decisions. This understanding was also reflected in people's care plans.
- Staff understood moving into a care home was a life changing event. People and their relatives told us how they had visited the home for refreshments or a social event to see if it suited them. Some people did this as a slow introduction through short stays to get used to the home prior to moving in permanently. For

example, one person said since moving to the home their mental health had improved because they felt safe but also because of new opportunities available to them.

- Staff were constantly seeking ways to explore people's views and involve them in decisions about their care. They knew people so well they adapted their approach to gain consent in a way that people felt comfortable with and understood. For example, some people had chosen not to follow medical advice despite risks to their physical health. Records showed how their capacity had been assessed to choose their own diet, and their wishes logged, including conversations with them about how food was prepared and less likely to cause choking.
- Staff from all roles in the home knew people very well and were observed engaging with people about their hobbies, family and things going on around them. All engagement was natural and fluid. For example, a person cuddled a baby doll in their arms; a member of staff started a conversation about the 'baby' and the person engaged with them through their body language, and by smiling and laughing.

Respecting and promoting people's privacy, dignity and independence

- People were encouraged to be as independent as possible in their day to day lives. Their care plans acknowledged people's strengths and abilities. People living at the home and their relatives shared how staff practice and the range of opportunities available meant for some their quality of life had improved or been maintained. For example, one person reflected on how they wished they had moved in sooner rather than trying to 'battle on' at home. Their relative confirmed how happy the person was since the move, including loving their room and their view of a large garden ornament from home which was now in the grounds. This view gave them comfort before they went to sleep at night. A staff member said, "I think my dad would be happy here. If you think it's good enough for one of your family members that's what you are trying to achieve really."
- The home was particularly effective at maintaining people's independence. Through the good care practice of staff, many people were able to pursue their hobbies and interests again. One person regularly went with a staff member for a wander around the local charity shops. A staff member explained staff in the charity shops knew the person well and responded in a calm manner when the person moved items around in the shop as they understood their need to interact with objects. There were many examples of these strong links with the local community fostered by people going out and about, and local social and entertainment groups coming into the home.
- Some people had few relatives and loved ones. Staff had engaged with external social groups to extend people's well-being. This included signing up to receive postcards from across the world to broaden people's horizons and connections.
- Staff were persistent in encouraging and supporting people to achieve goals, but without imposing them on people. One person was reluctant to travel and therefore did not engage with a range of trips. However, with gentle persuasion they visited Plymouth aquarium with their wife; they thanked the staff member for organising the trip. Their spouse valued a photo of their trip as an example of a happy time together.
- Relatives particularly praised the home for helping restore dignity to people by supporting them with their appearance. Staff took time to comment positively on people's clothes or hairstyles. People commented on the efficiency of the laundry service, the clothes tagging system and how clothes were not mislaid.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Outstanding. At this inspection this key question has remained the same. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff clearly understood people's individual needs relating to their past lives, their values and beliefs. Staff facilitated people to continue to live their lives as they chose. For example, staff described the gardening skills of a person who had recently moved to the home. They had won a range of prizes for their own garden and staff were keen to benefit from their knowledge to enhance the various gardening projects at Sefton Hall. We met with the person who was animated about the opportunities to continue gardening and share their passion; they said, "I couldn't be happier." They had spent the previous day looking through gardening catalogues to advise on which plants would be suitable for the home's window boxes.
- Every staff member considered it their responsibility to contribute to people's well-being. When people shared their wishes with staff, they worked as a team to make requests happen. For example, individual trips to the cinema, visiting places where they used to live, presenting a trophy at a local bowling tournament, and attending church and socialising with other parishioners.
- People could continue to maintain their skills and interests. For example, one person had been a keen golfer which was remembered by a staff member during a conversation. They created a mini golf course in the grounds which the person used and enjoyed.
- People's past careers were recognised and valued. For example, a person who had been in the RAF accompanied staff to attend a local airfield to watch them complete a charity parachute jump. Another person had worked as a zoo keeper in another county and was keen to visit their former work place; a compromise was reached because of the distance and they were supported to visit a well-known zoo in Devon for the day.
- Staff respected people's life experiences. For example, one staff member described a person living at the home as their "life guru." The person said their relationship with the staff member "makes a tremendous difference because she's a friend to me. It's nice to talk as equals, not to be looked down upon because I'm the resident. She's interested in my life too. I give her my experience."
- Staff had deep understanding of how to meet people's well-being needs. For example, where people were living with dementia staff considered how their past lives might influence their response to support. We spoke with a range of staff about the complex care needs of one person, and their responses were insightful and consistent, which reflected the content of the person's care plan.

The positive culture fostered at the service focused on supporting everyone to live their lives to their fullest, supporting them to give back to the community where they could. For example, people and staff completed a charity walk in a relay style so people of all abilities could participate. In return, the local district nurse team had chosen to fund raise to purchase a specific activity resource for people living at the home. This resulted in high levels of life satisfaction, dignity and a culture of mutual respect and caring.

End of life care and support

- Staff were skilled at supporting people and their families explore and record their wishes about their care at the end of their life. Staff respected people's wishes and ensured they received their care as they preferred. Discussions with staff provided us with numerous examples of their compassion and their commitment to get to know people. For example, "You learn to see behind the person, their well-being, to do your job properly you really need to know that person, what they like, how it was before."
- Staff had undergone training to support people at the end of their life, supplemented with enhanced training which recognised nursing staff needed to unlearn the medical model in order to recognise the importance of acknowledging people's feelings, emotions and vulnerability. Consequently, the service provided excellent person-centred end of life care which focused on the physical, spiritual and emotional needs of people and their family members. They had strong links with local hospices and other health professionals.
- Staff provided support to relatives to help prepare them for every stage of a person's end of life journey. They shared their thoughts on this role, which were insightful. One staff member had considered the practical impact on relatives staying overnight. They had created an area for relatives to take a break and make themselves additional drinks and food. During our inspection, a relative had been staying at the home for several days, sleeping on a sofa bed in their relative's room, and was making use of the well-equipped and attractive kitchen. Other families described the "connection" staff had with their relatives and with them. They said staff were attentive, focusing on comfort and reducing distress, finding food to tempt failing appetites and constantly checking on the person's welfare.
- Staff understood the importance of gathering people's end of life wishes and preferences. Such as who and what was important to them and what type of medical interventions they wanted. Staff took time to find out personal information which facilitated meaningful conversations with people and their loved ones.
- The care team discussed people's end of life care needs during twice daily handovers to ensure people had rapid access to support, equipment and medicines as required. The service had developed strong professional relationships with the local hospice, district nurse team and GPs to ensure people were supported to have a pain free and dignified death. Visitors praised the staff for advocating for their relative to ensure they received the treatment needed.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans contained detailed information about all of people's many interests with clear instruction for staff on how to support people to maintain these interests using their current abilities.
- People were actively encouraged to contribute to the planning of their care and support and were placed at the centre of the assessment process, which they confirmed with us. Family members and relevant health and social care professionals who knew the person well were also involved in this process, which supported those who were unable to express their needs. A staff member said, "It's not the end, it's just another part of their life they have to live as best as possible, and we try to provide that."
- People were supported with unique engagement activities that were very personal to them. Staff had an excellent understanding of people's life histories and interests. We saw several staff members in one of the lounges sitting and chatting at different times with a person who had newly moved to the home. They skilfully but naturally built on information shared by the person, for example sharing their own love of jazz and playing an instrument. And then included other people to create an inclusive discussion around music, which enabled them to introduce the person to other people living at Sefton Hall.
- For people unable to verbalise their needs due to advanced dementia, care plans were person centred. Staff worked closely with people over a period to identify and anticipate their needs through facial and audible responses to care received, so they could understand what worked well for people. This meant the care plan developed over time. One member of staff explained, "(We) try to understand each person...by

sitting with them, talking, how we can improve their lives."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider complied with the Accessible Information Standard, they ensured people with a disability or sensory loss had access and understood information they were given. Staff recognised the importance to include everybody in the life of the home and to voice their opinions and choices.
- Staff gave examples as to the steps they had taken to bridge the gap when people faced communication barriers, including using additional aids such as tablets or communication boards. A staff member said in relation to food choice, "Because we know each person, their mood, we pick the right moment, show them, explain."
- Staff considered people's communication needs when planning care, for example ensuring that planning took place in appropriate lit and quiet spaces, and whether people required additional time to express themselves.
- Staff recognised the vital importance to people's dignity to be able to retain choice and independence, so they ensured they did not rush people when they spoke with them to give them time to process information, if necessary. A staff member said, "There's no rushing, it's not a contest." They ensured they cared for people's sensory equipment as staff knew how important this was for people. A visiting health professional said, "Other homes might just clean the lenses, here the whole frame is kept clean."

Improving care quality in response to complaints or concerns

- The service was open and transparent in the way complaints were dealt with. The registered manager was extremely responsive to people's concerns, making every effort to ensure people felt listened to and were happy with the way their complaints were managed.
- The providers, the registered manager and staff team viewed complaints as an opportunity to learn and improve. If failings were identified, the service was transparent and accountable, offering apologies, making every effort to resolve issues. At the time of the inspection, one complaint was still in the process of being resolved. We saw a comprehensive investigation had taken place and changes had been made to learn from the concerns raised, such as a review of staff training.
- Everyone we spoke to was positive about the service they received and the accessibility of the registered manager to listen to concerns and feedback. We saw how staff sought people's feedback in their everyday conversation to check they had not made assumptions about their care, and where necessary made adjustments, such as offering an alternative. There was a continual flow of feedback amongst the staff team to ensure that the service met people's needs well.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Outstanding. At this inspection this key question has remained the same. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- A truly person-centred culture had been embedded at Sefton Hall. Since the last inspection, the providers, registered manager and staff had continued to work exceptionally hard to drive forward practice, continually innovate and challenge themselves to improve further. This had resulted in national care homes awards in 2019. They had not been complacent, and this was apparent from our discussions with staff. Every staff member recognised the importance of their role to be part of a vibrant community. A person told us the staff are "all absolutely lovely...if you need to be somewhere like this, this is the place to be...I'm so very lucky."
- The care provided at Sefton Hall mirrored the provider's visions and values within their development programme, to create a community that enhanced people's quality of life. This included the lives of staff, so they had a sense of achievement and reward. All staff praised their experience of working at the home, comments included "I don't just enjoy it, I absolutely love it", "It's so much fun coming to work" and "I love my job, wouldn't change it for the world."
- A staff member said, "(The registered manager) is brilliant, she lets us see what the residents want to do and go with the flow, it's like a big family affair, it's normal life."
- Strong links with the local community meant people did not feel forgotten by others living outside of the home. This included using a large spacious room for a regular baby and toddler session which people chose to participate in. A relative said their spouse now spoke rarely but described the look of joy and happiness as they watched and interacted with the children. Plans were in place for a new joint entry in the Dawlish Carnival, which was a big event in the local area. A staff member explained how they "always had a project in mind" and each year worked with other staff and people living at the home to create costumes and props for the parade.

Continuous learning and improving care

- Without exception staff told us they felt appreciated in their everyday work by the registered manager, senior staff and providers. A new staff member said, "I feel very valued and welcomed." They highlighted the fact that the registered manager led by example, sitting down with staff daily, getting to know staff and working alongside them to develop a positive relationship. For example, the registered manager chose to be involved in the deep clean of the kitchen before it was re-fitted. They said, "I'm part of the team; it makes me closer to my team." A health professional said, "I have been particularly impressed with the registered manager who is open, honest and knowledgeable, and puts the quality of care for residents first."
- Since our last inspection and having learnt from the outcome of a complaint, a new in-house induction

and training programme had been established and named 'Chrysalis'. Staff praised the quality and range of training available to them and discussed their responsibilities with confidence and enthusiasm.

- Staff continually reviewed what was on offer at the home to occupy people with a range of needs. For example, they recognised some people living with dementia found the structured exercises difficult but instead responded well to dancing, which helped maintain their fitness.
- The provider had invested in staff undertaking new and exciting training opportunities in developments in dementia care provision. Relatives praised the skills of the staff team, the staffing levels and the range of meaningful activities based on each person's emotional needs and interests.
- The providers worked as a team to compliment the training programme within the home. New developments and opportunities for staff were continually being created to update and expand their knowledge and empathy towards the people they supported. Some related directly to the nursing team. For example, by creating a set of clinical competencies, which included interpersonal skills, behavioural and emotional support.
- All staff had been trained in a person-centred approach recognising the importance of occupation, inclusion, love and being valued. We saw this resulted in people having a sense of worth and involvement in the life of the home. People told us about upcoming events and celebrations that had taken place in the past, such as the summer fete, BBQs, visits by a rock choir and other social groups. Staff in all roles were quick to identify potential new opportunities for activity and engagement for people. The values of Southern Healthcare supported and encouraged staff to think creatively.
- The provider maintained active links with medical and Alzheimer's Society research projects. As well as working in partnership to advance how care homes and university researchers worked collaboratively.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong;

- Staff understood their duty of candour; people living at the home and their relatives told us staff were open and honest when things needed to improve. They felt confident in concerns being addressed and praised the registered manager for their approachability. A relative said, "Run by professionals who I can trust to do their best for my mother."
- Incidents and accidents were investigated thoroughly, and learning was shared with all members of staff.
- Governance systems in place were robust and the registered manager had an in-depth understanding of how the home was performing and where improvements could be made.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Staff members consistently praised the skills and personality of the registered manager and their contribution to the vibrant and happy atmosphere at the home. One commented the registered manager is "fantastic, she does not realise how good she is." Staff said there was a clear management structure, with senior staff providing mentoring and role modelling for the staff team. People and their relatives had confidence in the standard of care because each shift was run consistently with excellent communication amongst the staff team.
- The provider had a good understanding of how the service was performing, although they identified during the inspection their regular visits could be documented better. They knew people who lived at the home and took time to introduce themselves to people who had moved in. People knew who they were, they were relaxed with the provider. A person, newly moved to the home, sat and chatted with the provider and they discovered they had a shared interest in music. The person checked with staff afterwards that it was the provider they had been speaking with; they said, "He's an ordinary person" and commented how easy he was to talk to. Staff laughed and said the provider was always like that because he was interested in people and wanted to understand their background.

- Staff talked to us about the development of champion roles to train other staff and act as role models. This included oral health care, including experiential training. A staff member said this had made them consider how they supported people to clean their teeth and as a result change their practice.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There was a commitment to engaging people's views of the service with multiple ways they could share their views. This included meetings, regular care reviews, day to day chats with staff and management and by raising concerns or complaints. All feedback was used to continually develop and improve the service. The provider said, "Many of our practices relating to day to day routines have evolved from the suggestions and requests of our residents, families and staff."
- Annual satisfaction surveys were sent out, responses collated and acted upon.
- Staff told us they attended and participated in regular daily meetings, and their feedback was listened to and respected. Discussions with staff about how they contributed to the running of the home showed they felt they could be open, honest and constructive.
- The provider encouraged staff to be caring and compassionate in their working lives and this was exemplified by feedback from people and relatives. Staff identified colleagues who they considered to be excellent role models calling them "amazing" and "an absolute asset."
- The provider understood how important it was to ensure that their staff team were supported and felt cared for. Rewards and schemes were in place to show their appreciation for their professionalism and compassion.