

Southport Rest Home

Southport Rest Home Limited

Inspection report

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Date of inspection visit:
20 February 2018
21 February 2018

Date of publication:
04 April 2018

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

An unannounced inspection took place of Southport Rest Home on 20 & 21 February 2018. Where we receive information of risk or concern about a service, or information that indicates a service has improved, we may carry out a comprehensive inspection sooner than originally scheduled. The comprehensive inspection for this service was carried out sooner as we received information of concern and risk which we needed to explore.

We carried out an unannounced comprehensive inspection of this service in July 2017 when a breach of Regulations under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 was found. This was in respect of Regulation 12 - Safe care and treatment. We found people were not adequately protected from the risk of unsafe administration of medicines because medicine errors remained at a high level over a prolonged period. We found concerns around the auditing system to reduce the number of medicine errors.

Following the last inspection, we asked the provider to complete an improvement action plan to show what they would do and by when to improve the key question is the service 'safe' and is the service 'well led' to at least 'good'. The breach regarding the safe management of medicines was met, however we identified a further breach relating to safe care and treatment and this domain remains 'requires improvement'. The rating for 'well led' also remains as 'requires improvement' due to concerns around the governance of the service.

Southport Rest Home Ltd is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

Southport Rest Home Ltd is owned and managed by Southport Rest Home and is a registered charity. The home provides personal care and support for up to 25 older people. Nursing care is provided by the local district nursing care services when needed. It is located close to the amenities provided by the town and is adjacent to a local park.

The service had a registered manager in post. 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.

There was a clear organisational management structure in place. The registered manager was able to evidence a series of quality assurance processes/systems and audits carried out internally. These were not sufficiently robust to identify issues to help maintain standards and support the development of the service.

We found for one person, risks to their health were not assessed and a plan of care formulated to

ensure consistent outcomes for their safety and wellbeing.

We found improvements in the way medicines were administered to ensure people received their medicine safely. Monitoring of medicine management was robust and there was a reduction in medicine errors. Improvements had been made to meet the relevant requirement. This breach had been met.

Staff administered medicine safely and people were able to manage their own medicines with staff support.

Prior to this inspection we received information of concern that staff were not trained in the use of equipment to transfer people safely, for example, a hoist and there was a lack of moving and handling equipment to support people. We saw staff were supported with a training programme which included moving and handling training. The registered manager however made arrangements for further moving and handling training to take place later this month to support staff's learning. We spoke with the registered manager who told us the home had sufficient moving and handling equipment to support people safely.

Staff attended supervision meetings. The registered manager informed us they were commencing a programme of staff appraisal, as part of staff's development.

Prior to this inspection we received information of concern that people could not eat meals of their choice. We saw people's dietary needs were managed with reference to individual need and requirement. No one raised any concerns with us regarding the meals.

People living at the home were supported with their care needs by the staff and external health and social care professionals to meet their health needs.

Throughout the inspection we observed positive and warm engagement between people living at the home and staff.

We saw how staff communicated and supported people. Staff had a good knowledge of people's support and how they communicated these needs.

Staff supported people for end of life care. Relevant health and social care professionals were involved to ensure they met people's needs and wishes at the end of their life.

Staff and visitors we spoke with told us there was sufficient numbers of staff on duty. We observed that people's needs were met in a timely way when people needed assistance.

Staff understood what adult abuse was and the action they should take to ensure actual or potential abuse was reported.

Staff had an understanding of the Mental Capacity Act (2005) and how it applied in a care setting. Staff sought people's consent around key decisions and people and relatives were involved in their plan of care.

Arrangements were in place for checking the environment and equipment was safe. We however identified some issues which had the potential to affect people's safety. The registered manager took swift action to rectify this on inspection.

Staff had been appropriately recruited to ensure they were suitable to work with vulnerable adults.

People had access to a complaints' policy and procedure. Complaints recorded were managed in accordance with the complaints' procedure.

Social activities were organised and these were appreciated by the people living at the home.

The home was clean and we found systems in place to manage the control of infection.

We saw people attended meetings to share their views about the service. Satisfaction surveys to collate people's views were last distributed in 2016.

The registered manager was aware of their responsibility to notify us, the Care Quality Commission (CQC) of any notifiable incidents in the home.

You can see what action we told the provider to take at the back of the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not always safe

We found a lack of assessment and care planning around risks to people's safety and well being.

Medicines were managed safely within the service. The number of medicine errors has reduced following the previous inspection. This was an improvement from the last inspection.

Staff were recruited safely, once all satisfactory checks had been completed.

There were enough staff on duty that were competent and experienced to help ensure people were cared for in a consistently safe manner.

Staff received safeguarding training and were aware of their responsibilities to safeguard people from abuse.

Is the service effective?

Good 

The service was effective

There was support for people's health care needs and when needed people had appropriate referrals to external health and social care professionals.

Staff understood and were following the principles of the Mental Capacity Act (2005).

Staff were trained and received supervision of their job role.

We saw people's dietary needs were managed with reference to individual preferences and choice.

The home was clean and we found systems in place to manage the control of infection.

Is the service caring?

Good 

The service was caring

People told us staff were caring and their privacy was respected.

People told us they were involved with their care and were encouraged to be independent.

Staff communication was good when supporting people.

Is the service responsive?

Good 

The service was responsive

People told us they enjoyed the home's social arrangements.

People's plan of care was individualised and subject to review to reflect people's wishes and choices. This helped to provide a personal approach to care.

A process for managing complaints was in place. People we spoke with were confident they could approach staff to raise a concern if they needed.

Is the service well-led?

Requires Improvement 

The service was not always well led

Quality assurance systems and processes were not sufficiently robust to identify issues to help maintain standards and support the development of the service.

There was a registered manager in post.

The CQC had been notified of reportable incidents in the home.

There was a system in place to get feedback from people so that so that the service could be developed with respect to their needs and wishes.

Southport Rest Home Limited

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.'

The inspection took place on 20 & 21 February 2018. The inspection team consisted of two adult social care inspectors for one day and one adult social inspector for one day.

The inspection was prompted earlier than planned in light of concerns and risks which had come to our attention and may have had an impact on people using the service.

Before our inspection we also reviewed other information we held about the home. We also looked at the notifications and other intelligence the Care Quality Commission had received about the home. This included notifications we had received from the provider about important events which the service is required to send to us by law, such as incidents which had occurred in relation to the people who lived at the home. At this inspection we had not asked the provider to complete the Provider Information Return (PIR). A PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We requested this at the previous inspection. We contacted the commissioners of the service to see if they had any updates about the home. We used all of this information to plan how the inspection should be conducted.

During our inspection we spoke with six people using the service and two relatives. We spoke with five care staff, the registered manager, care manager, chairman of the board, treasurer, head of housekeeping, cook and maintenance person. We contacted health and social care professionals before the inspection and spoke with a visiting health professional during the inspection to gain their views of the service.

We spent time looking at records, including three care records, four staff files, medication administration record (MAR) sheets, staff training plans, complaints and other records relating to the management of the service.

Is the service safe?

Our findings

We previously inspected this home in July 2017 and found the home to be in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) in respect of the safe administration of medicines. This was because people were not adequately protected from the risk of unsafe administration of medicines. Medicine errors remained at a high level over a prolonged period.

We asked the provider to take action to address these concerns. The provider submitted an action report which told us the improvements they had made to meet this breach. At this inspection we found improvements regarding the management of people's medicines with a reduction in the number of medicine errors. This breach had been met.

We found medicines to be stored safely when not in use. Staff administered medicines from two medicine trolleys and a new monitored dosage system had been introduced for a number of medicines. We looked at the medicine administration records (MAR) for 18 people living in the home. The MARs were clear and we were easily able to track whether people had their medicines. Records had photographs, allergy status and doctor contact details included, that helped staff when giving medicines. Staff had signed to say they had administered medicines and when checking stock balances we found these to be accurate which meant people received their medicines correctly. Staff undertook daily stock checks and records were maintained to support the safe management of medicines. The application for topical preparations (creams) included the use of body maps to record the area of the body where creams should be applied. Handwritten records were signed by two members of staff to ensure accuracy.

Some medicines need to be stored under certain conditions, such as in a medicine fridge, which ensures their quality is maintained. If not stored at the correct temperature they may not work correctly. The temperature of the drug fridge was recorded, along with the temperature of the medicines stored in the medicine trollies; this helped to ensure medicines were safe to administer.

People had the opportunity to self-medicate with staff support. We saw this was safely managed and people had a plan of care to support this practice. A person told us they had the support of staff with their medicines when needed.

People had a plan of care which set out their support needs for their medicines. For the administration of 'as required' (PRN) medicines there was information available to support staff when administering medicines such as, paracetamol. PRN protocols and reference to PRN medication was stated in people's plan of care.

During the inspection staff took receipt of a controlled drug. The service had the facilities and systems to store and administer them safely. Controlled drugs are prescription medicines that have controls in place under the Misuse of Drugs legislation.

Staff told us they received medicine training and competency checks were completed to assure safe working medicine practices. Internal medicine audits were completed and these showed a significant drop

in medicine errors since the last inspection in July 2017. Staff told us the introduction of the new monitored medicine system had helped reduce the number of errors. We saw where an action was required this had been acted on promptly and lessons learned shared with staff to improve medicine practice.

We reviewed the care of five people in depth by tracking their care through observation and looking at a number of care records. This included a person who had suffered a recent fall and had required medical intervention and an extension to their stay at the home due to their current health needs. We found that the risks associated with supporting this person had not been assessed and care plan put in place in order to manage their safety and wellbeing.

These findings were a breach of Regulation 12 (1)(2)(a)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

In respect of the other care files we saw evidence that people's individual risks were appropriately assessed and reviewed to ensure that people were kept safe without unnecessarily restricting their independence. We saw risk assessments in areas such as mobility, falls, nutrition and pressure sores. For example, we saw from one care file that a person was at high risk of malnutrition. The risk assessment contained an action plan for staff to follow; this provided clear guidance for staff to manage the risk. We saw in another care file that a person was at risk of developing pressure sores; this again contained an action plan with guidance for staff to prevent pressure sores developing.

People told us they felt safe living at the care home with comments like, "Yes I feel safe here (staff) look after us well", "Yes I feel safe" and "Absolutely, I feel safe, we are really well looked after." People had access to a call bell. This helped to ensure people's safety and we observed staff responding to calls for assistance promptly. People said, "I ring the bell and within a few minutes (staff) come" and "I get to see staff when I want, I press my buzzer if I want them and they come."

Staff we spoke with were able to clearly explain how they would keep people safe and safeguard them from abuse and neglect. One staff member said "It's making sure everyone is okay and protecting them from abuse like neglect or physical harm." Staff were clear about what action they would take if they were concerned about a person's safety, for example "I would report to a senior or a manager. Everything has to be documented." We saw from records that staff had completed safeguarding training.

Each person living at the care home had a personal emergency evacuation plan (PEEP) in their care file which provided detailed guidance for staff in safely evacuating people during an emergency. For example, one PEEP stated that a person was able to mobilise with use of a walking aid but required a wheelchair for distance and speed. Another stated a person was hard of hearing and may not hear verbal instructions.

During the inspection we saw evidence of the monitoring and recording of accidents and incidents. We looked at incident forms completed between June 2017 and February 2018. Each form provided information regarding the incident and actions taken by staff. Incident forms documented whether people required support from (or referrals to) health care professionals such as, GP, hospital and community mental health. We found that incident forms contained an additional section for staff to record any follow-up, whether incidents could have been prevented and whether action was required to prevent further incidents. For example, one incident form reported that a person had been found on the floor; staff identified the cause of the incident and measures had been put in place to prevent any future incidents. We found that this had not always been completed by staff in forms completed between January and February of 2018. This was discussed with the registered manager and suggested that this task be delegated to a senior member of staff to ensure that any immediate actions were recorded to reduce risk. Staff were able to tell us about actions

taken to keep people safe.

During the inspection 18 people were living at the home and two people were receiving 'short term' care. We identified that staff were deployed in sufficient numbers to meet people's needs; this was evidenced by viewing staffing rotas and by observing staff on the day of the inspection. People we spoke with told us they felt there were enough staff to support them with their individual care needs. A person reported, "Yes there's enough staff, there is always someone available if you need them." Staff confirmed that staffing levels were satisfactory to help provide effective care and support. One staff member told us "Staffing has always been fine; (manager) always ensures that extra staff are available when needed."

We checked four recruitment files and found that they reflected safe recruitment practice in line with the provider's recruitment policy. Each file contained an application form with a detailed employment history, photographic identification, references and evidence of Disclosure and Barring Service (DBS) checks. DBS checks are used by employers to establish if recruits have a criminal record or are barred from working with vulnerable adults or children.

We saw that regular safety checks had been completed by both the service and external contractors. For example, tests in relation to fire alarms, emergency lighting, gas safety, water temperature tests, lift examination and nurse call bells. We also saw certificates in relation to portable appliance tests (PAT), portable fire extinguishers, food hygiene and legionella. Records showed evidence of fire drills being conducted within the home; the maintenance staff told us that fire drills were usually every six months and they would be looking at carrying out fire drills on a more regular basis in the future.

We checked the safety of the environment and found that whilst most windows within the home contained window restrictors two windows that we checked did not. The care manager told us that one of the window restrictors had been removed by the maintenance staff as they had recently painted. By the end of the inspection, both windows had been fitted with appropriate restrictors; one of the rooms was not in use. We saw that a fire door was in need of repair as it did not shut or close properly. Staff told us it was 'warped' due to the recent bad weather. This was noted for repair however this work had not commenced. Maintenance staff carried out the necessary work during the inspection to maintain fire safety.

We found that the door leading to the laundry room down stairs did not have any locks to keep it secure. We discussed this with the care manager and registered manager and they told us that only staff accessed this floor and people living in the home would have to enter the kitchen in order to access the laundry room. Whilst we did not feel that this placed people at risk, we suggested that the room be fitted with a lock. The registered manager said this would be looked into.

We found the home to very clean and free from odours during the inspection. Staff made appropriate use of personal protective equipment (PPE) to reduce the risk of infection. There were also cleaning schedules and audits completed to ensure that the home remained clean. Some of the cleaning records were not current to evidence the areas cleaned. Bathrooms contained hand washing guide posters to remind staff about effective hand washing. The service had an infection control policy and procedure that provided guidance for staff in the management of any outbreak of infection. Staff had completed appropriate training in infection control and staff we spoke with had a good understanding of how to control and prevent the spread of infection.

Records were stored securely when not in use. Staff completed care records in paper format and also electronically. Electronic care records were pass word protected.

Is the service effective?

Our findings

We talked with people about their care and support and everyone we spoke with thought the staff had the skills and experience to meet their needs. People told us, "The staff take care of us very well" and "I have no worries at all; I can see my doctor when I want, and the girls make appointments for me." We spoke with staff about people's individual care needs including the people we case tracked. Staff had a good knowledge about people's care and support and how to manage risk associated with their care needs.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

People living in the care home had capacity to make particular decisions. We saw from care files that people had provided consent for care and treatment; this consent was clearly signed and documented. Staff we spoke with understood the importance of gaining consent from people before offering support and we observed this during the inspection. One staff member told us "We always ask if they (people living at the home) need support before we do anything." People we spoke with told us that staff always asked them if they wanted support with comments like, "I do pretty much everything myself but staff will always ask first if I need help", "If I don't want to do something I just tell (staff), (staff) don't make me" and "I go to bed when I want, get up when I want, (staff) always ask me what I want."

For two people whose care needs were changing the registered manager informed us extra safeguards might be needed to keep them safe and in their best interest they would need to consider submitting a DoLS application to the local authority. The registered manager demonstrated an understanding of how people's mental capacity could fluctuate depending on circumstance and/or change in condition.

Staff supported people to maintain their health and wellbeing. The care files we examined demonstrated that people received advice, care and treatment from relevant health and social care professionals, such as GP, district nurses, dietician and physiotherapist. Referrals for these appointments were made at the appropriate time to optimise people's health. A visiting health professional spoke positively regarding the good standard of care and support people received from the staff with their health needs.

Electronic care records recorded aspects of care such as, repositioning people being nursed in bed, fluids and diet. We saw these were updated during the day and these charts helped to provide a good evaluation of the care provided. Staff interviewed told us the about the importance of these charts and how they would report any concerns, for example, if a person was not eating or drinking.

Prior to the inspection we received information of concern around a lack of moving and handling training

for staff and lack of equipment to transfer people. We were also informed about a lack of dementia training.

We looked at staff training. We saw that staff had completed a range of training courses relevant to the needs of the people living at the home. Examples included manual handling, MCA and DoLS, safeguarding, infection control, control of substances hazardous to health (COSHH), management of pressure sores, equality and diversity, confidentiality and first aid. Staff training was accessed on-line and through social care TV. We saw that whilst staff were up-to-date with on-line training, some had not received practical training in manual handling since 2015. Whilst the home did not have many people living in the home that required support with manual handling we had identified one person's mobility had deteriorated and now required more support with mobility. We discussed this with the registered manager and suggested that refresher practical training be provided for staff that required it. The registered manager agreed to arrange further moving and handling training including practical sessions. We saw six staff had completed dementia care booklets and the registered manager informed us this training was 'open' to everyone.

The registered manager stated the home had sufficient moving and handling equipment to support people safely; this included electric and manual hoists and stand aids. A staff member told us the service would benefit from another stand aid which we brought to the registered manager's attention. During the inspection we did not see people's support compromised in anyway due to a lack of equipment.

Staff told us they attended supervision meetings and dates were recorded for these meetings; these were conducted by the head of department, for example, care, catering and administrative staff. Staff also attended meetings. The registered manager informed us they were commencing a programme of staff appraisal as part of staff's development; it was agreed that dates for this would be forwarded to us. People we spoke with praised the staff for their skills and knowledge around their care. A person said, "The staff are just fabulous."

Prior to the inspection we received information of concern regarding a lack of choice for meals. On inspection people spoke positively regarding the meals and choices available; nobody raised any issues with us. People's comments included, "I enjoy the food, the selection is fine", "We get nice wholesome meals" and "I am okay with the menu, there is lots of choice and the chef knows what I really like." One person said they did not enjoy lunch but they could have had something else prepared.

The service adopted a strict Kosher meal service and followed the requirements for meat and milk produce to be handled separately. This meant that people dining at the same time were unable to have meals from separate groups. This approach extended to a restriction on taking certain food items into the building. People who wished to eat outside of these restrictions were able to do so in their own room and not in the communal areas. A number of people had their own fridge in their room for Kosher and/or non-Kosher foods. People understood that non-Kosher food should be consumed in their room in accordance with the rules of the service. Potential restrictions were explained in on-line and printed information. Last year the service had attempted to mitigate the impact of these restrictions on non-Jewish residents which included the implementation of a food van outside of the service during Passover to allow those who do not follow the Kosher diet to access bread and cereals (something which is forbidden during the Jewish festival of 'Pesach'). The registered manager informed us this would take place again this year.

People's dietary preferences were assessed, recorded and known by the staff. The chef told us how they provided plenty of choice each day and if people did not fancy the menu of the day then an alternative meal was provided. A four week menu was displayed in the dining room and staff spent time with people telling them about the menu for the following day. A bowl of fruit was available in the dining room and people were offered plenty of drinks and snacks throughout the day. We found people were supported to maintain

a healthy diet in accordance with their needs and preferences.

Is the service caring?

Our findings

We asked people to tell us if they thought the staff's approach was kind, respectful and compassionate. People's comments included, "Staff look after me well, the care is very good otherwise I wouldn't be here", "Lovely staff all of them", "Staff are brilliant, really friendly. They are kind and respectful more so (staff) they are really obliging. I had a bad week last week and (staff) were really good; checking I was okay." People commented on the polite and respectful nature of the staff. They told us the staff knocked on their door before entering and waited until they had been given permission to enter. People told us their door was closed when receiving personal care, when they had visitors and medical appointments. This we observed on inspection

We spent time observing and listening to staff to see how they interacted with people they supported. Staff approach was patient, caring and attentive. Staff took time to support people at their own pace, no one was rushed. When supporting people staff explained what they were going to do and did not leave the person until they were satisfied that they were comfortable and had everything they needed. This was particularly evident for people being nursed in bed and for people who had failing health and needed extra support. Staff were attentive and sensitive to their needs. A person said, "They (staff) are just wonderful and give me that little bit of extra help I need, so very caring."

Staff took time to listen to people and responded to comments and requests. For example, we saw this in respect of explaining the time lunch was served, supporting people with aspects of personal care and social arrangements. For a person who was worried about the timing of their family visit, staff were quick to offer assurance and sort out the issues troubling the person. The person said, "I can rely on them (staff), it makes me feel better." Staff provided people with support at meal times and made sure everyone had enough to eat and had enjoyed their meal.

Staff were aware of promoting people's rights to independence and people were encouraged to maintain contact with family and friends outside of the home. We saw a number of people going out with family members during our inspection. People told us, "I go out regularly; I let the girls know where I am. They (staff) know how much I enjoy this" and "I go out when I want, it's great to meet up with friends."

Staff had received equality, diversity, human rights (EDHR) training and people's care needs reflected people's rights, personal wishes and choices. A staff member said, "This is the residents' home and we respect how people wish to spend their day." With regard to privacy and dignity, staff said, "We keep doors closed and cover people up when we are helping them (people) to wash so they are not exposed" and "We make sure we knock before entering and always talk to (people) to let them (people) know what we are doing."

People were encouraged to express their views. We saw from records that the home had recently undergone some refurbishment which people had been involved in. This included choices and decisions made regarding the decoration and replacement furniture for the lounge. We also saw that people's rooms had been redecorated; one person had had their room decorated in the colours of their choice. Maintenance

staff told us that this work was on-going and that each person would be able to choose how they wanted their room to be decorated.

There was warm friendly atmosphere and visitors were seen throughout the day. A relative told us they were always made to feel welcome by the staff and "The staff are just wonderful, so caring and attentive, (relative) could not have better attention."

There was information for people to access about the service including the menus, complaints procedure, feedback cards and social activity arrangements. Staff had a good awareness of how people communicated their needs and there was information about the home which was available in picture format to help people's understanding.

Details about local advocacy services were available for people to access should this service be required.

Is the service responsive?

Our findings

People told us that staff provided them with care and support based on their individual needs and preferences. Person centred means support which is based around the needs of the person and not the organisation. People spent time telling us how they liked to spend their days. People's comments included, "In the morning I press my buzzer and (staff) know exactly what I want; (staff) are there within minutes with a cup of tea for me", "I can really choose what I want to do, they (staff) know when I like to get up and when I go out with my family" and "They (staff) seem to have got to know me so well, that's nice."

People's care files provided information about their care and support, communication, health needs and preference and choices. For example, for people who required a hearing aid or wore glasses, these aids were recorded and known by staff. A relative told us the staff had taken time to collate detailed information about their relative so that the care and support was based very much on their current needs, taking into account how they wished to be supported. Care plans were signed by people to demonstrate their inclusion in the planning and the delivery of their care. We saw people's plan of care were reviewed to reflect any change in care or treatment and staff were prompt in updating care documents in accordance with advice and support from visiting health professionals. A health care professional told us the staff were responsive to a change in people's needs and followed advice given.

The service used daily handover sheets to ensure that staff were kept up to date with any changes in care needs for people living in the home. The handover sheets allowed staff to record when people had been visited by health care professionals, any concerns identified throughout the day and any actions that staff needed to take. Staff we spoke with told us that handover occurred at the start of each shift; if staff had been off for any length of time they were provided with a more detailed one-to-one handover. During the inspection a person became unwell. Staff responded quickly to the person's symptoms and sought urgent medical advice. These actions were managed effectively and professionally by the staff team.

We saw that technology was used when required to help support people and help maintain their safety and independence. For example, sensors were in place to alert when people mobilised, so that they could provide support in a timely way and help reduce the risk of falls.

We spoke with the registered manager and provider regarding the provision of social activities. They informed us that the activities organiser had left approximately a month ago. A new activities organiser had been employed and the service were undertaking the required recruitment checks prior to them commencing work. The registered manager told us the new activities organiser would be working two hours a day, Monday to Friday.

During the inspection people took part in armchair exercises, a number of people were watching television or listening to music. There was a pleasant relaxed atmosphere in the home and we observed staff sitting with people at various times of the day asking about their welfare and chatting about day to day events. A person told us they enjoyed this time with the staff. Some people went out independently and others with family members and friends. Arranged activities included, trips out, quizzes and visiting entertainers and a

noticeboard displayed forthcoming events. People told us they enjoyed taking part in social events and would welcome more trips out. One person commented, "I would like to go out more, there isn't much in the way of activities; (staff) do come and tell you when something is on."

People living in the home had access to two computers with easy to use software and adapted keyboards. A person told us they did not use this but felt it was a great way of 'keeping in touch' with what was going on outside of the home.

The service ensured people were treated with respect and the promotion of people's individual spiritual needs were met through the provision of the synagogue. The faith and cultural needs of people of other faiths were considered as part of the care planning process. The registered manager informed us that they would make contact with other faiths should people request this. Previously staff had supported a person to attend church with their family.

There was an accessible process in place for people to express their concerns, offer compliments or submit complaints. Complaint forms were supplemented with a colourful image to indicate which category, for example, concerns or compliments. We saw the service's complaints' procedure and the registered manager agreed to display a copy of this in the main hallway as the complaint forms did not provide details regarding how complaints were investigated and responded to.

There had been no recent complaints received by the service and those recorded had been investigated and responded to in accordance with the service's complaints procedure. People told us they would speak up if they had a concern and had confidence in how this would be dealt with. Prior to the inspection we had received some information relating to care issues. We brought these to the registered manager's attention. The registered manager will advise us of the findings on completion of their investigation.

We looked at how staff supported people for end of life care. The registered manager told us how they supported people to establish people's wishes on death and dying. For a person who was receiving end of life care, they were supported by the staff and an external health professional who was in attendance each day. Staff worked closely with the external health professional and ensured the person's comfort at all times. Support was provided in a dignified and sensitive manner and appropriate documentation had been put in place including pain management.

Is the service well-led?

Our findings

Southport Rest Home Ltd has had a history of not meeting essential standards of care with a rating awarded of 'Requires Improvement'. At the last inspection we rated this domain as 'requires improvement', as we found the current monitoring arrangements for medicines were not effective enough in light of the number of medicine errors reported. At this inspection we saw evidence of robust medicine auditing. Medicine audits completed by staff had helped to reduce errors and the audits recorded analysis and remedial action. Staff informed us that the new monitored dosage system for administering medicines had also helped to reduce errors. This area of practice had improved.

Although a number of these essential standards have been met and improvements noted we again found areas of non-compliance at this inspection.

We reviewed some of the quality assurance systems in place to monitor performance and to drive continuous improvement. The registered manager was able to evidence a series of quality assurance processes, systems and audits carried out. We were, however, concerned that the service's current auditing systems were not sufficiently robust to assure the safety and quality of the service; the service's governance arrangements had not identified or had previously acted on the areas we picked up on inspection. This included a lack of risk assessment and support care documents; no formal auditing of care documents; a lack of auditing of incidents/accidents to ensure incident forms recorded follow up actions and identified patterns and triggers, to reduce risks; and environmental safety issues.

These findings were a breach of Regulation 17(1)(2)(a) of the Health and social care act 2008 (Regulated Activities) Regulations 2014.

As part of our feedback to the registered manager and the chairman of the board we discussed the need for more robust monitoring to support the development of the service. The registered manager and chairman confirmed this would be actioned and include the areas of concern we identified on inspection. The registered manager was 'open' and we saw they could reflect positively on the feedback we gave as we went through the inspection. Following the inspection we received an action plan in respect of actions taken following the inspection.

Prior to the inspection there were a number of internal staffing issues which had come to our attention and were known by the service. This included information relating to the home's response to whistle-blowers which was a concern as staff might not feel protected if they spoke up. Whistle-blowers are people (usually staff) who report significant concerns directly to independent bodies, for example, the CQC. This concern also formed part of the service's internal investigation and the service appreciated that an essential part of the investigation included discussion around whistle-blowing to ensure individuals were protected, would feel confident to use the whistle-blowing policy, thus promoting an open culture in the home. The service was mindful of the impact of the issues raised could have on the values and culture of the organisation and that staff and management needed to work closely, with the support of the service's human resources (HR) department, to provide a speedy resolution. We asked the registered manager to kept us apprised of the

investigation; following the inspection we received an 'initial report of the service's findings and actions taken. The chairman will also provide a full report on completion of their investigation.

A registered manager was in post and they attended the inspection to support the care manager. With regards to the day to day management, the registered manager was supported by the chairman and members of the board. The chairman and registered manager held meetings to discuss the service and future plans.

The majority of staff spoke favourably regarding the management of the home and the registered manager was described as approachable and supportive. Staff comments included, "(Manager) is very approachable. They came in to a right mess but slowly getting things sorted", "(Manager) is very supportive", "The board are great, I couldn't speak any higher of them. When work needs doing we discuss it and put forward options. There are never any issues with cost or budget", "Team work is really good, there's lots of new people but it is good, everyone works together and mucks in", "(Manager) is trying to modernise the home; they are trying to make things safer for people and make it a happy place" and "You can speak to (manager) at any time, I have no concerns at all." Staff also spoke highly of the board and their day to day input.

People living in the home told us the home was well run and that they could speak with the registered manager, care manager and the chairman and trustees if they wished to raise an issue at a senior level. People told us, "I get on with (managers) really well", "(Manager) is alright we have a good laugh together; (manager) is nice I like to talk to them" and "(Managers) are very approachable, they are really nice." A relative said, "The management appears very good, we are really pleased with everything since (relative) has moved here."

We saw that a trustee visited the home and wrote a brief report of their findings. This was mainly around looking at incidents in the home. We discussed with the chairman the need to extend the remit of these visits to collate people's views and also to look at other areas of the service, for example, health and safety and the environment. This would help develop existing governance arrangements.

We discussed with the registered manager how people were able to share their views about the home. We saw people attended 'resident' meetings with members of the board. People told us they felt able to make suggestions about different aspects of the service, for example, colour schemes in the home, menus and social arrangements. We saw changes to the menus and social activities had taken place in light of people's feedback. The last satisfaction questionnaires had been sent to people in 2016. The registered manager appreciated that these needed to be sent out more regularly to obtain formal feedback from people and their relatives. People had access to forms on the internet to comment on the service. A 'homely place and great staff' had been logged.

There were policies and procedures for the staff to follow; staff had a policy of the month which was signed by staff when read. We saw confidentiality and code of practice were recent policies of the month. The registered manager was also reviewing the whistle-blowing policy with staff in light of the concerns raised.

Recent developments in the home included a new roof to the conservatory, rear garden with raised flower beds, an electronic system care record system and refurbishment of the lounge. People living in the home were involved with the new colour scheme for this room, which they told us they were very pleased with. Further plans for the service included, a new call bell system for people to request assistance (an electronic system that would automatically record when staff had entered a person's room and how long they had been in there for), refurbishment of the kitchen, sensory area for the garden, lesbian, gay, bisexual and transgender (LGBT) training for staff and the development of lead roles for staff. For example, champion for

dementia. We discussed with the chairman consideration of installing a ramp at the main front entrance. Access here was by steps only, with disabled access at the rear. The chairman stated this adaptation had already been considered and this would be looked at again as part of the service's improvement plan.

The registered manager had notified CQC of events and incidents that occurred in the home in accordance with our statutory notification requirements.

From April 2015 it is a legal requirement for all services who have been awarded a rating to display this. The rating from the last inspection for Southport Rest Home Ltd was displayed for people to know how the home was performing including the provider's website.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Risks to people's health were not always assessed and a plan of care formulated to ensure consistent outcomes for their safety and wellbeing.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Quality assurance systems and processes including audits of the service were not sufficiently robust to assure the safety and quality of the service.