

Southport Rest Home

Southport Rest Home Limited

Inspection report

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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

This inspection took place on 10 July 2017 and was unannounced.

Situated in a residential area of Southport, Southport Rest Home provides accommodation and personal care for up to 25 people. At the time of the inspection 23 people were living at the service. The service is a charitable trust which describes itself as a Jewish care home. Facilities at the service include lounge areas, a dining room, car parking and gardens. A passenger lift is available for access to the bedrooms located over three floors.

A registered manager was in post. However they were not available on the day of the inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

During an inspection in August 2016, we found the provider was not meeting legal requirements in relation to safe care and treatment, meeting nutritional and hydration needs, good governance, protecting people from abuse and improper treatment and receiving and acting on complaints. We inspected the service again in December 2016 and found that the necessary improvements had been made and the service was no longer in breach of regulations. During this comprehensive inspection we checked to see whether the improvements had been sustained and if the service met all regulatory requirements.

When we carried out the last unannounced comprehensive inspection in August 2016, we identified concerns in relation to the management of medicines and safeguarding service users. We issued a warning notice and told the provider to improve. At the next inspection in December 2016 we saw that practice had improved and that medicines were being administered safely. The PIR submitted prior to the inspection demonstrated that recent medicines audits had identified a high volume of errors including; missed medicines, missed signatures and stock control discrepancies. None of these errors had resulted in actual harm to people's health, but the numbers were sufficiently high to cause concern. As part of this inspection we checked to see what action had been taken to ensure that medicines were administered safely.

A comprehensive medication policy was in place to support staff with the safe management of medicines. Staff who administered medicines had received medicines training. An audit of medicines was completed on a regular basis.

The audits we reviewed indicated that the number of errors had reduced over the previous six months. However, 400 errors were recorded in the previous 12 months.

Care records clearly evidenced that risk was appropriately assessed and reviewed on a regular basis. Accidents and incidents were recorded in sufficient detail to allow for analysis. They were audited by senior

members of staff on a regular basis to look for patterns or trends. There were no significant findings from the audits viewed during this inspection.

The provider regularly completed a number of safety checks and made use of external contractors where required. Checks included; moving and handling equipment, gas safety, electrical safety, water temperatures and fire safety. Each of the checks had been completed in accordance with the relevant schedule.

Staff were safely recruited and deployed in sufficient numbers to meet the needs of people living at the service. Staffing levels were based on the number of residents rather than the completion of a dependency tool. People's dependency and care needs were reviewed regularly and people were supported to move to alternative accommodation if their needs could no longer be safely met.

Staff told us that they felt well-supported by the service and were given access to good quality training and regular supervision. The majority of training had been refreshed in accordance with the provider's schedule.

The records we reviewed showed that the service was operating in accordance with the principles of the Mental Capacity Act (2005). Previous applications to deprive people of their liberty had been submitted appropriately. However, none of the people living at Southport Rest Home at the time of the inspection was subject to a DoLS authorisation.

The feedback regarding food contained within resident meeting minutes was largely positive although there were some complaints within residents meeting minutes with regards to the authenticity of the food. The service adopted a strict Kosher meal service and followed the requirements for meat and milk produce to be handled separately. The service had attempted to mitigate the impact of these restrictions on non-Jewish residents.

Staff supported people to maintain their health and wellbeing. The care files we looked at showed people attended medical appointments in accordance with their individual needs.

The people that we spoke with told us that they were treated with kindness, dignity and respect by staff. Throughout the inspection we saw staff engaging with people in a positive and caring manner.

People's privacy and dignity were respected throughout the inspection. We saw that staff were attentive to people's needs regarding personal care and discrete when asking if people required assistance.

Relatives told us that they were free to visit at any time and were made to feel welcome by staff. People living at the service were also visited by volunteers who sat with people and chatted, organised activities or shared a meal.

People's care files provided information about people's health, behaviours, communication and the way in which they wanted their support delivered. This information was personalised through the use of an individual 'passport' containing easily accessible information on people's likes and dislikes.

People had access to a range of individual and group activities including; quizzes, baking, crafts, day trips and entertainment. Two computers were available for residents use within the service with easy to use software and adapted keyboards to encourage use.

There was an accessible process in place for people to express their concerns, offer compliments or submit

complaints. Records demonstrated that the management had responded to concerns in a timely manner.

The majority of staff spoke positively about the management and oversight of the service and the recent improvements that had been made. The majority of improvements made at the last inspection had been maintained. However, the improvements in relation to the administration of medicines had not been maintained to an adequate level.

Residents meetings were held regularly and relatives were encouraged to comment on the service. This demonstrated that the service recognised the value of consultation with people. We were told and saw that changes had been made following consultation. However, the minutes of meetings did not always record these actions.

Southport Rest Home had a clear vision and values which demonstrated an improved awareness of the needs of people of different faiths. There was evidence of good links to the local community and a commitment to improve further. For example, We saw that the service had recently been involved in consultation with regards to the promotion of diversity in Jewish care homes.

The care home had demonstrated an improved and sustained approach to safety and quality. The service completed regular audits of essential safety and quality indicators and we saw evidence that action had been taken as required.

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.

Medicines were not always managed safely within the service and there had been a high number of medication errors recorded.

Staff were recruited safely and deployed in sufficient numbers to meet people's needs.

Staff understood their responsibilities with regards to safeguarding and protecting people from abuse and neglect.

Is the service effective?

Good ●

The service was effective.

People were informed of the restrictions to their diet associated with the provision of Kosher food and drink before they took up residence.

The menu and quality of food had been developed to offer greater choice at meal times.

Staff had been given access to regular supervision.

Is the service caring?

Good ●

The service was caring.

Staff interacted with people in a relaxed manner and engaged in conversations which demonstrated respect.

Staff knew each person and their needs and acted in accordance with those needs in a timely manner.

People were consulted about their own care and were supported to be as independent as possible.

Is the service responsive?

Good ●

The service was responsive.

People were regularly involved in the assessment and review of their care and changes were made as a result of these meetings.

People's care plans contained a good level of person-centred information which was used by staff to deliver person centred care.

The service had a programme of activities for individuals and groups which included community activities.

Is the service well-led?

The service was not always well-led.

Quality and safety audits had identified areas of concern, but had not always resulted in robust action to keep people safe.

The registered manager was providing clear and consistent leadership to the staff team and the trustees had increased their involvement in the monitoring of safety and quality.

Requires Improvement 

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. The last inspection was undertaken in May 2016. During that inspection, the service was rated 'requires improvement' overall and we found that legal requirements were not being met in relation to safe care and treatment and person centred care and we issued warning notices in relation to these areas. We issued a requirement notice regarding protecting people from abuse and improper treatment as this legal requirement was not being met. This inspection was planned to check whether the provider had made necessary improvements to ensure they are meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to provide a rating under the Care Act 2014.

This inspection took place on 10 July 2017 and was unannounced. The inspection was completed by two adult social care inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection we reviewed the information we held about the service. This included a PIR (Provider Information Return) and the statutory notifications sent to us by the provider about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. We also contacted the commissioners of the service. We used all of this information to plan how the inspection should be conducted.

During the inspection we spoke with a trustee, the administration manager, the chef, the head of care, a senior carer, a care assistant, the maintenance manager and eight people living in the service.

We looked at the care files of five people, four staff files, medicine administration charts and other records relevant to the management and monitoring of the service. We also sat with people at lunchtime and sampled the food.

Is the service safe?

Our findings

When we carried out the last unannounced comprehensive inspection in August 2016, we identified concerns in relation to the management of medicines and safeguarding service users. We issued a warning notice and told the provider to improve. At the next inspection we saw that practice had improved and that medicines were being administered safely. The PIR submitted prior to the inspection demonstrated that recent medicines audits had identified a high volume of errors including; missed medicines, missed signatures and stock control discrepancies. None of these errors had resulted in actual harm to people's health, but the numbers were sufficiently high to cause concern. As part of this inspection we checked to see what action had been taken to ensure that medicines were administered safely.

A comprehensive medication policy was in place to support staff with the safe management of medicines. Staff who administered medicines had received medicine training.

We checked the medicines' audits, medicines administration records (MAR) and spoke with staff. We subsequently spoke with the registered manager to discuss what action had been taken in response to the errors and the impact that it had on practice. The registered manager had analysed the errors and identified that the majority could be attributed to two distinct sources. Measures were put in place to reduce risk which included supervision and re-training.

We found medicines to be stored safely when not in use. Some medicines need to be stored under certain conditions, such as in a medicines' 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 twice each day. This helped to ensure the medicines stored in this fridge were safe to use.

There were no controlled drugs in use at the time of the inspection, but the service had the facilities and systems to store and administer them safely if required. Controlled drugs are prescription medicines that have controls in place under the Misuse of Drugs legislation.

We checked the MARs for four people. Staff had signed to say they had administered the medicines. MARs were clear and we were easily able to track whether people had their medicines; this included meal replacement drinks and the application for topical preparations (creams). Body maps were used to record the area of the body where creams should be applied. We also checked a number of medicines and found the stock balances to be correct.

During the inspection we saw people were supported to administer their own medicines. This had been risk assessed by the staff and recorded in a plan of care. The practice of self-administration was monitored by the staff to help ensure people were supported to undertake this safely.

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.

The audits that we saw indicated that the number of errors had reduced over the previous six months. However, 400 errors were recorded in the previous 12 months. We saw evidence that concerns had been discussed at a senior level and additional training arranged for staff. Where specific staff had been identified they had been subject to one-to-one observations by a senior colleague. The service was managing medicines in blister packs, boxes and bottles. The registered manager stated that operating the two systems was in part responsible for the errors and they were looking at a single system. The registered manager was also in the process of evaluating a number of electronic medicines' administration systems which they believed would further reduce errors. Although it was clear that steps had been taken to improve practice and reduce the number of medicines' errors, the high numbers identified at audit represented a significant risk to the health and wellbeing of people living at Southport Rest Home.

This was a breach of Regulation 12 (2)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Each of the people that we spoke with told us that they felt safe living at Southport Rest Home. People were protected from the risk of abuse and neglect because staff were trained in adult safeguarding and were vigilant in monitoring indicators of abuse. One member of staff told us, "I'm trained in safeguarding. I would whistleblow (report concerns to an external body). I've done it before."

People had access to an easy read safeguarding policy and staff were able to explain what action they would take if they suspected that people were being abused or neglected. The majority of people that we spoke with were able to discuss any concerns and said that they would have no hesitation in raising them with the manager.

Care records clearly evidenced that risk was appropriately assessed and reviewed on a regular basis. Examples of risk assessments included; medicines, manual handling, falls and nutrition. Pre-admission information was sufficiently detailed to identify risk. For example, one person was deemed to be at additional risk following a recent fracture. Their care plan reflected this risk and instructed staff on what precautions to take. In another record we saw that staff were instructed that 'call bell must always be accessible' for a person with a recent history of falls.

When asked what staff did to help keep people safe one staff member said, "We check general health and observe people day to day." While another said, "We monitor risk in relation to hydration and nutrition. We have CCTV in place to monitor falls and general security (of the building)." The use of CCTV was discussed with people prior to their admission. The service was also affiliated to a specialist organisation that advised on and funded measures to protect British Jews from anti-Semitic behaviour.

Accidents and incidents were recorded in sufficient detail to allow for analysis. They were audited by senior members of staff on a regular basis to look for patterns or trends. There were no significant findings from the audits viewed during this inspection.

The provider regularly completed a number of safety checks and made use of external contractors where required. Checks included; moving and handling equipment, gas safety, electrical safety, water temperatures and fire safety. Each of the checks had been completed in accordance with the relevant schedule. Where checks had identified a potential hazard, action had been taken to reduce the risk. For example, an audit had identified that matches were being used to light gas hobs in the kitchen. Specialist, electronic lighters were purchased and instructions issued that matches should not be used in the service.

The service maintained a 'grab-bag' in case of the need to evacuate the building in an emergency. This

contained important information about the building and the people living there including copies of their personal emergency evacuation plans (PEEP). PEEPs were also present in care files and showed evidence of review. This meant that people could be more safely supported in an emergency situation.

Staffing numbers were sufficient to safely meet the needs of people living at the service. Staffing levels were based on the number of residents rather than the completion of a dependency tool. People's dependency and care needs were reviewed regularly and people were supported to move to alternative accommodation if their needs could no longer be safely met.

The service deployed four care staff plus a chef, domestic staff and administrative staff during the day. This reduced to two care staff at night. The service recruited staff following a robust procedure. Each of the staff files that we saw contained two verified references. There were Disclosure and Barring Service (DBS) numbers and proof of identification and address on each file. DBS checks are completed to ensure that new staff are suited to working with vulnerable adults. Each file also contained photographic identification and a summary sheet to help ensure that the contents were complete and up to date.

Is the service effective?

Our findings

Staff told us that they felt well-supported by the service and were given access to good quality training and regular supervision. One person said, "[Registered manager] is fabulous. I'm getting great support." With reference to training they also commented, "The new system is great too. I've got 17 modules to do. I've done my NVQ level five here."

The people that we spoke with said that the staff had the right training and skills to meet their needs. We were told and shown evidence that staff had completed regular training in relation to the Jewish faith and the rules regarding Kosher food. This had allowed them to speak with more confidence when explaining any restrictions to non-Jewish residents. Training was also provided in a range of other subjects including; administration of medicines, manual handling, fire, safeguarding and the Mental Capacity Act (MCA). The majority of training had been refreshed in accordance with the provider's schedule. The service had also introduced on-line training which improved staff access to refresher programmes and produced an electronic record of completion. A high proportion of staff had secured qualifications at level two or above in health and social care. The majority had been secured while in the employment of Southport Rest Home. This showed that staff were being supported to develop their skills and competencies by the provider.

Records showed that staff were given regular access to supervision and appraisal. We saw evidence that staff were given formal supervision every four months. Staff told us that they also accessed informal supervision from the registered manager and other senior members of staff as required.

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).

The records we reviewed showed that the service was operating in accordance with the principles of the MCA. Previous applications to deprive people of their liberty had been submitted appropriately. However, none of the people living at Southport Rest Home at the time of the inspection was subject to a DoLS authorisation. Records indicated that people's consent had been sought and was recorded in care files. Examples included; permission to share information and consent to the provision of care. People had signed the records to indicate their consent.

We received mixed comments regarding the quality of the food. One person commented, "It's fairly good but sometimes I'd do it differently." While another said, "The soup is always beautiful as it's home-made." The food that we sampled during the inspection was well-presented, flavoursome and nutritionally balanced.

A bowl of fruit was available in the dining room and a varied menu was clearly displayed. People could request alternatives if they chose. The dining room was well laid-out with matching crockery and cutlery and supported a relaxed, positive dining experience. Portion sizes were large and some people asked for less on their plate to avoid wasting the food.

The feedback regarding food contained within resident meeting minutes was largely positive although there were some complaints within residents meeting minutes with regards to the authenticity of the food. The service adopted a strict Kosher meal service and followed the requirements for meat and milk produce to be handled separately. This means that people dining at the same time are unable to have meals from separate groups. This approach extends to a restriction on taking certain food items into the building. Those who do wish to eat outside of these restrictions must do so in their own room and not in the communal dining room. 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').

We spoke to the chef at the service who had an awareness of people's nutritional needs and adapted meals accordingly. For example, one resident required increased calories within their diet and another was on a low sodium diet. The chef considered people's cultural beliefs when devising meals for example the use of soy milk as opposed to cow's milk. The service recently achieved a maximum food hygiene rating of '5' in January 2017.

Since the last inspection additional facilities had been introduced for people to store and eat non-Kosher food in their own rooms. For example, one person had been provided with a small fridge which they used to store their preferred food items. They accepted that these foods should be consumed in the room in accordance with the rules of the service. The trustee that we spoke with said that they would consider providing fridges to anyone who requested them in the future. We also saw that the potential restrictions were more clearly explained in on-line and printed information. None of the people that we spoke with expressed any concern regarding the impact of adhering to Jewish festivals and Kosher food requirements.

Staff supported people to maintain their health and wellbeing. The care files we looked at showed people attended medical appointments in accordance with their individual needs. The care files we examined demonstrated that people received advice, care and treatment from relevant health and social care professionals, such as the GP, dentist, and optician. The files showed the continuation of health support. For example one person had daily blood pressure monitoring following a request from their GP. One member of staff said, "We support people with GP and hospital appointments. We arrange transport and an escort."

Is the service caring?

Our findings

The people that we spoke with told us that they were treated with kindness, dignity and respect by staff. Comments included; "They [staff] can never do enough for you," "Nothing is too much trouble for them," "They'll do anything they can to help" and "They're all lovely." A visiting relative told us, "Nothing is too much trouble for the staff. I couldn't be happier with them."

Throughout the inspection we saw staff engaging with people in a positive and caring manner. Staff at all levels demonstrated that they knew the people living at the service and accommodated their needs in the provision of care. It was equally clear that staff shared information about their own circumstances and families. For example, we heard one person who lived at Southport Rest Home enquiring about the relative of a staff member. They engaged in a warm, extended conversation about their respective families in a natural way.

Information was provided in different ways to support people's understanding. This included written information and good use of images to supplement the written word. We also saw that staff spoke to people in a respectful way and used language, pace and tone that was appropriate to the individual. Each of the people living at Southport Rest Home that we spoke with knew how to access important information in writing or who to ask.

Staff took time to listen to people and responded to comments and requests. For example, when people enquired about the scheduled activities for the day staff explained to them what was organised and when it would be starting. Staff also took time to discuss people's preferences for food and drinks at lunchtime and throughout the day. People had the opportunity to make comments or requests at regular 'resident's meetings'. At the meeting in May 2017 the Pesach (Passover) was discussed and people were invited to comment on the festival and the service's plans to celebrate.

People's privacy and dignity were respected throughout the inspection. We saw that staff were attentive to people's needs regarding personal care and were discrete when asking if people required assistance. Personal care and assistance were provided in locked bathrooms or bedrooms depending on people's needs and preferences. The staff that we spoke with clearly understood people's rights in relation to privacy, dignity and choice in a care service and the importance of respecting them in the provision of care.

People living at the service said that they were encouraged and supported to be independent. We saw that staff supported people with their mobility and took time to ensure that people did things for themselves at a safe pace. For example, some people took longer than others to come to the dining room for lunch or took longer to eat their meals. Staff monitored people and only provided assistance when they identified a risk.

We saw that people declined care at some points during the inspection and that staff respected their views. None of the people living at the service were rushed by staff. The staff took time to meet people's needs at a pace that suited the individual and kept them safe.

Relatives told us that they were free to visit at any time and were made to feel welcome by staff. People living at the service were also visited by volunteers who sat with people and chatted, organised activities or shared a meal.

The service displayed information promoting independent advocacy services, but none of the people currently living in Southport Rest Home were making use of their services.

Is the service responsive?

Our findings

Staffing levels meant that there were sufficient staff to provide care when it was required. None of the people we spoke with expressed any concern or said that they had been kept waiting to receive care. We observed that care was not provided routinely or according to a strict timetable. We saw evidence of staff responding to requests from people in a respectful and professional manner. For example, one person stopped a member of staff as they went to the manager's office to ask about the plans for a quiz. The staff member checked on the plans and shared them with the person before going to the office.

People's care files provided information about people's health, behaviours, communication and the way in which they wanted their support delivered. This information was personalised through the use of an individual 'passport' containing easily accessible information regarding people's likes and dislikes under headings entitled 'how I take my medicine', 'my medical history and 'my sleep'. These 'grab passports' included person centred information and helped to ensure people received the personalised care they needed. For example, one passport documented that the person liked to have their bathroom light on all night and another reminded staff that the person required their hearing aid and glasses when they read. While another detailed allergies and mobility needs.

Care plans were signed by people to demonstrate their inclusion in the planning and delivery of their care. They covered a wide range of care needs depending on the individual including; socialising, sexuality, sleep, mobilising personal care and nutrition. Each was sufficiently detailed to inform care practice and showed evidence of regular review. Other care records made appropriate reference to personalised care. For example, one record stated, 'Assisted to bathe. Declined lunch (as often does after a bath). Has requested egg on toast for tea.' This attention to detail showed that staff knew the person well and were responsive to their needs. Staff told us that they were invited to contribute to reviews of people's care. One member of staff said, "I get involved in reviews of people's care and the daily reports." While another told us, "I try to sit with people and go through their care plans."

A quiz was held during our inspection visit and it was clear that the residents enjoyed this. The service also had a projector screen installed so the people living at the service could watch movies. Music was played in various areas within the service and people had access to CD's of their choice. A hairdressing salon was available and people living at the service were able to have their nails done.

There was evidence contained within care files and resident meeting minutes that people enjoyed activities such as the quiz. There was also evidence of consultation with people living at the service with regards to activities although some people complained that there were not enough day trips. During our inspection we received verbal feedback that a daytrip had been arranged following a request from someone living at the service. Other activities included; card games, baking, crafts and visiting entertainers.

Two computers were available for residents use within the service with easy to use software and adapted keyboards to encourage their use. One person we spoke with was visibly emotional after completing a video call to a close relative on one of the computers for the first time. They said that they were crying, 'Tears of

joy.'

The service ensured 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.

There was an accessible process in place for people to express their concerns, offer compliments or submit complaints. The forms were supplemented with an image to indicate which category they belonged to. People were supported with this process for example, one resident raised a complaint informally but were told that they would be supported should they wish to raise this formally. Records demonstrated that the management had responded to concerns in a timely manner. A member of staff commented, "We've had no complaints recently. They'd tell me if they weren't happy."

Is the service well-led?

Our findings

The majority of staff spoke positively about the management and oversight of the service and the recent improvements that had been made. It was clear that the majority of improvements made at the last inspection had been maintained and that further improvements were planned. For example, the more robust medicines' audit had been implemented and where errors had been identified, the audit allowed for an analysis and remedial action. This resulted in the number of errors reducing. However, the provider's response had failed to reduce the number of errors sufficiently to keep people safe. One member of staff said, "I know we were getting things done, but not to the full extent. I'm happier now and more motivated. I enjoy coming to work."

Residents meetings were held regularly and relatives were encouraged to comment on the service. This demonstrated that the service recognised the value of consultation with people. However, there was limited evidence in written records of requests being actioned when issues had been raised or suggestions made.

The maintenance manager and one of the trustees outlined a comprehensive schedule of refurbishment and new developments at Southport Rest Home. The plans were at an advanced stage, but it was not clear what level of involvement people living at the service and staff had in their development. We spoke to one of the trustees about this and were assured that people's needs had been taken into account and they would be more involved in the developments going forward. A member of staff told us, "I know some things about the refurbishment."

Southport Rest Home had a clear vision and values which demonstrated an improved awareness of the needs of people of different faiths. There was evidence of good links to the local community and a commitment to improve further. For example, We saw that the service have recently been involved in consultation with regards to the promotion of diversity in Jewish care homes.

Staff told us that communication was good and helped to ensure consistency of care. They told us that they had regular staff meetings and felt supported. Staff were aware of the latest CQC report and told us they wanted to improve the service. One member of staff commented, "The manager informs us all the time." We saw evidence of regular staff meetings and other methods of communication being used. For example, the registered manager produced a regular report for the board of trustees which was also used as a basis for sharing information with staff and residents.

Although a registered manager was in post, they were not available on the day of the inspection. Most staff spoke positively about their influence and the manner in which they communicated. Staff said that they understood their roles and knew what was expected of them. It was clear from conversations with a trustee and from written evidence that there was an improved level of structured oversight being delivered in relation to the manager and the service in general. For example, the director's meeting in May 2017 was attended by seven trustees and the registered manager. The meeting considered developments and matters of concern including; financial matters, resident's meetings and accommodation of the needs of people during Pesach (Passover).

Southport Rest Home had demonstrated an improved and sustained approach to safety and quality. The service completed regular audits of essential safety and quality indicators and we saw evidence that action had been taken as required. This information was used to influence the refurbishment programme. For example, in response to concern expressed about the capacity of the existing arrangements, a new and improved call bell system was being commissioned which would promote improved response times and better monitoring of staff.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>People were not adequately protected from the risk of unsafe administration of medicines because errors remained at a high level over a prolonged period.</p>