

Southport Rest Home

Southport Rest Home Limited

Inspection report

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10 August 2016

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Inadequate ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

This unannounced inspection was conducted on 9 and 10 August 2016.

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 19 people were living at the home. The home is a charitable trust which describes itself as a Jewish care home. Facilities at the home 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 not 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. A manager had been recently appointed and was in the process of applying to become registered. The manager was not available on either day of the inspection. The manager was represented by trustees and administrative staff.

We looked at the medicines, medication administration records (MARs) and other records for nine people living in the home. We found there were still concerns with medicine management and the service was in breach of regulation.

Some people living at the home told us that they did not always feel safe. We were told by staff that concerns had been reported prior to the appointment of the current manager that did not appear to have been acted on.

People told us that they were concerned by the lack of choice of food and the restrictions imposed by the need to store, prepare and serve Kosher food.

We saw evidence that the processing of complaints had improved recently. We were told that each person had a copy of the complaints procedure in their room. Records from May 2016 onwards were detailed and recorded outcomes. However, a number of people living at the home told us about making complaints that did not appear in the records that we were shown and had not been resolved to their satisfaction.

The manager told us that audit systems were in place for some important activities, for example, administration of medicines. But it was clear that audits were not extensive or robust enough to ensure that safety and quality were effectively monitored. This meant that the issues and concerns identified on this inspection such as those relating to medicines, staff conduct and food had not been identified and effectively monitored.

Accidents and incidents were recorded, but there was no evidence that they had been assessed to identify patterns and triggers. The documents that we saw contained limited information presented in different

formats. There was no consolidated record of accidents and incidents available during the inspection.

All of the staff that we spoke with confirmed that they felt better supported following the appointment of the new manager. However, records indicated that the majority of staff had not received a supervision or appraisal in 2016.

We made a recommendation regarding this.

The records that we saw showed that the home was operating in accordance with the principles of the MCA. Applications to deprive people of their liberty had been submitted appropriately.

We received mixed views regarding the attitude, approach and conduct of the staff. However, throughout the inspection we saw staff engaging with people in a positive and caring manner.

We observed that care was not provided routinely or according to a strict timetable. For the majority of the day staff were able to respond to people's needs and provided care as it was required.

We saw evidence in care records that people had been involved in the review of their care. Some of the care records that we saw were signed by the person themselves indicating their involvement and consent to the provision of care. However, evidence of people's involvement and consent was not consistently recorded in care records.

The home had a programme of activities including quizzes, crafts and chair exercises. Information on activities was distributed each day. There was no programme of activities displayed.

The manager maintained records of notifications to the Care Quality Commission and safeguarding referrals to the local authority when concerns had been identified. Each record was detailed and recorded outcomes where appropriate. However, appropriate notifications and referrals had not been made for some of the issues and concerns identified during the inspection.

The home was increasingly developed with input from people living there and staff. We saw that improvements had been made to the physical environment following discussions with people. Discussions had also taken place about changes to the menu and activities. The manager facilitated regular staff meetings and staff told us that they were more confident about speaking out and making suggestions.

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?

Inadequate ●

The service was not safe.

Medicines were not stored and administered safely in accordance with best-practice guidelines. Concerns regarding medicines had been identified and reported at previous inspections, but sufficient, sustained improvement was not demonstrated.

People were not protected from the risk of abuse because the home did not respond effectively on the receipt of allegations.

People living at the home had detailed care plans which included an assessment of risk. These were subject to regular review and contained sufficient detail to inform staff of risk factors and appropriate responses.

Staff were recruited following a robust process and deployed in sufficient numbers to meet the needs of people living at the home.

Is the service effective?

Requires Improvement ●

The service was not always effective.

People were provided with a balanced diet. However, the kitchen only produced Kosher food which did not allow some people access to their preferred alternatives.

Staff were trained in topics which were relevant to the needs of the people living at the home.

The provider applied the principles of the Mental Capacity Act (2005) meaning people were not subject to undue control or restriction.

Is the service caring?

Requires Improvement ●

The service was not always caring.

People told us that they were not always treated with kindness and respect by some staff.

Staff sometimes entered people's room without waiting for permission which meant that people's privacy and dignity were not always protected by the manner in which care was delivered.

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?

The service was not always responsive.

There was evidence that people's concerns and complaints had not always been acted on.

People living at the home and their relatives were involved in the planning and review of care although records of involvement were inconsistent.

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

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

A registered manager was not in post.

There was no effective system in place for the provider to audit the quality and safety of the home.

Staff told us that, prior to the appointment of the current manager; they had not always been supported when they raised concerns.

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. 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.

This inspection took place on 9 and 10 August 2016 and was unannounced.

The inspection was conducted by an adult social care inspector, a pharmacist inspector and an expert by experience in services for older people. 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 the inspection we checked the information that we held about the service and the service provider. This included statutory notifications sent to us by the registered manager 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 local authority who provided information. We used all of this information to plan how the inspection should be conducted.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This 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 observed care and support and spoke with people living at the home and the staff. We ate lunch with people living at the home. We also spent time looking at records, including four care records, four staff files, medication administration record (MAR) sheets, staff training plans, complaints and other records relating to the management of the service. We contacted social care professionals who had involvement with the service to ask for their views.

During the inspection we spoke with nine people living at the home and three visiting relatives. We also spoke with two trustees, two senior carers, two care assistants, two administrators, the chef and two other staff.

Is the service safe?

Our findings

During our inspection in December 2014 we identified a breach of regulations in relation to the safe management of medicines. We returned to the home in April 2015 to make sure that the requirements of the regulation had been met and that medicines were being administered safely. We were able to evidence that some improvements had been made, but recommended that the home sought to comply with the National Institute for Health and Care Excellence (NICE) guidelines for care homes. During this inspection we looked at the administration of medicines again to check if our recommendation had resulted in further, sustained improvement.

We looked at the medicines, medication administration records (MARs) and other records for 9 people living in the home. We found there were still concerns with medicine management and the service was in breach of regulation.

Medicines were stored securely, but not always at the correct temperature. Records for the fridge showed the temperature had been outside the safe range of 2-8 Celsius at least 24 times in the last six weeks, with the thermometer registering temperatures of between -9.5C and 17.3C. There was no evidence that the fridge had been serviced or advice taken to determine whether or not the medicines remained fit to use.

We saw evidence that care workers were 'secondary dispensing' medicines into containers labelled only with peoples' initials. These containers were then carried around the home by the care worker rather than taking the medicines in their original labelled containers. This is poor practice and against guidelines issued by NICE (Managing Medicines in Social Care - March 2014) as it increases the risk of medication errors. We saw evidence that more than 20 such errors had happened since 1 July 2016, however only seven of these had been recognised as errors and reported to the manager. Errors which had not been reported included care workers signing for medication that they had not actually given; failing to apply creams and use of medicines as prescribed; failing to give two courses of antibiotics correctly and failing to administer a diabetic medicine at the correct dose for over three weeks. A senior care worker confirmed there was no specific system in place to record dose changes and ensure they were acted upon quickly.

Some people were prescribed medicines such as painkillers, laxatives and creams that were to be used only 'when required', but there was not enough personalised information recorded to enable care workers to support people to take these medicines correctly and consistently. Having detailed information, including people's individual signs, symptoms, needs and preferences is essential to ensure that people are given their medicines when they need them.

The overall medication audit system was ineffective. We saw checks were not carried out as often as planned, not all aspects of medicines management were included in the audit and where concerns or discrepancies were identified, there was little evidence of appropriate action having been taken to address them.

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

We asked people living at the home what they would do if they were being treated unfairly or unkindly. They each said that they would complain to a member of staff. Relatives also told us that they would speak to the manager or a member of staff if they had any concerns. All of the staff that we spoke with gave a good description of how they would respond if they suspected that one of the people living at the home was at risk of abuse or harm. The training records showed that all staff had received training in adult safeguarding. Staff knew how to recognise abuse and discrimination and understood what action to take if they had concerns. However, we were told by staff that concerns had been reported prior to the appointment of the current manager that did not appear to have been acted on.

Prior to the inspection we had received information of concern relating to the behaviour of some staff. Most of the people that we spoke with and their relatives told us that care was delivered safely. However some people living at the home told us that they did not always feel safe. Comments included, "Odd person who is not an angel, you will get the odd bully both days and nights." When asked to give an example we were told, "They bully you to bed when you do not want to go. There's a bit of a threat, I couldn't put my finger on it. It happens during the night more than days." We asked the people who made these comments what they had done to report their concerns. None of the concerns had been reported to staff or the current manager or raised at residents' meetings.

Prior to the inspection we received information of concern relating to the home's response to whistle-blowers. Whistle-blowers are people (usually staff) who report significant concerns directly to independent bodies, for example, the Care Quality Commission (CQC). It had been alleged that the home had not responded appropriately on receipt of information from staff about potential abusive practice. The provider information return (PIR) which was completed prior to the inspection made extensive reference to people living at the home and staff raising concerns to ensure that people felt safe. During the inspection we asked staff about this. One member of staff said, "I reported serious concerns a while ago and nothing was done. This was before the new manager started." Another member of staff told us, "There have been lots of complaints, but nothing has been done." We checked our records and liaised with representatives of the local authority to make sure that the concerns referred to by staff were known to the relevant authorities. We also spoke with one of the trustees who confirmed that they were aware of the concerns. Our records indicated that the commission had not been notified of the concerns by the home. A member of staff implicated in the allegations remained in work pending the completion of investigations. We were told that the investigative process would be started when the manager returned to work. We were told subsequently that appropriate action was taken to keep people safe while the allegations were investigated.

This is a breach of Regulation 13(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Accidents and incidents were recorded, but there was no evidence that they had been assessed to identify patterns and triggers. The documents that we saw contained limited information presented in different formats. There was no consolidated record of accidents and incidents available during the inspection. The absence of any systematic approach to the assessment of accidents and incidents meant that people living at the home may have been exposed to avoidable risk.

We saw from records that risk in relation to falls, nutrition, skin integrity and personal care had been completed and regularly reviewed. We also saw that risk in relation to fire had been assessed in two of the four care records that we looked at.

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.

Staffing numbers were sufficient to safely meet the needs of people living at the home. The home deployed four care staff plus a cook, domestic staff and administrative staff during the day. This reduced to two care staff at night. The home recruited staff following a robust procedure. Staff files contained two references which were obtained and verified for each person. 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.

Is the service effective?

Our findings

Because the home primarily catered for the requirements of the Jewish community practices around the storage, preparation and serving of food and drinks complied with Kosher requirements. However, the home also provided care to non-Jewish people. At the time of the inspection approximately 50% of the people living at the home were non-Jewish. As part of the inspection we sampled the lunch and spoke to people about the food. Some people (both Jewish and non-Jewish) told us very clearly that they did not enjoy all of the food and that the alternatives were limited. One resident told us, "I like my food here, I have no grumbles. I have put on weight". However another relative told us, "There is no choice of meals, we always bring in food especially special foods, Kosher foods, we have complained about the lack of Kosher foods." Another resident was concerned that the home was not catering for their dietary needs, they said, "I have a box of food, the kids bring it in." They went on to say, "Its fish and salad every night. If you don't like fish its eggs, you can have them scrambled or you can have cheese on toast." Another resident said, "The food's not good, it's not my taste, not what I am used to, I am not Jewish. I certainly did not like Passover, they stopped everything."

A resident was very concerned that no one would explain the perceived rules surrounding Passover and food choices and the reasoning behind them. One person living at the home said that the new manager had discussed food and menus at the last residents' meeting. We spoke with one of the trustees, various staff and the cook regarding the provision of alternatives to Kosher food and the menu in general. We were told that the restrictions around food should have been clearly explained to people before they moved in to the home. We were also told that it was impractical to offer non-Kosher food as part of the regular menu because this would require the development of separate kitchens and dining rooms and the purchasing of separate crockery, cutlery and utensils. Staff did tell us about arrangements that had been made previously for non-Kosher food to be stored and prepared in another room for people who were not Jewish. The trustee that we spoke with said that the home would be happy to explore alternatives to ensure that people's dietary needs were met. However, it was clear that at the time of the inspection, people's needs and preferences in relation to food and drinks were not being met in a reasonable manner.

This is a breach of Regulation 14(4) (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff were suitably trained and skilled to meet the needs of people living at the home. The staff we spoke with confirmed that they felt equipped for their role. Training was provided by an external organisation and refreshed annually. Staff were trained in; adult safeguarding, moving and handling, fire safety and other subjects relevant to their roles. Some staff were also given access to recognised qualifications in health and social care by the provider. The training records and staff certificates that we spot-checked showed that all of the training required by the provider was in date. However, a training matrix was not available which would have assisted in monitoring training for all staff. The people living at the home that we spoke with told us they thought that the staff were suitably skilled.

All of the staff that we spoke with confirmed that they felt better supported following the appointment of the

new manager. However, records indicated that the majority of staff had not received a supervision or appraisal in 2016.

We recommend that the provider introduces schedule of supervisions and appraisals to ensure that staff receive appropriate support and guidance in accordance with the regulations.

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 that we saw showed that the home was operating in accordance with the principles of the MCA. Applications to deprive people of their liberty had been submitted appropriately.

People were supported to maintain good health and to access healthcare services by staff. Most of the people that we spoke with had a good understanding of their healthcare needs and were able to contribute to care planning in this area. For those people who did not understand the provider had identified a named relative to communicate with. We asked people if they could see health professionals when necessary. One person living at the home said, "If I need to see a GP they will arrange one for me." While another person said, "I have arranged for my own chiropodist to visit me every six weeks." We were told that people saw Doctors, Chiropodists, Opticians and other healthcare professionals when they needed. We saw records of these visits on care files.

Is the service caring?

Our findings

Prior to the inspection we had received information of concern relating to the attitude, approach and conduct of one member of staff. We asked people if the staff were caring in their approach. The majority of the people that we spoke with told us that they were treated with kindness, dignity and respect by staff. One person said, "The staff are wonderful, there's a good crowd of girls, that's the main thing." A different person said, "The staff are considerate and kind, [named staff] is very nice." However, another person living at the home told us, "Most of them [staff] are good." While another person said, "[named staff] is alright but can be a bit abrupt." Relatives also spoke positively about the caring nature of the staff. One person said, "The staff are very nice here, they are very friendly, nothing is too much trouble for them." We spoke with the trustees and subsequently the manager regarding people's comments and our concerns. We were assured that appropriate steps were being taken to address concerns.

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 home and accommodated their needs in the provision of care. Staff spoke to people in a respectful way and used language, pace and tone that was appropriate for the individual. Staff took time to listen to people and responded to comments and requests. However, we did observe some staff announcing themselves after knocking on people's doors, but not waiting for an answer before entering the room. This meant that people were not necessarily afforded the level of privacy that they required or given the opportunity to refuse care.

With the exception previously identified, people's privacy and dignity were respected throughout the inspection. We saw that staff were attentive to people's need regarding personal care and discrete when asking if people required assistance. A member of staff said, "If I take someone to the toilet, I wait outside. If they have a bath, I give them a call-bell and wait outside." Other staff gave similar, practical examples of how they promoted privacy and dignity when providing care.

People living at the home said that they were encouraged and supported to be independent. One person living at the home said, "I couldn't walk when I came here, I was in bed for five days and then [named staff] made me walk and helped me." Staff asked if people wanted support with tasks before intervening. We saw that people declined care at some points during the inspection and that staff respected their views. Care records contained evidence that people had consented to the provision of care and treatment for health conditions.

We spoke with visiting relatives throughout the inspection. They told us that they were free to visit at any time and were made to feel welcome by staff. People living at the home were also visited by volunteers who sat with people and chatted, organised activities or shared a meal.

The home displayed information promoting independent advocacy services. Two of the people currently living in the home were making use of independent advocacy services.

Is the service responsive?

Our findings

We saw evidence that the processing of complaints had improved recently. We were told that each person had a copy of the complaints procedure in their room. Records from May 2016 onwards were detailed and recorded outcomes. However, a number of people living at the home told us about making complaints that did not appear in the records that we were shown and had not been resolved to their satisfaction. For example, one person said that they had complained on more than one occasion about not being bathed or showered for a prolonged period. While other people told us that they had repeatedly complained about the loss of their clothes from the laundry or receiving other people's clothes. None of the people had received official acknowledgement of their complaint or a notification of its resolution. We spoke with staff about these issues and were told that complaints had been shared with the previous manager, but the action taken following the submission of a complaint was not regularly shared with them.

This is a breach of Regulation 16(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing levels meant that there were usually sufficient staff to provide care as it was required. However, one person told us that they were not able to have a bath or a shower at a time that suited them. We spoke with staff about this and were told that the person required significant support and regularly asked for assistance at the busiest times of the day. It was confirmed that alternative times were offered. We saw records which indicated 'strip-washes' had been regularly provided as an alternative. In another example, a person living at the home used a wheelchair, but told us they could walk with assistance and needed to exercise by walking to the dining room once per day with support. This was recorded in a plan of care. We observed this person being transported in a wheelchair to and from the dining room at lunchtime. We asked staff about this, but they were unable to explain why the care plan had not been followed in this instance. It was confirmed that the person would be supported to walk later in the day.

We observed that care was not provided routinely or according to a strict timetable. For the majority of the day staff were able to respond to people's needs and provided care as it was required. Most of the people that we spoke with thought their needs were being met in a timely manner, however one resident said, "I sometimes have to wait when I press my buzzer, if they don't come I know they are with someone else." Another resident said, "They are pretty quick when I use the call bell." We were also told, "When I press my buzzer they come straight away."

We asked people if they had been involved in their care planning and if they were able to make decisions about their care. Some people explained how they had been involved and what changes had been made as a result. We saw evidence in care records that people had been involved in the review of their care. Some of the care records that we saw were signed by the person themselves indicating their involvement and consent to the provision of care. However, evidence of people's involvement and consent was not consistently recorded in care records. People told us that they could express a preference for particular staff and that the home always tried to accommodate their requests. The home had recently introduced a keyworker system so each person had a named member of staff to support them with their care needs and

reviews. One member of staff said, "We have a keyworker in charge of looking at people's care plans." We were also told, "Until [manager] came we had nothing to do with care plans. We've just started doing them."

The home described itself as a Jewish care home and we saw that some people were encouraged and supported to follow their faith by the home. The home housed a synagogue and facilitated a range of celebrations and services. People's rooms were filled with personal items and family photographs. People told us that they felt comfortable in their own rooms and often preferred to spend the majority of their time there.

The home had a programme of activities including quizzes, crafts and chair exercises. Information on activities was distributed each day. There was no programme of activities displayed. Activities were also organised away from the home. For example, there had been recent trips to Lytham and a local garden centre. People told us that they could choose to join-in with activities or occupy themselves watching TV or listening to music.

Is the service well-led?

Our findings

A registered manager was not in post. The manager had only been recently appointed and was in the process of applying to be registered. The manager was not available on either day of the inspection, but we were able to speak with them subsequently. Arrangements for the management of the home in their absence were unclear. We spoke with administrative staff, senior care workers and trustees. None of the people that we spoke with was able to describe arrangements for the management of critical functions in the absence of the manager.

The manager was directly supported by administrative staff and the trustees/directors of the home. The manager understood their responsibilities in relation to the management of the home. They told us that they felt supported by the board of trustees. We were told that the trustees visited the home regularly to spend time with people, facilitate meetings for people living at the home, support the manager and monitor quality. The trustees had recently engaged the services of a management consultancy and were in the process of completing an action plan to drive improvements in safety and quality. However, there was no clear process for auditing safety and quality in place at the home at the time of the inspection. The manager told us that audit systems were in place for some important activities, for example, administration of medicines. But it was clear that audits were not extensive or robust enough to ensure that safety and quality were effectively monitored. This meant that the breaches of regulation identified on this inspection such as those relating to medicines, staff conduct and food had not been identified.

This is a breach of Regulation 17(2) (a) & (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People spoke positively about the manager, their approachability and leadership of the home. A person living at the home said, "Our manager is very nice." One member of staff said, "[Manager] has made a big difference. There's a lot more in place and [manager] is very knowledgeable." A different member of staff said, "The manager has had a positive impact." While someone else said, "I'm kept well-informed. More so now. I like [manager]. They are very supportive and approachable." However, staff also told us that before the appointment of the manager they had raised concerns that did not appear to have been acted on. For example, issues relating to the conduct of colleagues.

The manager maintained records of notifications to the Care Quality Commission and safeguarding referrals to the local authority when concerns had been identified. Each record was detailed and recorded outcomes where appropriate. However, appropriate notifications and referrals had not been made for some of the issues and concerns identified during the inspection.

The home was in transition from being exclusively for Jewish people to accepting referrals from the wider community. This meant that it did not have the same level of clarity regarding its vision and values as it once had. We spoke with one of the trustees about this and they were clear that the home would continue to provide for the cultural and religious needs of Jewish people while limiting any restrictions that might be imposed on other people living at the home.

The home was increasingly developed with input from people living there and staff. We saw that improvements had been made to the physical environment following discussions with people. Discussions had also taken place about changes to the menu and activities. The manager facilitated regular staff meetings and staff told us that they were more confident about speaking out and making suggestions. We saw evidence that important information had been shared and changes made following these meetings. For example, staff had been provided with a laptop to aid them in updating care plans and medicines' errors had been discussed.

Staff understood what was expected of them and were motivated to provide good quality care. We saw that staff were relaxed, positive and encouraging in their approach to people throughout the inspection. One member of staff spoke with great enthusiasm about their role and their professional development. They said, "I want to progress further. I really like it here. We're a good team." Another member of staff told us, "I love my job. It makes it easier because the residents and staff are lovely." While somebody else said, "I feel motivated now. We have employee of the month. There never used to be any thanks before."

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 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment Matters of concern raised by people living at Southport Rest Home and staff had not been adequately responded to. Regulation 13(3).
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 16 HSCA RA Regulations 2014 Receiving and acting on complaints The home did not have a robust system in place for receiving and acting on complaints. Regulation 16(2).

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People were not protected from the risks posed by the administration of medicines because systems, records and auditing processes were inadequate. Regulation 12 (2)(g).

The enforcement action we took:

Warning notice.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 14 HSCA RA Regulations 2014 Meeting nutritional and hydration needs People living at Southport Rest Home were not provided with adequate choice of food as required. Regulation 14(4) (c).

The enforcement action we took:

Warning notice.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The home did not have adequate systems in place to audit quality and safety and drive improvements. Regulation 17(2) (a) & (b).

The enforcement action we took:

Warning notice.