

Southport Rest Home

Southport Rest Home Limited

Inspection report

81 Albert Road
Southport
Merseyside
PR9 9LN

Tel: 01704531975

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13 December 2016

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

This inspection took place on 13 December 2016 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 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 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.

During the last 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 and good governance and we issued warning notices in relation to these areas. The provider was also not meeting legal requirements in relation to protecting people from abuse and improper treatment and receiving and acting on complaints and we issued a requirement notice regarding this. During this focused inspection we checked to see whether improvements had been made in these areas and to ensure legal requirements were being met. This report only covers our findings in relation to those topics. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Southport Rest Home on our website at www.cqc.org.uk.

When we had previously visited this home in August 2016 and found the home to be in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was in respect of the management of medicines. We issued a warning notice.

At this inspection we saw medicines were now being managed safely. A medication policy was in place to support staff with the safe management of medicines in a care home. Staff who administered medicines had received medicine training. A senior member of staff member confirmed the medicine training they had received and that they checked to make sure staff administered medicines safely to people.

We found that the provider had made improvements regarding the safe administration of medicines and legal requirements were met.

During the last inspection we found that people were not adequately safeguarded against the risk of abuse and neglect because the provider had not acted on information of concern. We also found that safe disciplinary procedures had not been followed because a member of staff remained in work following serious allegations.

During this inspection we spoke with people living at the service, the head of care and the registered manager to see what changes had been made and what impact they had on the safety of the service. The head of care confirmed that staff conduct and practice were monitored and regularly observed and that staff had been briefed on the importance of reporting concerns. They also told us that between themselves and the registered manager, cover was provided over seven days. No concerns had been identified by the head of care or the registered manager since the last inspection.

People living at Southport Rest Home had access to a number of ways of raising concerns, but each person that we spoke with said that staff treated them with respect at all times.

We found that the provider had made improvements regarding safeguarding service users from abuse and neglect and legal requirements were met.

During the last inspection in August 2016, we identified concerns regarding restrictions placed on the provision of food and drinks for people who were not Jewish. The decision to provide only Kosher food meant that some foods were not available to people. Additional requirements relating to Jewish festivals meant that people's choices were further restricted. People told us that the restrictions had not been fully explained before they moved to the service. We also received complaints about the general quality and choice of food available to all people living at Southport Rest Home.

Two people who had recently moved to Southport Rest Home told us that the restrictions relating to Kosher foods had been fully explained to them before they moved. However, the service user guide and promotional materials did not explain how these restrictions would impact on people who were not Jewish.

The service had purchased additional cutlery and crockery to allow people to eat non-Kosher foods in their own rooms if they chose and a new menu had been produced which offered greater choice. People told us that the choices were explained to them each day and alternatives were also available.

We found that the provider had made improvements with regards to the provision of food and drink and legal requirements were now being met.

When we carried out the last unannounced comprehensive inspection of Southport Rest Home in August 2016, we identified concerns in relation to receiving and acting on complaints. During this inspection we looked to see if the provider had made improvements to ensure they were compliant with legislation.

People were clear and confident about the processes for making a complaint although none of the people that we spoke with had done so. The records that we saw contained details of two complaints. One was informal and was not directed at the service or its staff. The other had been fully documented, investigated and an outcome letter issued. The procedure was clearly defined in a template that was used to record the complaint. The provider had also developed the procedure for making complaints by placing complaints forms in a prominent position in the main hallway.

We found that the provider had made improvements with regards to receiving and acting on complaints and legal requirements were now being met.

At our last inspection in August 2016 we identified concerns relating to the governance of Southport Rest Home. In particular we were concerned that there was no clear and consistent process in place for the auditing of safety or quality. This concern related to the management of the service and the oversight provided by the trustees. During this inspection we checked to see what progress had been made in relation

to this requirement by speaking with the registered manager and a trustee and looking at records.

At this inspection it was clear that the trustees had developed a stronger and more regular presence in the service. We saw that they had been involved in resident's meetings and regular meetings with the registered manager. We saw from other records that audits of medicines and care plans had been conducted regularly since the last inspection and that changes had been made as a result of issues identified. The manager had become registered since the previous inspection and had implemented a number of changes and developments to improve the safety and quality of the service. When we spoke with them they acknowledged that more work was required to develop and embed systems and generate further improvements.

We found that the provider had made improvements with regards to governance and legal requirements were now being met.

During the last inspection we identified that the majority of staff had not received formal supervision or appraisal in 2016. We made a recommendation regarding this.

At this inspection we checked records and spoke with staff to see what improvements had been made. We saw that staff had been scheduled for supervision in accordance with the provider's action plan. Some supervisions had not taken place due to annual leave and sickness. The registered manager assured us that these would be re-scheduled as a priority.

Although improvements had been made we have not revised the overall rating; to improve the rating to 'Good' would require a longer term track record of consistent good practice. We will review the rating for this service at the next comprehensive inspection.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Medicines were managed safely within the home and staff had clear guidance with regards to medicines management.

People were safeguarded against the risk of abuse or neglect because appropriate action had been taken to address poor practice and additional processes introduced to check on people's safety.

This meant that the provider was now meeting legal requirements. Although improvements had been made we have not revised the rating for this key question; to improve the rating to 'Good' would require a longer term track record of consistent good practice.

We will review our rating for safe at the next comprehensive inspection.

Requires Improvement ●

Is the service effective?

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.

This meant that the provider was now meeting legal requirements. Although improvements had been made we have not revised the rating for this key question; to improve the rating to 'Good' would require a longer term track record of consistent good practice.

We will review our rating for effective at the next comprehensive inspection.

Requires Improvement ●

Is the service responsive?

The service was responsive.

Procedures for receiving and acting on complaints had been improved. People were clear about the procedures and confident about making a complaint. The one complaint received since the last inspection had been fully addressed in accordance with best-practice.

This meant that the provider was now meeting legal requirements.

Although improvements had been made we have not revised the rating for this key question; to improve the rating to 'Good' would require a longer term track record of consistent good practice.

We will review our rating for responsive at the next comprehensive inspection.

Requires Improvement 

Is the service well-led?

The service was well-led.

Quality and safety audits were more extensive and frequent.

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.

This meant that the provider was now meeting legal requirements.

Although improvements had been made we have not revised the rating for this key question; to improve the rating to 'Good' would require a longer term track record of consistent good practice.

We will review our rating for responsive at the next comprehensive inspection.

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 August 2016. During that inspection, the home 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.

We inspected the service against four of the five questions we ask about the service; Is the service safe, is the service effective, is the service responsive and is the service well-led? This was because at the last inspection in August 2016, the service was not meeting legal requirements in relation to these questions.

This inspection took place on 13 December 2016 and was unannounced. The inspection was completed by two adult social care inspectors.

Before our inspection we reviewed the information we held about the service. This included 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 registered manager, the chef, head of care and four people living in the service.

We looked at the care files of four people receiving support from the service, medicine administration charts and other records relevant to the quality monitoring of the service.

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.

During this inspection we looked to see if the provider had made improvements and to ensure they were compliant with legislation.

We saw improvements had been made and medicines were now being managed safely.

A medication policy was in place to support staff with the safe management of medicines in a care home. Staff who administered medicines had received medicine training. The registered manager informed us they had yet to complete a competency check of staff who administered medicines however they informed us that these checks would be undertaken shortly. These checks help to ensure staff have the skills and knowledge to undertake safe medicine practices. A senior member of staff confirmed the medicine training they had received and that they checked to make sure staff administered medicines safely to people.

During our inspection we observed a medicine round and this was conducted safely by the staff member. The staff member remained with the person until they had taken their medicines and then signed the chart to say the medicines had been administered. A person told us they received their medicines on time.

We found medicines to be stored safely when not in use. 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 daily. This helped to ensure the medicines stored in this fridge were safe to use.

Controlled drugs were stored appropriately and we saw records that showed they were checked and administered by two staff members. Controlled drugs are prescription medicines that have controls in place under the Misuse of Drugs legislation. We checked a number of medicines, including a controlled medicine and found the stock balances to be correct.

We checked eight medicine administration records (MARs) and staff had signed to say they had administered the medicines. MARs were clear and we were easily able to track whether people had had their medicines; this included meal replacement drinks and the application for topical preparations (creams). Body maps recorded the area of the body to apply the cream. We checked a number of medicines, including a controlled medicine 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.

For a person who was going out from the home, staff provided them with their medicines. The person's medicines were placed in a sealed envelope and the person was aware of when to take the medicines and what tablets they had been given. Staff signed the person's MAR to say they had been administered however the person was going to take them later and this would not have been witnessed by the staff. We discussed with the registered manager the need to review the home's policy for this practice to ensure accurate records were maintained.

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.

Staff told us about the procedure they followed for the safe disposal of medicines from the home; this included collection by the home's appointed chemist. The medicines to be returned were recorded though not dated or signed when collected. We discussed recording this to provide a more accurate record of medicines being returned for disposal.

Staff told us about the checks they undertook of the stock balances of medicines in the home. Records seen recorded these checks were undertaken twice a day. Any discrepancies found were recorded and appropriate actions had been taken.

During the last inspection we found that people were not adequately safeguarded against the risk of abuse and neglect because the provider had not acted on information of concern. We also found that safe disciplinary procedures had not been followed because a member of staff remained in work following serious allegations.

During this inspection we spoke with people living at the service, the head of care and the registered manager to see what changes had been made and what impact they had on the safety of the service. The head of care confirmed that staff conduct and practice were monitored and regularly observed and that staff had been briefed on the importance of reporting concerns. They also told us that between themselves and the registered manager, cover was provided over seven days. The registered manager arrived at the service early in the morning to facilitate contact with night staff before they completed their duties. No concerns had been identified by the head of care or the registered manager since the last inspection. When asked about the impact that these measures had, the head of care told us, "Things have improved since the last inspection." The registered manager said, "I have been very firm and clear with staff [about what I expect of them]."

We spoke with four people using the service and asked them specifically about the way staff treated them. One person said, "They're very nice. If there was something that I was unhappy about I'd tell the staff." They also told us, "I'm safe living here. There's nothing bad I can say." Another person commented, "I feel safe. The staff are quite pleasant." While a third person said, "Staff are excellent. [If there was anything wrong] I'd speak to the manager."

People were asked to raise any concerns at regular meetings and forms were located in the reception area to raise issues or make suggestions anonymously. We were told that nothing of concern had been communicated through these methods. The family and resident's survey from October 2016 showed that eight people had completed the forms. Their comments and satisfaction scores were extremely positive. Questions included; are the staff helpful and do you feel listened to?

We found that the provider had made improvements regarding safeguarding service users from abuse and neglect and legal requirements were met.

The quality rating for this domain has been raised from 'inadequate' to 'requires improvement' reflecting the overall improvements made to the service. To improve the rating to 'Good' would require a longer term track record of consistent good practice.

Is the service effective?

Our findings

During the last inspection in August 2016, we identified concerns regarding restrictions placed on the provision of food and drinks for people who were not Jewish. The decision to provide only Kosher food meant that some foods were not available to people. Additional requirements relating to Jewish festivals meant that people's choices were further restricted. People told us that the restrictions had not been fully explained before they moved to the service. We also received complaints about the general quality and choice available to all people living at Southport Rest Home.

Following the last inspection the provider produced an action plan which detailed how the requirements would be met. We checked to see what progress had been made in relation to this action plan and asked people what improvements they had noticed. We also sat with people and sampled the lunchtime menu and spoke with the chef.

Two people who had recently moved to Southport Rest Home told us that the restrictions relating to Kosher foods had been fully explained to them before they moved. However, the service user guide and promotional materials did not explain how these restrictions would impact on people who were not Jewish. We spoke with the registered manager about this and were assured that key documents and website information was in the process of being updated to accurately reflect the provision of food and drink at the service. They also said that they would ask people to sign a document to indicate that they understood the restrictions and accepted them.

The service had purchased additional cutlery and crockery to allow people to eat non-Kosher foods in their own rooms if they chose and a new menu had been produced which offered greater choice. People told us that the choices were explained to them each day and alternatives were also available. The meal that we sampled was well presented and more flavoursome than at the last inspection. The chef said that changes had been discussed with people and were subject to regular review. We saw that the menu was discussed at resident meetings.

We found that the provider had made improvements with regards to the provision of food and drink and legal requirements were now being met.

During the last inspection we identified that the majority of staff had not received formal supervision or appraisal in 2016. Staff told us that the situation had improved since the appointment of the new manager. We made a recommendation regarding staff supervisions.

At this inspection we checked records and spoke with staff to see what improvements had been made. We found systems were in place to provide staff support. This included the provision of staff supervision meetings which had commenced following the last inspection. Supervisions are regular meetings between an employee and their manager to discuss any issues that may affect the staff member; this may include a discussion of on- going training needs. We saw evidence of staff supervision dates; the registered manager told us that nine staff still required staff supervision and dates for these meetings were being arranged.

There was no programme for staff appraisals as yet; the registered manager told us they had been concentrating on providing regular staff supervision meetings and records seen confirmed this. They told us staff appraisals would commence in 2017.

Staff we spoke with told us they felt supported and spoke positively about their training and development. A staff member said, "We have good training and I had an induction when I started. We all work well as a team." Staff told us they had attended supervision and team meetings and these provided an opportunity to discuss matters arising in the home and training and development. Minutes of staff meetings were available and staff training, staff supervision and communication were regular agenda items.

The registered manager was aware of the introduction of the 'Care Certificate' in 2015, which providers are now expected to use with new staff. The 'Care Certificate' is the government's recommended blue print for staff induction and we saw records which showed a staff member was undertaking a care course in preparing for this training. Approximately 60% staff had achieved a formal qualification in care such as, NVQ (National Vocational Qualification)/Diploma or equivalent, which formed part of their learning and development.

A training plan was in place for 2016 and this showed staff attended training, for example, moving and handling, infection control, first aid and safeguarding. The registered manager did not have a training plan for 2017 and they advised us this was being developed. Following the inspection we were provided with a copy of the training plan for 2017 and also dates for outstanding staff supervision meetings.

Although improvements had been made we have not revised the rating for this key question; to improve the rating to 'Good' would require a longer term track record of consistent good practice.

Is the service responsive?

Our findings

When we carried out the last unannounced comprehensive inspection of Southport Rest Home in August 2016, we identified concerns in relation to receiving and acting on complaints. During this inspection we looked to see if the provider had made improvements to ensure they were compliant with legislation.

We spoke with people to make sure that they knew how to make a complaint and what response they should receive. We also checked records to see if any complaints had been received since the last inspection. People were clear and confident about the processes for making a complaint although none of the people that we spoke with had done so. The records that we saw contained details of two complaints. One was informal and was not directed at the service or its staff. The other had been fully documented, investigated and an outcome letter issued. The procedure was clearly defined in a template that was used to record the complaint. The provider had also developed the procedure for making complaints by placing complaints forms in a prominent position in the main hallway.

We found that the provider had made improvements with regards to receiving and acting on complaints and legal requirements were now being met.

Although improvements had been made we have not revised the rating for this key question; to improve the rating to 'Good' would require a longer term track record of consistent good practice.

Is the service well-led?

Our findings

At our last inspection in August 2016 we identified concerns relating to the governance of Southport Rest Home. In particular we were concerned that there was no clear and consistent process in place for the auditing of safety or quality. This concern related to the management of the service and the oversight provided by the trustees. During this inspection we checked to see what progress had been made in relation to this requirement by speaking with the registered manager and a trustee and looking at records.

We found that the provider had made improvements with regards to governance and legal requirements were now being met.

At this inspection it was clear that the trustees had developed a stronger and more regular presence in the service. We saw that they had been involved in resident's meetings and regular meetings with the registered manager. Basic details of these meetings were recorded with discussion topics including; menu choices, audits and restrictions on non-Jewish residents. However, the notes were not sufficiently detailed to indicate what agreements had been reached and what actions were required. We spoke with the registered manager and one of the trustees about this. They both confirmed that they had sought advice from a management consultant about audit processes and oversight of the service and were in the process of implementing recommendations and developing systems.

We saw from other records that audits of medicines and care plans had been conducted regularly since the last inspection and that changes had been made as a result of issues identified. We discussed with the registered manager ways of improving the extent of the medicine audit as part of the service's development. The registered manager said they would look to develop a more comprehensive audit system for the medicines.

The manager had become registered since the previous inspection and had implemented a number of changes and developments to improve the safety and quality of the service. When we spoke with them they acknowledged that more work was required to develop and embed systems and generate further improvements.

Although improvements had been made we have not revised the rating for this key question; to improve the rating to 'Good' would require a longer term track record of consistent good practice.