

Southport Rest Home

Southport Rest Home Limited

Inspection report

81 Albert Road
Southport
Merseyside
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Tel: 01704531975

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

The inspection of Southport Rest Home took place on 2 July 2018 and was unannounced. The last inspection of the service took place on 20 & 21 February 2018 and we identified a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Safe care and treatment and Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Good governance. We found a lack of assessment and care planning around risks to people's safety and well-being and systems were not sufficiently robust to assure the safety and quality of the service.

Following the last inspection, we met with the provider to confirm what they would do and by when to improve the key questions we asked around providing a safe and well led service to at least good. We also asked the provider to complete an action plan which told us how they would achieve this.

We undertook an unannounced focused inspection of Southport Rest Home on 2 July 2018. This inspection was done to check that improvements to meet legal requirements planned by the provider after our February 2018 inspection had been made. The inspector inspected the service against two of the five questions we ask about services: is the service safe? is the service well led? This is because the service was not meeting some legal requirements.

No risks, concerns or significant improvement were identified in the remaining key questions through our ongoing monitoring or during our inspection activity so we did not inspect them. The ratings from the previous comprehensive inspection for these key questions were included in calculating the overall rating in this inspection.

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

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

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.

At this inspection we found improvements had been made.

People had a care needs assessment and risk assessments were completed to identify risks to people's health and well-being. This information helped formulate a plan of care which contained the required

amount of detail to demonstrate the care and support people required. This breach had been met.

The service's systems to assure the quality of the service were now more robust. This included audits which identified key areas of practice. Standards were being maintained and we saw evidence of how the registered manager was driving forward improvements. This breach had been met.

Sufficient numbers of staff were available to provide support to people in accordance with individual need. Agency staff were used in an emergency and the same agency staff were asked to work in the home. This ensured there was a staff team who knew people and were familiar with their care and support needs.

Measures were in place to ensure the environment and equipment was safe and well maintained. This included the completion of health and safety checks and 'general' maintenance of the home.

Medicines were managed safely and people received their medicines as prescribed.

Staff had been appropriately recruited to ensure they were suitable to work with vulnerable adults. Staff received a programme of mandatory and optional training relevant to the care and support people needed. Regular supervision and annual appraisals took place. Staff meetings were held to keep staff informed and to support them in their role.

Staff reported that 'in general' the culture of the home had improved since the last inspection. Staff told us everyone worked as team.

Feedback was sought from people living in the home and their relatives to ensure standards were being maintained. People attended residents' meetings and received satisfaction surveys. These were due to be sent out this month.

The registered manager and provider met their legal requirements with the Care Quality Commission (CQC). They had submitted notifications relating to incidents and the rating from the last inspection was clearly displayed both in the home and on the provider's website.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good 

The service was safe.

We found action had been taken to ensure risks to people's health were recorded and this information was used to formulate a plan of care to ensure people's safety and well-being.

Medicines were managed safely and administered by staff who were trained and deemed competent.

Robust recruitment procedures were in place to ensure staff were suitable to work with vulnerable adults.

There were enough staff on duty to provide care and support to people living in the home.

Staff had completed training in safeguarding vulnerable adults and we were aware of the action they would take to ensure actual or potential harm was reported.

Is the service well-led?

Good 

The service was well led.

We found action had been taken to improve the service's governance. Quality assurance systems and processes were effective and helped the registered manager and provider to monitor standards and drive forward improvements.

There was a registered manager in post.

People living in the home spoke positively regarding the service. Staff told the service had improved and there was a more 'open' and positive culture.

The registered manager and provider met their legal requirements with the Care Quality Commission (CQC).

Feedback was sought from people living in the home and their relatives to ensure standards were being maintained.

Southport Rest Home Limited

Detailed findings

Background to this inspection

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

The inspection took place to follow up on breaches of regulation identified at the last inspection in February 2018.

The unannounced inspection took place on 2 July 2018. The inspection team consisted of one adult social care inspector.

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

During our inspection we spoke with three people using the service and a relative. We also spoke with the registered manager, a senior carer, housekeeper, two care staff and a health professional who visited the home on a regular basis.

We spent time looking at records, including three care records, staff files, medication administration record

(MAR) sheets, accidents/incident records and records which related to the management of the service.

Is the service safe?

Our findings

We previously inspected this home in February 2018 and found the home to be in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities). This was in respect risks to people's health and well-being not being assessed and recorded in a plan of care to promote their safety. Following the inspection we rated this domain as requires improvement.

We asked the provider to take action to address these concerns. The provider submitted an action report which told us the improvements they had made to meet this breach. At this inspection we found improvements had been made. Risks to people's safety and wellbeing were now assessed and this information was used to provide a plan of care which identified risks and the care needed to keep people safe and well. This breach was met.

At this inspection we reviewed the care records for three people living in the home. Risk assessments had been undertaken to support people safely in accordance with their individual needs. They were updated each month to reflect any changes in people's needs. Risk assessments had been completed in areas such as falls, pressure area care and moving and handling. This information was used to help formulate a plan of care which was based on individual need and risk to ensure people received safe effective care.

We looked at how incidents and accidents were managed at the home; there was a process in place to analyse the number of incidents which occurred over the month to look for trends or similarities that required action. We saw where incidents were recorded for a person whose needs had increased due to a change in their dementia. Their plan of care was being reviewed and a behavioural support plan was being put in place due to an increase in risk for their safety and for others. For another person who was not eating well, we saw their weight was being monitored weekly, as the staff had identified a risk of poor nutrition. The registered manager had acted promptly to ensure people's needs were carefully monitored.

Staff had received training in safeguarding vulnerable adults and were able to explain to us how they would identify a concern and report it. Staff told us they would not hesitate to speak up if they had a concern about a person's safety and well-being. Records confirmed that where safeguarding concerns had been identified the service had reported them to the relevant authorities appropriately.

At the time of our inspection there were 17 people living at the home and there were sufficient numbers of staff on duty to provide care and support to people in accordance with their individual need. The registered manager was on duty with a senior carer, two carers, three kitchen staff, a maintenance person, two administrators and three domestic staff. People told us if they needed staff support they did not have to wait long. People also said they received a good standard of care and this made them feel safe and 'looked after'.

The home had a series of internal and external checks for the safety of the premises and equipment. This included water temperatures, window restrictors, the fire system and the gas and electrical supply. These checks were current and showed that the building and equipment were safely maintained. We discussed with the registered manager recording safety checks for bed rails to ensure the safety of their use. Checks

were undertaken but were visual. The registered manager said they would record this when bed rails were used.

Information on how to support people in an emergency was available in the home. This included a fire evacuation plan and individual personal emergency evacuation plans (PEEPs) for people.

The service had safe recruitment processes which helped ensure staff were suitable to work with people who may be vulnerable. We looked at the recruitment records for two staff members who had recently commenced their employment at the home. These showed us that staff had undergone an interview process and checks including obtaining a Disclosure and Barring Service check (DBS), references and identification had been carried out. A valid DBS check is required for all staff employed to care and support people within health and social care settings to check on their criminal background.

Medicine were being managed safely and administered by staff who were trained and deemed competent. Medicines were administered from two medicine trolley which were kept locked when not in use. The medicine administration charts were clear and we were able to track whether people had received their medicines. Staff had signed to say they had administered medicines and a stock balance check completed by staff at the time of inspection confirmed an accurate stock balance check of people's medicines. Checks of medicines also included monthly medicine audits and any discrepancies were clearly identified and actions taken to minimise re-occurrence. The application for topical preparations (creams) included a body map to record the area of the cream to be applied.

We looked at medicines prescribed for 'as required' (PRN) use. Records were clear as to the dose, time and route of application. People had a plan of care for their medicines and to support PRN use. For a person who was administering their medicine we saw this practice had been risk assessed to ensure the person could undertake this safely.

Some medicines need to be stored under certain conditions, such as in a medicine fridge which ensures the quality is maintained. We saw the temperature of the medicine fridge was recorded, along with the temperature of the medicines stored in the medicine trolleys. This helped to ensure medicines were safe to administer.

Arrangements were in place for the safe storage and management of controlled drugs though no one living at the home was currently prescribed a controlled drug. These are prescription medicines that have controls in place under the Misuse of Drugs Legislation.

We found the home to be clean with good adherence to the control of infection. Personal protective equipment (PPE) such as disposable aprons and gloves were available and used when supporting people with personal care.

Records kept at the home were safely stored to ensure information was kept confidential.

Is the service well-led?

Our findings

We previously inspected this home in February 2018 and found the home to be in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities). This was in respect of the service's quality assurance systems and processes not being sufficiently robust to assure the safety and quality of the service. Following the inspection we rated this domain as requires improvement.

We asked the provider to take action to address these concerns. The provider submitted an action report which told us the improvements they had made to meet this breach. At this inspection we found improvements had been made. The service's governance arrangements were now more effective to support safe standards and drive forward improvements. This breach was met.

The registered manager told us about changes they had made to ensure the service's quality systems and processes were more effective. We saw this included 'in depth' weekly and monthly audits (checks) which had been completed to monitor standards in the home. For example, medicines, accidents/incidents, risks assessments, maintenance, infection control and complaints. The service also completed daily and weekly reports on care and maintenance to provide a robust oversight of the service's performance. Audits we looked at were working documents that had been checked and updated to show actions pending or taken.

We saw there was a clear management structure in place. The service had a registered manager and they were supported by a head of care, staff team and Board of Trustees. The registered manager informed us they received good support 'all round' and the registered manager was enthusiastic and knowledgeable about the service and the people they supported. People told us the home 'ran' well and they saw the registered manager each day. Throughout the inspection the registered manager had a visible presence and spent time with staff, people living in the home and visitors. A relative told us the home was well managed and that their family member "Had blossomed since moving to the home." Staff told us the culture of the home had 'in the main' improved and they saw changes which they thought were positive.

The registered manager told us about other improvements and actions since the last inspection. For example, in light of the very hot weather, the registered manager had instigated a 'Beat the Heat Plan' and thermometers and free-standing fans had been purchased for people's rooms and communal areas. Signs were also displayed regarding the need for people to drink more in the hot weather. The registered manager had been very pro-active in ensuring people's health and well-being was monitored closely during this hot spell. A new call bell system had been installed. People could have a wrist band or pendant to call for support and the system was able to track people's location within the home. The registered manager said this system was designed to further reduce the risks of falls which could affect elderly people.

In respect of the exterior ground people living in the home now had access to a small enclosed garden with raised flower beds and patio furniture. People told us how much they enjoyed sitting in this area. A person told us, "It is so beautiful, a wonderful place for us."

Meetings were arranged for people living at the home and their relatives to enable them to express their

views on how the home operated and any future improvements that could be made. Topics such as meals and entertainment were discussed and people said they were able to make suggestions about the home. People told us they would like more organised trips out to enjoy local sights. This was a view shared by the staff who told us people frequently requested this. We discussed this with the registered manager who said this would be looked into.

In respect of seeking feedback people could complete a satisfaction survey. These had not been sent out recently however the registered manager showed us these surveys and staff surveys which were due to be sent out this month. A visiting health professional spoke highly of the home and the standards of care.

Records were accurate, up to date and regularly reviewed. They were also stored confidentially and used as 'working documents' to help plan and monitor the service people received so that it was safe and effective.

The provider had notified the Care Quality Commission (CQC) of all incidents that had occurred in the home in accordance with our statutory requirements. This meant that CQC were able to accurately monitor information and risks regarding Southport Rest Home.

Ratings from the last inspection were displayed within the home and on the provider's website as required. From April 2015 it is a legal requirement for providers to display their CQC rating. The ratings are designed to improve transparency by providing people who use services, and the public, with a clear statement about the quality and safety of care provided. The ratings tell the public whether a service is outstanding, good, requires improvement or inadequate.