

Southport Rest Home

# Southport Rest Home Limited

## Inspection report

81 Albert Road  
Southport  
Merseyside  
PR9 9LN

Tel: 01704531975

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Southport Rest Home Limited is a residential care home providing personal care to up to 25 people. The service provides support to older people, some of whom lived with dementia. At the time of our inspection there were 19 people using the service.

### People's experience of using this service and what we found

Improvements were needed to ensure all people who use the service had appropriate risk assessments and care plans which reflected their current care needs.

Governance systems at registered manager and provider level were insufficient and at times ineffective. Improvements were needed to monitor the safety of the environment as well as the quality of the care being delivered. Existing checks had either not identified the improvements needed at Southport Rest Home Limited; or failed to demonstrate any actions taken to address the improvements which were needed.

People spoke positively of the care they received and were supported by staff who knew them well. Support to people was delivered in a caring and patient manner. People were comfortable in the presence of staff and positive relationships had developed. There were enough staff on duty to meet people's needs and staff told us they felt well supported.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the Care Quality Commission (CQC) website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was good (published 24 April 2019).

### Why we inspected

We received concerns in relation to practices to prevent and control infection and fire safety. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from good to requires improvement based on

the findings of this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe and well led sections of this full report. You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Southport Rest Home Limited on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Enforcement

We have identified a breach in relation to good governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### **Is the service well-led?**

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Southport Rest Home Limited

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

This inspection was carried out by 1 inspector.

#### Service and service type

Southport Rest Home Limited is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Southport Rest Home Limited is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager.

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

## Notice of inspection

This inspection was unannounced.

## What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

## During the inspection

We spoke with 4 people who used the service and 2 family members about their experience of the care provided. We also observed interactions between staff and people who used the service.

We spoke with 6 members of staff including the registered manager, members of the senior care team, a care worker, the maintenance officer and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included 4 people's care records and multiple medication records. We looked at 5 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service were reviewed.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. At this inspection, the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Assessing risk, safety monitoring and management

- Systems to assess and manage risk were not sufficient.
- Prior to our inspection, the provider had been issued with a Fire Enforcement Notice due to safety issues identified at the service. The provider had not ensured an appropriate fire risk assessment had been completed by a person with the necessary specialist knowledge. The provider was working closely with other agencies to address the safety issues. CQC has since received confirmation sufficient actions have now been taken.
- Care plans had been developed to mitigate risk to people's health and wellbeing, however risk assessment and care plans were not always sufficient for people who stayed at the service on a 'respite' basis. One person had basic personal information recorded. However, there was limited information recorded to inform staff of this person's health conditions, and how to manage these. We raised this and the registered manager told us the systems would be addressed.
- We observed safe working practices, such as moving and handling being carried out. The risk assessments and care plans for people who lived at the service on a permanent basis were detailed and reflective of their needs.
- Staff were also knowledgeable and able to describe people's care needs. Our observations were supported by feedback from family members who told us, "Staff are good. They look after [Name] well" and, "[Name] gets good care. I am pleased with it."

### Staffing and recruitment

- Staff were safely recruited. Appropriate checks had been made before being offered employment. However the records in place were not always readily accessible.
- Staffing levels were safe. However, the registered manager did not have formal systems in place to calculate and review staffing levels based on the needs of people using the service. We raised this and the registered manager told us they would look introduce an improved process.
- We observed staff were attentive and available to meet people's needs on each day of our inspection and most people told us there were enough staff.

### Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Systems were in place to protect people from the risk of abuse and there was a system in place to record and review accidents and incidents.
- Referrals had been made to the local authority safeguarding team when abuse had been suspected and appropriate investigations had been completed.

- Staff received training and understood the actions they must take if they felt someone was being harmed or abused.
- People told us they received safe care and felt secure living at Southport Rest Home Limited. 1 person told us, "[Staff] do very well here."

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

#### Using medicines safely

- Medicines were safely managed. Records of administration were maintained and in line with best practice.
- Medicines were stored securely and only administered by staff who were suitably trained.

#### Preventing and controlling infection

- Systems were in place to prevent and control the risks of infection.
- To support ongoing improvement a staff member had been appointed as an infection control champion to ensure safe practices were followed and national guidance was understood and implemented by the staff team.
- People who used the service told us the home and their bedrooms were kept clean.
- The provider was enabling visiting in line with government guidelines. One person commented, "My Family visit. They can come when they want."



# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Audits and regular checks to monitor standards and to identify where improvements could be made were either not in place or not effective. For example, the nominated individual visited the service weekly and the registered manager had the opportunity to share any key issues. However, records were not maintained of these visits. There was no evidence to support a commitment to continuous learning and improving care.
- Fire safety checks in place prior to our inspection had failed to identify the significant concerns which had resulted in an Enforcement Notice. New documentation had been devised to strengthen the quality of health and safety monitoring however these were not yet implemented.
- The lack of effective systems also meant the registered manager or provider had not identified the shortfalls we found at this inspection with some risk assessments, care plans and staff recruitment files.

Systems were either not in place or robust enough to assess, monitor and improve the quality and safety of the service, maintain contemporaneous records or mitigate the risks relating to the health, safety and welfare of people. This placed people at risk of harm. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager responded immediately during and after the inspection. They shared updates of the actions which had been taken to address the issues identified in this inspection.

- The rating from the last inspection was displayed in the main reception area, however the signage outside the home had a different name. We raised this with the nominated individual who told us they would amend the signage to ensure people could easily search our website for the most up to date inspection report.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- We observed a positive culture and caring practices throughout our inspection. People were not rushed when being assisted and staff took time to sit and talk to people.
- People told us they were happy living at the service and received person-centred care. Comments included, "I have made some good friends here" and, "I wouldn't change anything."
- Relatives also said they were happy with the quality of the care people received and felt staff knew people well.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Relatives were consulted about issues relating to people's care and kept updated with any changes. A relative told us, "The registered manager is good. I will get a call. I think it is well run."
- Staff received regular supervision with their line manager and felt engaged and involved. A staff member told us, "I enjoy working here. It is a lovely team. The registered manager is good and the provider visits regularly to check on things."
- The registered manager demonstrated an understanding of their responsibilities under duty of candour.

Working in partnership with others

- Information contained within care plans and through other records demonstrated the staff at Southport Rest Home Limited worked in partnership with other agencies.

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 17 HSCA RA Regulations 2014 Good governance  Systems were either not in place or robust enough to assess, monitor and improve the quality and safety of the service, maintain contemporaneous records or mitigate the risks relating to the health, safety and welfare of people.  Regulation 17 (1) (2) (a)(b)(c)