

Midplant Limited

Promenade Care Home

Inspection report

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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 well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Promenade Care Home is a residential care home providing personal care to 46 people at the time of the inspection. The home can accommodate up to 49 people and supports older people and people living with Dementia. Promenade Care Home is situated in Southport town centre. Accommodation is provided across 3 floors and people had access to a large lounge, dining area and rear garden.

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

People were at an increased risk of harm as records did not always demonstrate risks to their health, safety and welfare were routinely assessed. Risk assessments were either not completed or not detailed enough to guide staff on how to safely support people. Accident and incident processes were not always effective. Some incident records were poorly completed, and themes and trends were not analysed reliably.

The registered manager did not have oversight of all safeguarding incidents and therefore, appropriate investigation and referral to the safeguarding authority had not always taken place.

People received their medicines as prescribed. However, medicines administration records (MAR) were not always completed in line with best practice guidance, and we found missing signatures on multiple records.

Records relating to food and drink intake were not always reflective of people's needs. This increased the risk of people not being supported effectively in this area.

Monitoring systems had failed to identify all shortfalls found during the inspection process with risk management, accident and incident processes and safeguarding. This meant opportunities to drive improvements to quality and safety were missed.

The provider and manager were receptive to the concerns found during the inspection and took immediate and robust action to reduce the risk of harm to people living at the home. We were assured that enough action had been taken reduce the likelihood of harm before the inspection process concluded.

People told us they felt safe living at the home. Relatives also felt their loved ones were kept safe. The home was clean and hygienic throughout. People and their relatives spoke positively about the cleanliness of the environment.

Our observations found that staff were deployed in sufficient numbers to meet people's needs. Staff were recruited safely and had the necessary pre-employment checks completed before they started work.

Staff received an induction and completed mandatory training to enable them to carry out their job roles effectively. It was clear from our conversations with staff that they were skilled and knew people well.

There were effective systems in place for staff to escalate any concerns they had about people's health. People and their relatives told us staff were attentive and could pick up very quickly on changes in relation to their health.

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.

Systems were in place to gather feedback from people, relatives and staff and the registered manager understood the importance of using this feedback to improve the home. The registered manager was approachable, consistent, and visible. As a result, staff felt respected, valued and supported.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 5 December 2017).

Why we inspected

We received concerns in relation to the management of a person's skin condition. As a result, we undertook a focused inspection to review the key questions of Safe, Effective 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, Effective and Well-led sections of this full report.

The registered manager and the provider were responsive to the concerns we shared and took immediate action to reduce the risk to people living at the home.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Promenade Care Home on our website at www.cqc.org.uk.

You can see what action we have asked the provider to take at the end of this full report.

Enforcement

We have identified breaches in relation to safe care and treatment, safeguarding and 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 effective?

The service was not always effective.

Details are in our effective 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 ●

Promenade Care Home

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

The inspection was carried out by 1 inspector.

Service and service type

Promenade Care Home 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. Promenade Care Home 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

The first day of the inspection was unannounced. We gave a short period of notice ahead of the second day of the inspection.

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. 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 6 people who lived at the home and 2 relatives to understand their experience of the care provided. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with 9 members of staff including the provider, registered manager, deputy manager, chef and care assistants. We reviewed a range of records. This included 7 care plans and associated documentation. We looked at 2 staff files in relation to recruitment and multiple medication records. We reviewed multiple records relating to the management of the service, training data and a variety of policies and procedures.

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; Learning lessons when things go wrong

- People were at an increased risk of harm as records did not always demonstrate risks to their health, safety and welfare were routinely assessed.
- Risk assessments were either not completed or not detailed enough to guide staff on how to safely support people with risks relating to skin condition, food and drink intake and specific health conditions such as diabetes. However, there was generally a consistent staff team who knew people well and understood how to support people safely and reduce the risk of avoidable harm.
- Risk was not always recognised in the environment. For example, we found security at the home was not robust enough to ensure people could be kept safe when risks had been identified in relation to them leaving the home unassisted.
- Accident and incident processes were not always effective. Some incident records were poorly completed, and themes and trends were not analysed reliably so that actions could be identified to reduce the risk of recurrence.

The failure to robustly assess and monitor risks relating to the health, safety and welfare of people was a breach of regulation 12 (Safe care and Treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014).

The provider responded immediately to the concerns we shared and took steps to improve the safety of the environment and update care plans to ensure they reflected people's current needs and risks. Accidents and incident processes were also improved to reduce the risk of harm to people living at the home.

Systems and processes to safeguard people from the risk of abuse

- Safeguarding systems were in place. However, due to the poor completion of records, safeguarding incidents did not always have the right level of scrutiny.
- The registered manager did not have oversight of all safeguarding incidents and therefore, appropriate investigation and referral to the safeguarding authority had not always taken place. This meant people were exposed to further risk of harm because of a lack of action to protect them. We shared our concerns with the registered manager who took action to reduce the risk and shared information with the local authority safeguarding team during the inspection.

The failure to operate effective systems to protect people from abuse or improper treatment was a breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately and outlined the action they were taking to improve their safeguarding systems and practices.

- People told us they felt safe living at the home. Relatives also felt their loved ones were kept safe. Comments included, " I feel [person] is very safe here; staff are conscientious and I am always happy with the action taken" and " I couldn't ask for a better place, he is very safe and well looked after."

Using medicines safely

- Medicines were not always managed safely.
- People received their medicines as prescribed. However, medicines administration records (MAR) were not always completed in line with best practice guidance, and we found missing signatures on multiple records.
- When people required medicines on an 'as and when required' basis, there was not always a protocol in place to guide staff on how to administer these medicines.
- Records were not kept when staff administered prescribed thickening agents into drinks.

The failure to ensure the safe management of medicines was a breach of regulation 12 (Safe care and Treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

- Our observations found that staff were deployed in sufficient numbers to meet people's needs. However, there was no current system in place to look at people's dependencies to ensure staffing numbers remain appropriate for people's needs. The provider was responsive to feedback and sourced a system before the end of the inspection process.
- Staff were recruited safely and had the necessary pre-employment checks completed before they started work.
- The home used agency care staff to support when staffing levels were low; the registered manager told us where possible they use the same staff to ensure people receive consistent care and support.

Preventing and controlling infection

- The home was clean and hygienic throughout. Domestic staff were on site throughout the day and worked hard to maintain a clean environment.
- Staff followed good infection control practices and used PPE to help prevent the spread of healthcare related infections.
- People and their relatives spoke positively about the cleanliness of the environment. Comments included, " It's very clean and comfortable, it's like a 5-star hotel" and "my room is always kept lovely and clean."
- We observed friends and relatives visiting their loved ones during the inspection. There were many inviting areas within the home where relatives could visit their loved ones such as lounge, garden and visiting pod. Relatives told us that there were no restrictions on visiting.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Supporting people to eat and drink enough to maintain a balanced diet

- Records relating to food and drink intake were not always reflective of people's needs. This increased the risk of people not being supported effectively in this area.
- Care plans contained missing and inconsistent information regarding people's nutritional needs. However, staff were very aware of people's nutritional needs and we were assured people were receiving the appropriate diet.
- Records did not demonstrate the recommended intake was followed for a person who had a restricted fluid intake in place due to a health condition.

The failure to maintain accurate records relating to people's nutrition and hydration needs was a breach of regulation 17 (Safe care and Treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager responded immediately to the concerns we shared and took steps to update care plans and monitoring processes relating to food and drink.

- People told us they enjoyed the food and we observed a positive dining experience during the inspection.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Assessments of people's care needs had not always been completed in detail. Some care plans lacked detail around specific needs and did not always reflect all relevant information. This meant people were at risk of not having their needs safely and effectively met. We raised our concerns with the registered manager who took action to review and update care plans.

Staff support: induction, training, skills and experience

- Staff received an induction and completed mandatory training to enable them to carry out their job roles effectively.
- Staff told us they felt fully supported in their roles and records showed they received regular supervisions. A staff member told us the registered manager supported them to access additional training they were interested in to develop them within their role.
- Our conversations with staff demonstrated they were skilled and knew people well.

Ensuring consent to care and treatment in line with law and guidance

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 MCA.

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

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Systems were in place to assess, review and report on people's mental capacity and decision making abilities in line with the principles of the MCA.
- Applications to legally deprive a person of their liberty were completed when required.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- There were effective systems in place for staff to escalate any concerns they had about people's health, ensuring appropriate input and advice from relevant health professionals was sought.
- People and their relatives told us staff knew them well, were attentive and could pick up very quickly on changes in relation to their health. A relative told us, "Staff know [person] well enough and know when he is not on form, they called me today as he hadn't eaten all his breakfast and that isn't like him, they were concerned about an infection and have arranged a visit from the doctor."
- When a person's blood glucose levels were elevated during the inspection, we observed staff immediately contacted the district nursing team for advice.

Adapting service, design, decoration to meet people's needs

- The home was nicely decorated throughout.
- There was directional signage in place to support people living with dementia to move safely and as independently as possible in the home.

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

- Ineffective governance processes meant people were exposed to unnecessary risk.
- An electronic care planning system had been introduced. However, this had not been overseen or implemented effectively and concerns with staff ability to competently use the system had not been identified.
- Monitoring systems failed to identify all shortfalls found during the inspection process with risk management, the environment, accident and incident processes and safeguarding. This meant opportunities to drive improvements to quality and safety were missed.
- The registered manager had ineffective oversight of all safety related incidents that had occurred in the home. Safeguarding incidents did not have the right level of scrutiny and not all safeguarding incidents had been reported to the safeguarding authority for investigation when required.

The registered manager and provider failed to ensure there were effective governance and quality assurance measures in place. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider and registered manager were receptive to the concerns found during the inspection and took immediate and robust action to reduce the risk of harm to people living at the home. We were assured that enough action had been taken to mitigate risk and reduce the likelihood of harm before the inspection process concluded. Following the inspection, the registered manager submitted an action plan to demonstrate their ongoing commitment to improving the quality and safety of the service.

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; Working in partnership with others

- The registered manager understood their duty to share information in an open and honest manner. However, due to gaps found with accident and incident reporting, we could not be sure that all relevant people had been notified of safety related incidents in a timely manner.
- The registered manager was open and receptive to the concerns we shared during the inspection.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Systems were in place to gather feedback from people, relatives and staff and the registered manager understood the importance of using this feedback to improve the home.
- The registered manager was approachable, consistent, and visible. As a result, staff felt respected, valued and supported.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>There was a failure to robustly assess and monitor risks relating to the health, safety and welfare of people.</p> <p>There was a failure to ensure the safe management of medicines.</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>There was a failure to operate effective systems to protect people from abuse or improper treatment.</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>There was a failure to maintain accurate records relating to people's care and support needs.</p> <p>There was a failure to ensure there were effective governance and quality assurance measures in place to improve the quality and safety of the service.</p>