

Midplant Limited

Promenade Care Home

Inspection report

10-12 Promenade
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Website: www.promenadecarehome.co.uk

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01 November 2017

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

An unannounced inspection of Promenade Care Home took place on 31 October and 1 November 2017.

Located in Southport town centre, the Promenade Care Home provides accommodation and personal care for up to 49 people. Shared areas include a large dining room and lounge on the ground floor. A lift is available for access to the upper floors and lower ground floor. There is a large enclosed garden to the rear of the building. Both front and rear entrances have disabled access. A call system with an alarm facility operates throughout the home.

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 the last inspection, the service was rated Good.

At this inspection we found the service remained Good.

Why the service is rated Good.

We looked at the care plans for four people receiving support at the service. Each record contained person-centred information which included physical and social information, life history, risks to people's safety and reference to people's choices and preferences. People told us they were involved with the care needs assessment and their plan of care. A person said, "I am more than happy with the help I receive from the staff, they are so nice." The registered manager and staff were aware of how to support people from different cultures and backgrounds and this was recorded appropriately.

Staff were able to explain each person's care needs and how they communicated these needs. People we spoke with and their relatives told us that staff had the skills and approach needed to ensure people were receiving the right care.

We saw people's dietary needs were managed with reference to individual preferences and choice.

People were supported to follow various social activities; these were arranged on a daily and very much appreciated by people living at Promenade Care Home. There was a relaxed friendly atmosphere in the home with plenty of chatter and laughter. A person said, "It's so nice, we have lots of fun, I am never lonely here."

Staff received safeguarding training and staff interviews confirmed their knowledge around reporting procedures to the local authority and other external agencies. A staff member said, "I would always speak up

for the residents."

Staff sought consent from people before providing support. When people were unable to consent, the principles of the Mental Capacity Act 2005 were followed in that an assessment of the person's mental capacity was made and decisions made in the person's best interest.

The registered manager had made referrals to the local authority applying for authorisations to support people who may be deprived of their liberty under the Deprivation of Liberty Safeguards (DoLS). DoLS is part of the Mental Capacity Act (2005) and aims to ensure people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom unless it is in their best interests.

The service had complaints' policy and procedure which was clearly displayed for people and their visitors to the home to view. Complaints logged had been investigated and responded to in accordance with this documentation.

We saw recruitment checks had been undertaken to ensure staff were 'fit' to work with vulnerable people.

Medicines were stored and administered safely to people living at the service. People were encouraged to administer their own medicines where appropriate.

Staff were trained in a range of subjects appropriate to the needs of people receiving support. This training was provided regularly, along with specialist training, for example, end of life care and formal qualifications in care to improve staff's skill and expertise.

The service was well managed and people using the service, relatives and staff were complimentary regarding the registered manager's leadership. A person told us, " A very good home to live in."

Systems and processes were in place to help assure and improve the overall quality of the service. The registered manager completed regular audits (checks) on how the service was operating. Any required actions were completed promptly and lessons learned shared with the staff to improve practice.

The registered manager sent out satisfaction questionnaires to people using the service and relatives; meetings were also arranged for them and for the staff. The information from satisfaction questionnaires and meetings was used to make positive changes and these had been acted on promptly to help improve the service. We saw changes had been made to the menus, shift patterns and the key worker role for staff. It was evident that the registered manager and staff listened to what people had to say.

The ratings from the previous inspection were displayed as required in the care home and on the provider's (owner'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 remained Good.

Is the service effective?

Good ●

The service remained Good.

Is the service caring?

Good ●

The service remained Good.

Is the service responsive?

Good ●

The service remained Good.

Is the service well-led?

Good ●

The service remained Good.

Promenade Care Home

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 checked 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 team consisted of an adult social care inspector and an 'expert by experience'. 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 our inspection we reviewed the information we held about the home. This included 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. Prior to the inspection, we reviewed the information held on Promenade Care Home. This included notifications we had received from the provider such as incidents which had occurred in relation to the people who lived at the home. A notification is information about important events which the service is required to send to us by law.

During the inspection we spoke with the registered manager, provider (owner), twelve care staff, one chef, the training manager, two activities organisers and a number of ancillary staff. We also spoke with nine people living at the home and four visitors/relatives.

During the inspection we also spent time reviewing records and documents. These included the care records of four people who used the service, three staff personnel files, staff training matrix, medication administration records, audits (checks), complaints, accidents and incidents and other records relating to the management of the service.

We undertook general observations of the home over the course of the two days, including the general environment, décor and furnishings, bedrooms and bathrooms of some of the people who lived in the home, lounge/dining area and external grounds.

Is the service safe?

Our findings

We spoke with people about whether they felt safe living at the home. Everybody said they felt safe when receiving care and support from the staff. People also commented on how staff checked on their safety when going out on their own or with their family. People's comments included, "I always feel safe, the staff are so attentive", "It's spacious, it's comfortable and I trust the staff" and "I feel safe when the staff are here looking after me."

Health and safety records including risk assessments for the environment and service contracts were in place. For example, electrical, gas and legionella certificates all complied with statutory requirements. The service had a fire risk assessment and fire prevention procedures and equipment were in place. Staff told us they received fire prevention training and we saw people had a personal emergency evacuation plan (PEEP).

The PIR informed 'a dependency tool is used to determine the staffing levels and the duty rota is compiled and reviewed accordingly to ensure sufficient staff with the right mix of skills are on duty to maintain safety.' We asked people if they thought there were enough staff on duty at all times to support everyone appropriately. The majority of comments were very positive regarding the staffing arrangements. People said, "Staff are always present in the lounge, this is reassuring as I like to see them" and "You only have to ask and they (staff) are on hand." The number of staff on duty was in accordance with the staffing rota. There was also a good skill mix of staff with senior care staff and the registered manager.

We reviewed the storage and handling of medicines as well as a sample of medication administration records (MARs) for people living at the home. We found medicines were administered safely by staff who were deemed competent to administer them. People told us they received their medicines on time.

People using the service had a care plan which made reference to their medicines though there was limited information around the use of 'as and when' required (PRN) medication. PRN medicines are those which are only administered when needed, for example for pain relief. This was brought to the registered manager's attention and PRN protocols were drawn up immediately.

The staff we spoke with described how they would recognise abuse and the action they would take to ensure actual or potential harm was reported to management. Training records confirmed staff had undertaken safeguarding training.

When reviewing people's care we saw risk assessments in areas such as falls, nutrition, mobility, pressure relief and the use of bed rails. These recorded actions needed to help ensure people's safety where a risk had been identified. Accidents were recorded and lessons learned shared with staff to reduce the risk of re-occurrence.

We looked at three staff files of staff recently employed and asked the registered manager for copies of appropriate applications, references and necessary checks that had been carried out. We saw appropriate

checks had been carried out. It is important that robust recruitment checks are made to help ensure staff employed are 'fit' to work with vulnerable people.

The PIR informed us that a staff member held the lead for infection control and cleaning audits were in place. When we looked round the home we found it to be clean. Staff had access to personal protective equipment (PPE), such as aprons and gloves and staff used these when providing care. Infection control standards were being overseen by an infection control lead. Appropriate measures were in place to ensure the home was clean and the risk of infections or contamination limited.

Is the service effective?

Our findings

We talked to people about the choice of foods offered at the service. People were complimentary regarding the menus. They told us, "I've never complained yet, you get a choice and there's enough" and "It's very good." A relative told us how the staff made sure their family member received their meal liquidised which was in accordance with their dietary needs.

People's dietary needs and preferences were clearly recorded in their care records. Lunch was seen as a social occasion and people were provided with a well-balanced and varied menu. Menus were available in the lounge for people to choose what they would like to eat.

We reviewed the care of three people in depth by tracking their care through observation and care records. There was evidence that staff contacted health professionals to seek their advice and support to ensure people's health and wellbeing was monitored effectively. This included, for example, the support of a district nurse team and local GPs.

Where people needed extra support, for example, with their diet, fluids and their position when in bed, the staff completed care monitoring charts. These charts were up to date and evidenced the care given. They also provided an effective evaluation of the care. In respect of recording the use of thickening agents for people's drinks, measures were taken by the registered manager during the inspection to provide a more accurate record to support this practice. Thickening agents are used to thicken fluids to prevent people from choking.

In respect of care a person told us, "The care is really good, if I am unwell then the staff get my doctor straightaway." A relative said, "(Family member) gets everything (family member) needs and more besides."

The PIR recorded information about staff training. We saw evidence that staff were trained in a range of subjects appropriate to the needs of people receiving support. Staff told us they received supervision and appraisal of their job role. Supervision enables management to monitor staff performance and address any performance related issues. It also enables staff to discuss any development needs or raise any issues they may have. Appraisals are used to identify goals and objectives for the year ahead to ensure staff are supported to develop within their role.

Staff were enrolled on to the Care Certificate. The Care Certificate is 'an identified set of standards that health and social care workers adhere to in their daily working life'. The Care Certificate requires new staff to be trained, observed and their competency assessed within 12 weeks of starting.

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.

People's capacity was assessed and consent sought in accordance with the MCA. We discussed with the registered manager key decisions around people's care and looked at how this was recorded. We saw the use of mental capacity assessments and supporting care documents. We spoke with the registered manager in respect of better use of the mental capacity assessments (for example the use of the 'two stage mental capacity assessment'). The registered manager said they would review how people's mental capacity was assessed to ensure this was recorded in more detail to support the decisions made.

Care files showed good examples of how people's consent was gained to their plan of care and people we spoke with told the staff always gained their consent before supporting them.

Is the service caring?

Our findings

We asked people to tell us about the staff's approach. Their comments included, "Just wonderful, like angels", "So polite and nice", "We have laughs and jokes, they're kind. I always say it's as though they have been handpicked" and "Very nice and kind, they couldn't be better." A relative said, "They're (staff) very, very kind, they always tell (family member) what they're doing". We asked people if the staff listened to them and had time for a chat and the majority of people felt the staff did have time to spend with them but they were often busy which they appreciated.

The atmosphere throughout the inspection was warm and friendly. The PIR recorded information about the staff key worker role to help them get to know the people they supported. When we spoke with staff they came across as caring, knowledgeable and interested in the people they support. The staff we spoke with were able to talk about people as individuals and were able to tell us about the importance of respecting people's individual choices and routines. They told us the key worker role worked well.

During the inspection we observed staff provided care and support to people in a kind, compassionate, respectful and sensitive manner. We saw that staff did not rush people. Calls for assistance were also answered promptly to ensure people's dignity was not compromised.

At the time of the inspection there was plenty of information available about Promenade Care Home in the main foyer of the home. This included a picture board of the staff and picture board of social activities, information about the care home, complaints' procedure and the menus.

A local advocacy service was available to provide support to people who had no family or friends to represent them. At the time of the inspection the registered manager told us about one person who was receiving support from an advocate.

We looked at the provision for end of life care. A staff member was appointed as the end of life lead for the home. They told us how the home was signed up for the Gold Standards Framework which provided end of life care training and also a formal qualification, Six Steps to Success Programme. The aim of this programme is 'to ensure all care home residents receive high quality end of life care that encompasses the philosophy of palliative care'. The staff member showed us literature available to support staff, people and their relatives for the provision of end of life care and coming to terms with the loss of a family member. They told us how this support included a follow up call and invite to the home for relatives to meet with staff following a bereavement. People's wishes for end of life care were recorded in their care file. This information had been sought at the appropriate time with the person's and or their relative's full involvement.

Is the service responsive?

Our findings

People told us the staff had a good understanding around their likes and dislikes and their daily routine. Their comments include, "Yes, I get up at 6.30 and if I want breakfast then, they give it to me", "No problem at all they fit in with me", and "The staff know what I like."

The PIR recorded how the activity staff completed a lifestyle questionnaire to determine what activities and hobbies people enjoyed. We saw that the activities coordinators provided an extensive activities programme some of which were specifically for men which had been well received. This was an area staff felt was lacking previously. During the inspection a Halloween party had been arranged for the evening which included face painting and musical entertainment. People spoke positively regarding the social arrangements. They told us, "I read and I join in the activities, they're good", "I read a lot, and the staff are very good at organising things to do. We go out a lot in the bus" and "There is so much going on for us to join in with. So nice". A person described the Halloween Party as 'brilliant'.

We looked at people's care records. Each record contained person-centred information which included information about people's physical and social care needs, associated risks, their choices, preferences and life history. The records centred on people's care and support and how they wished this to be delivered. The care documents provide detailed instruction for staff to follow in accordance with people's individual needs. Staff told us the care document were informative and subject to regular review. A staff member said, "We do our best to care for people and make sure we follow their routine, it's very important."

People told us the staff consulted them around their care and support and how they wished to spend their day. A person said, "The staff know the help I need and this is always forthcoming." During the inspection a person mentioned to us they would like some specific foods in accordance with their religion. The chef and manager told us they would arrange a meeting with the person concerned to discuss the provision of these foods.

People told us they would speak up if they had a concern. The complaints' procedure was displayed and readily available to people using the service and their families. Complaints received had been investigated and responded to in accordance with the complaints' procedure. A person said, "If I was worried I would talk to (manager), things are sorted quickly here."

The staff worked in close partnership with external agencies around admission, discharge and arranging community visits on behalf of people living at the service. We saw meetings held with a number of external professionals. It was evident that staff saw the importance of promoting people's independence and external community links.

Feedback from people was sought via residents' meeting and satisfaction questionnaires. Relatives' feedback had also been sought, their comments included, "The staff are excellent and doing a great job", (family member) loves the trips out, thanks to all the carers, staff and managers." People told us they could make suggestions about ways of improving the home and this included, for example, requests for menu

changes. A person said, "The staff really listen and act on things promptly." Feedback received from visiting health professionals was also very positive.

Is the service well-led?

Our findings

The PIR recorded, 'there is a Registered Manager who is supported by Owner/ Direct Deputy Manager and Administrator who keep themselves up to date with changes to CQC (Care Quality Commission) and any other legislative changes and are always looking on ways to improve the service, which is also passed on to all staff'.

There was registered manager in post. People and relatives we spoke with were complimentary regarding the registered manager. Their comments included, "Just great", "(Manager) wonderful", "Very nice, very kind, "(Manager's) wonderful and will do anything", "Brilliant" and "She's (manager's) very understanding, she listens, she's very experienced and knows her job." We asked people what they liked about the home and they told us, "The cleanliness, I think it is a priority", "There's plenty of room to move about", "The people (staff) who are genuine" and " I've got my own privacy, a bathroom, a buzzer and I'm well fed". A relative said, "The atmosphere, you feel welcome. I wouldn't mind being here myself."

The registered manager was visible throughout the day and along with staff helped to serve lunch so they could speak to everyone. A person told us how much they liked to see (manager) and that (manager) always had time for a chat. Talking with the registered manager and staff it was evident that they wanted to provide the best care they could. A staff member said, "The residents are the priority here, they always come first, I just love my job." Another staff member told us the owner was 'always in the home' and they were very much involved on a day to day basis. Staff went on to say that communication was very good and that staff meetings were held regularly so that information was cascaded in a timely manner.

It was clear that service was developed with input from people receiving support, their relatives and staff. Where changes had taken place these had been well managed to improve the service. For example, providing more staff hours early morning to meet people's dependencies, improving the staff key worker role to help continuity of care and changes to the menus. People living in the home were invited to take part in a quality circle to raise suggestions that would help the home. The registered manager told us new ideas were welcomed. A person told us, "You can always make suggestions, it's very open here."

Quality assurance systems and processes were in place to maintain and drive forward improvements. This included a number of internal and external audits (checks) on how the service was operating. Internal audits included, medicines, care documents, infection control, health and safety and food. These areas were subject to regular review and findings were shared with the staff and required actions completed in a timely manner. An external audit completed earlier this year also helped to show the service was operating safely and effectively. The management team had acted on recommendations as part of assuring good governance. The registered manager told us about the person centred spot checks which were carried out to ensure staff were providing good standards of safe care. We saw records of these checks.

The management of the services was supported by an extensive set of policies and procedures which were readily available to staff. This included guidance on safeguarding, whistleblowing (reporting concerns outside of the organisation), medicines, infection control and health and safety. Staff understood what was

expected of them and acted in accordance with policies and procedures to ensure good practice.

The Care Quality Commission (CQC) had been notified of events and incidents that occurred in the home in accordance with our statutory notifications. This meant that CQC were able to monitor information and risks regarding Promenade Care Home.

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. The rating from the previous inspection for Promenade Care Home was displayed for people to see.