Inspection Report

We are the regulator: *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Promenade Care Home

10-12 Promenade, Southport, PR8 1QY

Tel: 01704538553

Date of Inspection: 18 June 2013

Date of Publication: July 2013

We inspected the following standards as part of a routine inspection. This is what we found:

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Cleanliness and infection control	✓ Met this standard
Safety and suitability of premises	✓ Met this standard
Requirements relating to workers	✓ Met this standard

Details about this location

Registered Provider	Midplant Limited
Registered Manager	Ms. Susan Astley
Overview of the service	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.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 18 June 2013, observed how people were being cared for and talked with people who use the service. We talked with staff and talked with commissioners of services.

What people told us and what we found

Throughout the inspection we spent time with 10 people and invited them to share with us their views and experience of living at the Promenade Care Home.

People told us staff were respectful of their choices. One person said, "I think it is very nice here, you don't get told to do this or do that. They [staff] ask you what you want to do." The people we spent time with were aware of their care needs and said staff explained things to them.

People told us there was always plenty of staff about and staff responded quickly if a person needed something. One person said, "The staff are excellent. Some of them have been around for years. There are always plenty of staff to help us."

Care records informed us that individualised assessments and care plans had been developed for each person and these were reviewed consistently each month.

Arrangements were established for ensuring the environment was clean, safe and well maintained. We found that effective staff recruitment processes were in place.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Consent to care and treatment ✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Reasons for our judgement

We looked at this outcome to see what arrangements were in place for obtaining the consent of people who were living at home in relation to their care and support needs.

We spent time with 10 people and asked them about how involved they were in making decisions about their care and support. The majority of people were able to tell us about their care needs. They said staff explained things to them and discussed their care with them. People told us they were not restricted and staff were respectful of their choices. One person said, "I think it is very nice here, you don't get told to do this or do that. They [staff] ask you what you want to do."

In relation to this standard, we looked at the care record files for four people who were living at the home. We could see from the records that a standard process was in place, supported by a consent form, to explain to each person who lived at the home what their needs assessment and care plan meant. The process also outlined that the person could withdraw consent to care provision at any stage. Both the member of staff explaining the process and the person it concerned (or their relative) had signed the form. With the exception of a few gaps, we observed that this form was reviewed each month.

The manager informed us that they, along with other members of staff, had attended training about The Mental Capacity Act 2005; legislation to protect and empower people who may not be able to make their own decisions, particularly about their health care, welfare or finances. We could not see completed mental capacity assessments (MCA) in the care record files so asked the manager about this. The manager informed us this was an area for development and they were considering options for implementing MCA assessments.

We observed that some people had expressed a wish not to be resuscitated. The documentation in relation to this wish was completed in detail and regularly reviewed. It was signed by the person and/or their relative, and the person's GP. The provider may wish to note that the mental capacity of the person had not been assessed and recorded

as part of the decision making process regarding their wishes about resuscitation.

At the time of inspection none of the people living at the home were subject to a Deprivation of Liberty Safeguard (DoLS) authorisation. DoLS is part of The Mental Capacity Act 2005 and aims to protect people in care homes and hospitals from being inappropriately deprived of their liberty. Safeguards are put in place to make sure that a care home or hospital only restricts someone's liberty safely and correctly, and that this is done when there is no other way to take care of that person safely.

Care and welfare of people who use services ✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

We included this outcome in the inspection to see if people were experiencing effective care and support.

We spoke with 10 people who were living at the home at the time of our inspection. The people we spent time with told us they were happy with the care and support provided at the home. One person told us, "It is very nice here and the staff are good. I can't grumble about anything; not even the food."

People informed us staff promptly arranged for them to see their GP if they were unwell. A person said to us, "I had a pain recently and they [staff] called the doctor that day."

People who were living at the home informed us there was always plenty of staff about and they responded quickly if a person needed something. One person told us, "The staff are excellent. Some of them have been around for years. There are always plenty of staff to help us." This was confirmed by our conversation with two staff we spoke with who said there was sufficient staff on duty at all times to support people's needs.

The people we spoke with described a varied and lively range of recreational and social activities provided by the home. Dedicated staff were employed to plan, coordinate and facilitate activities. We observed there was a programme of activities in place, which included external entertainers coming to the home. People told us they liked going for trips out in the minibus. One of the people said, "The coach takes us for a run out. It is nice to have a run out."

Throughout our inspection we observed staff supporting people in a respectful, discrete and dignified way. Staff regularly checked people and responded to requests for support in a timely way. We observed that people were smartly and appropriately dressed.

In relation to this standard, we looked at the care record files for four people who were living at the home. Staff informed us that the care record documentation had been revised to ensure the information captured was more person centred or individualised. The records we looked at were detailed and centred on the person's specific needs, aspirations and preferred routines. They included a range of assessments, such as a dependency

assessment and risk assessments. A recently devised document titled "My daily care plan" was in place in each of the care records we looked at. It described in detail the person's preferred routines and support needs throughout the day and night. The care plans, along with the assessments, were reviewed consistently each month.

Detailed records were maintained of consultations with, or visits from, health and social care professionals. We noted that people's weight was checked on a regular basis to check for any fluctuation.

Cleanliness and infection control ✓ Met this standard

People should be cared for in a clean environment and protected from the risk of infection

Our judgement

The provider was meeting this standard.

People were protected from the risk of infection because appropriate guidance had been followed.

Reasons for our judgement

We looked at this outcome to see what arrangements were in place to minimise the spread of infections.

We spent time with 10 people who were living at the home who told us they were happy with the cleanliness of the home. They told us their bedrooms were kept tidy and clean by the staff.

We had a look around the building with the housekeeping manager who informed us the housekeeping team consisted of four staff. The housekeeping team worked to a cleaning schedule. They had a defined number of bedrooms to clean each day, which meant each bedroom was fully cleaned each week. We heard that all the bedrooms were checked each day.

A cleaning schedule was displayed on the back of each bedroom door. The housekeeping manager informed us that staff recorded on the schedule when the room was cleaned. We could see that the housekeeping manager checked the schedules and recorded any comments or further action required in relation to the cleanliness of the room. We were informed that a deep clean of the bedrooms took place twice a year.

We were shown where cleaning equipment was stored and could see that there were allocated mops and cloths for specific tasks, identified by colour.

All areas of the building we looked at were clean and well maintained. The home was well stocked with protective equipment, such as disposable aprons and disposable gloves. Sufficient hand washing facilities and hand washing materials were available throughout the home.

Dedicated waste bags were in place for clinical waste and these were stored securely. The housekeeping manager informed us that soiled items for washing were contained separately and segregated from the general washing. Soiled items were washed in a separate sluice wash.

We asked how a suspected outbreak of infection which could be passed to other people

was managed. The housekeeping manager described a clear procedure, which included contacting the local area infection prevention and control lead. In addition, we were informed that the person with the suspected infection would remain in their room and the numbers of staff supporting them would be restricted. If appropriate, the home would inform visitors of the outbreak and discourage them from visiting.

We could see from the maintenance records that arrangements were in place for checking the temperature of the hot water tank and the temperature of water outlets, such as taps and shower heads. These checks were undertaken to minimise the spread of bacteria found in water systems.

A range of infection prevention and control policies were in place and these were accessible to staff. The housekeeping manager was the infection control lead for the home and had undertaken training relevant to the role.

A process was in place for undertaking regular infection control audits (checks). We looked at the audit from April 2013 and observed that it covered matters, such as the general environment, infection prevention and control practice, hand hygiene, waste management and spillages. The housekeeping manager informed us that any concerning issues identified from the audits were discussed at the staff meetings. If there were serious concerns then staff were informed by letter.

Safety and suitability of premises ✓ Met this standard

People should be cared for in safe and accessible surroundings that support their health and welfare

Our judgement

The provider was meeting this standard.

People who use the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

Reasons for our judgement

We included this outcome in our inspection to see if people were living in a safe and suitable environment.

We spent time with 10 people who were living at the home and they told us they liked the home and the space it provided. People particularly said they liked the lounge and the way it was laid out. Most people were happy with their bedrooms. One person told us, "It is very nice here. I have a lovely comfortable bedroom." However, one person was dissatisfied with their bedroom. This was because the catch to open the window was broken and the room became very hot. We spoke with the manager and maintenance staff about this. As a temporary measure, the person had been supplied with a fan for their bedroom. We were informed that measures were being considered to either fix or replace the window. In addition, the person had been offered alternative bedrooms but had declined these offers.

We had a look around the building with a member of the housekeeping team. We observed that the environment was tidy and well maintained. A programme of replacing the window restrictors in all bedroom windows was in progress and this work had been completed on the majority of windows. Window restrictors are devices used to limit how far windows can be opened in order to prevent incidents, such as falls from the windows.

While looking around the building we could see that environmental measures were in place to minimise the spread of fire. These included fire doors and fire fighting equipment. Records informed us that fire equipment checks took place on a regular basis. Fire extinguisher checks last took place on 29 May 2013. Fire door checks were last completed 11 June 2013. We observed the fire procedure was displayed in each of the bedrooms. Staff informed us, and records confirmed, that fire drills took place on a regular basis.

We spent time with maintenance staff and discussed the measures in place to monitor the safety of the environment. We also had access to the environmental monitoring records. Regular environmental health and safety checks and building inspections took place and we noted the last checks took place in June 2013.

Requirements relating to workers ✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

We looked at this outcome to see how staff were recruited to carry out their role.

We asked to see the personnel record files for three members of staff and they included the records for two staff recruited within the last 12 months. We could see that checks were made as part of the recruitment process. They included a check to ensure each member of staff was suitable to work with vulnerable people before they started working at the home. In addition, two references had been obtained for each of the staff. We noted that photographic identification had been taken for each of the staff.

We observed the personnel files included the staff's application form, notes from the interview and copies of training certificates. Supervision for new staff took place and the supervision records showed the training needs of new staff were identified and discussed.

We spoke with staff who were on duty on the day of our inspection about how they were supported when they first started working at the home. We heard the induction was thorough and supportive. It involved the new member of staff shadowing a more senior member of staff for just under two weeks. Staff told us this allowed them to observe how the other member of staff supported people. They said they were also observed providing support to people. The staff we spoke with outlined the training they received prior to starting work at the home. This included lifting and handling, infection control, food hygiene and safeguarding adults. They told us further training was planned for them throughout the year.

Staff described the home as a nice place to work. They told us the staff worked well together as a team. Staff told us the home was well run and management were supportive and communicated well with the staff team.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

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