

Continuing Care Services Limited

# Continuing Care Services t/a The Promenade

## Inspection report

The Promenade Residential Care Home  
8-10 Marine Drive  
Hornsea  
Humberside  
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Tel: 01964533348

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

This inspection took place on 12 May 2016 and was unannounced. At our last inspection of the service on 9 April 2014, the registered provider was compliant with all of the regulations we checked at that time.

The Promenade is located in Hornsea and is close to local transport links. The service has places for up to 24 older people who may have memory impairment. Bedrooms are shared across two floors and a chair lift provides access to the rooms on the first floor. The front of the property looks directly over the sea and there is a conservatory viewing area. There is a large garden to the rear of the property with an outside seating area.

The registered provider is required to have a registered manager in post and on the day of the inspection, there was a manager in place, although they were not registered with the Care Quality Commission (CQC) and had not yet submitted an application for registration. A registered manager is a person who has registered with the CQC 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.

The recording of medicines was not managed appropriately in the service. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found that quality assurance systems were not currently in place and therefore issues of concern in relation to care planning, medication and notifications had gone undetected. Record keeping within the service also needed to improve. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

You can see what action we told the provider to take at the back of the full version of the report.

The manager understood the Deprivation of Liberty Safeguards (DoLS). However, we found that the Mental Capacity Act 2005 (MCA) guidelines were not always followed. We have made a recommendation about this in the report.

We found that staff had a good knowledge of how to keep people safe from harm and there were enough staff to meet people's assessed needs. Staff had been employed following appropriate recruitment and selection processes. Staff did not use restraint, and this was confirmed during conversations with staff.

People's nutritional needs were met. People told us they enjoyed the food and that they had enough to eat and drink. We saw people enjoyed a good choice of food and drink and were provided with snacks and refreshments throughout the day.

People told us they were well cared for. We found that staff were knowledgeable about the people they cared for and saw they interacted positively with people living at the service. People were able to make choices and decisions regarding their care.

People had their health and social care needs assessed and care and support was planned and delivered in line with their individual care needs. Care plans were individualised to include preferences, likes and dislikes and contained detailed information about how each person should be supported. However, we found that some care plans did not accurately reflect people's current level of need.

People were offered a variety of different activities and were supported to go out, when possible, to access facilities in the local community, although people did indicate they would like more outings.

Systems were in place to record comments and complaints and people and their relatives had opportunities to provide feedback about the service. However, we saw that actions in relation to comments and suggestions needed to be more accurately recorded.

## 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.

The service had a system in place for ordering, storing, administering and disposing of medication. However, we found some issues in relation to the recording of people's medicines and the administration of topical medicines.

Staff displayed a good understanding of the different types of abuse and could explain how to recognise and respond to signs of abuse to keep people safe from harm.

Staff had been recruited safely and there were sufficient numbers of staff employed to ensure people received a safe and effective service.

Risk assessments were in place and reviewed regularly, which meant they reflected the needs of people living at the service.

**Requires Improvement** 

### Is the service effective?

The service was effective.

Staff had received training and told us they felt they had the necessary skills to perform their role.

The manager was able to show they had an understanding of the Deprivation of Liberty Safeguards (DoLS). However, we found the Mental Capacity Act 2005 (MCA) guidelines were not always fully followed.

We saw people's nutritional needs were met and that when people required support to eat and drink this was provided. People enjoyed the food and told us they had a choice at mealtimes.

People's health needs were met. People who used the service received, where required, additional treatment from healthcare professionals.

**Good** 

We found that the premises were well maintained and plans were in place for further improvements.

### Is the service caring?

Good ●

The service was caring.

We observed good interactions between people who used the service and the care staff throughout the inspection.

People were treated with respect and staff were knowledgeable about people's support needs.

People's independence was promoted and visitors to the service were welcomed.

### Is the service responsive?

Good ●

The service was responsive.

People had their health and social care needs assessed and plans of care were developed to guide staff how to support people. However, these plans were not always reflective of people's current needs.

We saw people were encouraged and supported to take part in a range of activities. Although people did indicate, they would like more outings.

There was a complaints procedure in place and people knew how to make a complaint if they were dissatisfied with the service provided.

### Is the service well-led?

Requires Improvement ●

The service was not always well led.

The service did not have effective systems in place to monitor and improve the quality of the service.

Staff and people who visited the service told us they found the manager to be supportive and felt able to approach them if they needed to.

There were sufficient opportunities for people who used the service and their relatives to express their views about the care and the quality of the service provided.

# Continuing Care Services t/a The Promenade

## **Detailed findings**

### Background to this inspection

This inspection was planned to check whether the registered 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.

This inspection was carried out on 12 May 2016 and was unannounced. One adult social care inspector carried out the inspection.

Before this inspection we reviewed the information we held about the service, such as notifications we had received from the registered provider and information we had received from the local authorities that commissioned a service from Continuing Care Services t/a The Promenade. Notifications are when registered providers send us information about certain changes, events or incidents that occur. We also contacted the local authority safeguarding adults and quality monitoring teams to enquire about any recent involvement they had with the service.

The registered provider was asked to submit a 'Provider Information Return' (PIR) prior to the inspection. This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. The registered provider submitted their PIR in the agreed timescale.

During the inspection, we spoke with the manager, three members of staff, four people who used the service, one visiting healthcare professional and two people's relatives. We spent time observing the interaction between people who lived at the service, the staff and visitors.

We looked at all areas of the service, including bedrooms (with people's permission) and office accommodation. We also spent time looking at records, which included the care records for three people, medication records for seven people, handover records, supervision and training records for three members

of staff and quality assurance audits and action plans.

# Is the service safe?

## Our findings

People we spoke with told us they felt safe living at Continuing Care Services t/a The Promenade. Comments included, "I have a lock on my door and I can choose who comes in my room," "Yes, we are safe. I have no concerns whatsoever" and, "Yes, I'm always safe."

The manager told us that a number of staff were trained in the administration of medicines and this meant people using the service had immediate access to medicines, "24 hours a day." We viewed the training records and saw that staff including management, senior carers, carers and night staff had all received the necessary training.

The service used a monitored dosage system for people's medicines, which were supplied by a local pharmacy. This is a monthly measured amount of medication provided by the pharmacist in individual packages and divided into the required number of daily doses as prescribed by the General Practitioner (GP). It allows for simple administration of medication at each dosage time without the need for staff to count tablets or decide which ones need to be taken and when.

We looked at how medicines were managed within the service and checked a selection of people's medication administration records (MARs). We found that medicines were obtained in a timely way so that people did not run out of their medication, stored safely and disposed of appropriately. There were facilities available to store controlled drugs (CD's). These are medicines that have strict legal controls to govern how they are prescribed, stored and administered. We checked a sample of the CD's stored at the service and found that the records tallied with the amount of medication in stock. Medicines that required storage at a low temperature were kept in a medicine fridge and the temperature of the fridge and the medicine room were checked daily and recorded to monitor whether medicine was stored at the correct temperature.

We found that there were issues with the recording of medication. For example, topical medicine charts were in use for the application of external use creams and lotions. However, as these medications were usually administered as part of people's personal care routines in their room they were not always signed for on the appropriate MAR chart. This made it difficult to tell whether the medication had been appropriately applied as prescribed. We saw that a meeting had been held to discuss concerns raised by a district nurse in relation to the application of creams and the need for the recording of this type of medication to improve. Despite this, we found that recording remained inconsistent.

We also found there were gaps on several MAR charts without any clear indication that the reason for the gap had been investigated. We checked the stock levels for two people who had gaps on their MAR charts and found that the medication in each instance had been administered but it had not been recorded. We also found the incorrect codes were sometimes used for the recording of PRN (as required) medicines.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.



We saw that the pharmacy who supplied the medication had completed an audit of the medication systems in April 2016 and had found no concerns. However, we found there was currently no internal medication audits taking place and this meant that errors had not been detected at the earliest opportunity. We have reported on this further in the well-led section.

The service had policies and procedures in place to guide staff in safeguarding people from abuse. We saw the manager used the local authorities safeguarding tool to determine when they needed to inform the safeguarding team of an incident, accident or an allegation of abuse. However, we found that not all safeguarding concerns had been reported to the local safeguarding team and the Care Quality Commission (CQC) as part of the registered provider's statutory duty to report these types of incidents. For example, we saw that one person had developed a grade three-pressure sore on their heel and although the district nurse had provided guidance and treatment this had not been reported through the appropriate channels. It is a requirement to report this type of concern. We have reported on this further in the well-led section.

We spoke with three members of staff about safeguarding. We asked them about their understanding of the safeguarding process, how they would identify abuse and the steps they would take if they witnessed abuse. Staff gave us appropriate responses and told us they would initially report any incidents to the manager or the senior care worker on shift and that they knew how to take any concerns further if needed. One member of staff told us, "If I saw anything of concern I would report it to the manager or to the owners if I needed to. If it still didn't get sorted I would take it higher." Another said, "It would depend on the seriousness, I could speak with a senior, the manager or report it to safeguarding or the CQC."

We saw the service had systems in place to ensure that risks were minimised. Peoples care plans contained risk assessments that were individual to their specific needs. This included an assessment of risk for falls, pressure care, mobility and nutritional status. Staff told us they continually worked to minimise the risks that people using the service were exposed to and where appropriate requested support from community health and social care professionals. For example, we saw that one person had suffered a number of falls in a short period of time. A community staff nurse and occupational health advisor were contacted and following an assessment, adjustments were made to the person's bedroom, hourly checks were implemented and appropriate sensor equipment was fitted. This demonstrated the service took action to minimise risks.

Accidents and incidents were recorded and audited on a monthly basis and the results were collated in a report. The audits identified the number of incidents and accidents, a description of what had happened, the outcome and the person responsible for ensuring it was accurately recorded. We saw that when people had sustained an injury, appropriate medical assistance had been arranged and this had been recorded in the file. For example, one person had banged their head during a fall. The records we viewed informed us a member of staff had called an ambulance and the person was taken to hospital for treatment.

On the day of this inspection, we found there was a manager, one senior care worker, three care workers, a cook, a kitchen assistant, two domestic staff and the services maintenance person on duty. We checked the duty rotas and found these were well organised and it was easy to identify who was on shift, who was on annual leave and they highlighted any staff sickness. We found that on a night there were two members of care staff on duty and as a minimum one of them was trained in the administration of medicines. The manager told us they prepared rotas four weeks in advance and this enabled them to identify any shifts that required covering, ensuring that where possible, shifts were fully staffed. The manager also told us the services 'head of care' was rostered on to the weekend shift to ensure that a senior member of staff was available to provide support or offer guidance to care staff if they required it. Our observations confirmed there were sufficient levels of staff to meet the needs of the people using the service.

We looked at the recruitment records for three members of staff. We found the recruitment process was robust and all employment checks had been completed, prior to the person working unaccompanied at the service. Application forms were completed, references obtained and checks made with the Disclosure and Barring Service (DBS). The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and ensured that people who used the service were not exposed to staff that were barred from working with vulnerable adults. Interviews were carried out and staff were provided with job descriptions, terms and conditions of employment and policies and procedures. This helped to ensure staff knew what was expected of them.

We saw Personal Emergency Evacuation Plans (PEEP) were in place for all of the people living at the service. The purpose of a PEEP is to provide staff and emergency workers with the necessary information they need to assist people to evacuate the premises safely during an emergency. We also saw that people were required to sign in and out of the service, which created a record of visitors and ensured that people could be safely evacuated in the event of an emergency. This showed the manager had taken steps to reduce the level of risk to which people were exposed.

We confirmed that checks of the building and equipment were carried out to ensure people's health and safety was protected. We saw documentation and certificates to show that checks had been carried out on the electrical circuit's installation, gas safety, fire extinguishers, emergency lighting, stair lift, nurse call system and all lifting equipment, including hoists. We saw that a fire risk assessment was in place and regular checks of the fire alarm were carried out to ensure that it was in safe working order. We also saw that regular fire drills took place to ensure that staff knew how to respond in the event of an emergency. This showed that the registered provider had taken appropriate steps to protect people who used the service against the risks of unsafe or unsuitable premises.

During the inspection, we found the service to be clean, tidy and free from odour. The domestic staff confirmed they had sufficient equipment and cleaning products available and they always ordered in advance to ensure they did not run out. The manager told us that they had invested in an industrial deodoriser and this had virtually eliminated any odours throughout the premises. A visiting relative told us, "There are never any odours." This demonstrated that the manager had considered the impact of infection for people living at the service and had put interventions in place to minimise this risk.

## Is the service effective?

### Our findings

Staff we spoke with told us they had completed an induction and this had provided them with information regarding the services processes and their job role. They were also provided with an opportunity to shadow more experienced members of staff performing their daily duties. The manager explained that they actively tried to employ people who had achieved a National Vocational Qualification (NVQ) Level 2 so they were already equipped with the basic skills to carry out their role. NVQs are now known as Quality Credit Framework (QCF) or diplomas. The manager told us that once staff had completed their induction they were required to complete the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working lives.

We were given access to staff training records and found that staff had completed training in topics the registered provider deemed as important. The service used distance learning training packages to provide training in a variety of topics including health and safety, safeguarding, safe handling of medication, the mental capacity act, fire safety, infection control and challenging behaviour. Distance learning provided staff with a workbook and they were expected to answer between 20-25 questions before it was submitted for marking. If they passed, they received a certificate. Staff told us moving and handling training was a practical session that provided them with the opportunity to practice what they had learnt. They also told us that although they found the distance learning helpful they felt they were sometimes expected to complete a lot of training in a short space of time. One staff member told us, "We are doing a lot of training at the moment" and another said, "It would be nice to spread the training out a bit, there's sometimes a lot to go at." Despite this, all the staff we spoke with told us they felt they had the skills required for their post. One said, "I feel I have the skills to do my job, if I didn't I would ask for more training."

Staff received support from the manager, which included supervision, annual appraisals, team meetings and regular face-to-face conversations. Staff told us they felt well supported by the manager and that they attended regular supervision. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to its staff. It is important staff receive regular supervision as this provides an opportunity to discuss people's care needs, identify any training or development opportunities and address any concerns or issues regarding practice. We also saw that all staff had completed an annual appraisal or one had been booked in with the manager. One member of staff told us, "I have just had my annual appraisal, I requested some training on diabetes and the manager has arranged this for me." Another said, "Yes, we have supervision, I had mine recently. It's a good opportunity to discuss any issues or request training."

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. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. At the time of this inspection we found one person using the service was subject to a DoLS authorisation and the manager was awaiting the outcome of additional applications that had been made to the local authority. The Care Quality Commission (CQC) monitors the operation of the DoLS which applies to care services and it is a requirement of the registered provider to ensure that the CQC is notified of all DoLS authorisations. Prior to the inspection, we had checked and found that no notifications had been received from the service. We have reported on this further in the well-led section.

We saw in people's care records that the service had taken steps to assess people's capacity in relation to their ability to make complex decisions. When people were deemed to lack capacity regarding a particular element of their care plan, their chosen representative had been consulted and signatures obtained to state they agreed to the plan of care. However, we found that this practice was inconsistent and in one instance we saw that although a person was deemed to have capacity in relation to decisions about their care, the person's daughter had signed the plan instead of the individual.

We recommend that the service seek advice and guidance from an appropriate source in relation to the Mental Capacity Act (2005).

Staff told us they had completed MCA training. However, when we viewed staff training records we saw that only 60% of the staff had up to date training in this topic. Despite this, the staff we spoke with on the day of this inspection had the appropriate levels of knowledge regarding MCA for their roles. They were also able to explain how they requested people's consent before carrying out any care tasks, by simply asking the person, looking at their expressions and talking them through each step of the care intervention. This meant that staff knew how to ensure people consented to any care interventions.

The manager told us that although restraint was not used in the service staff were sometimes required to intervene to prevent people who could display behaviours that challenge the service from becoming physically abusive to other people using the service. The staff we spoke with supported this view. They told us they had completed challenging behaviour training and felt they were able to safely intervene without the need for restraint. We viewed staff training records and found that only 64% of staff who needed training in the challenging behaviour had completed this. We discussed the low levels of training in MCA and challenging behaviour with the manager and they told us that this had already been addressed and a number of staff were currently in the process of completing training in both topics.

During discussions with the service's cook, they told us that all the food was prepared on the premises and as they were responsible for ordering the produce, they could ensure it was always of good quality. People were offered a choice of two hot meals at lunchtime and alternatives were available if people did not want either of the meals on offer. The cook told us, "I go around in the morning and ask people what they would like; sometimes they forget so we ask them again before their meal is served to make sure it's what they want. Like today, [Name] doesn't always eat much and they asked for eggs on toast and ate it all."

We observed the serving of lunch in the dining room and found this to be a relaxed and enjoyable experience. Each table was set with placemats, cutlery and condiments. People were helped to their seat just before lunchtime so they did not have to wait long for their meal to be served. There were sufficient numbers of staff in the dining room to ensure people were served in a timely manner so their food did not get cold. People who required assistance with eating and drinking received this support in a respectful manner. We saw staff spoke with people throughout the mealtime providing reassurance, prompts and orientation as appropriate. The food looked appetising and people who required adaptive crockery and

cutlery had this provided to enable them to continue to eat independently.

The cook told us that they encouraged feedback regarding the food they prepared and by attending resident meetings, they ensured that people had the chance to tell them if they were unhappy with any of the meals. They said, "Good food is so important to people. I need to know if they like it or not. I can then change the menu's to suit the residents." People we spoke with told us they enjoyed the food and they were offered a choice. Comments included, "It's beautiful", "It's lovely" and, "The food is lovely, we get a good choice. A Sunday roast and fish and chips on a Friday."

We saw that people were provided with refreshments throughout the day and a drinks trolley provided people with hot and cold drinks, biscuits and snacks. One person who chose to spend their time in their room told us, "If I want a drink, I just press the buzzer and staff will bring me one. They are usually pretty quick." A member of staff told us, "We ask people if they want a drink, but I always pour them one anyway, just in case they change their mind." This ensured that people had regular access to foods and fluids.

We saw that the service monitored people's weights on a monthly basis and if they found that people had lost weight they would then be weighed more frequently. We saw the service utilised a function on the computer-based care planning system that automatically calculated a person's weight loss or gain and generated a Malnutrition Universal Screening Tool (MUST) score. MUST is a screening tool that identifies adults, who are malnourished, at risk of malnutrition or obesity. The data enabled the manager to establish whether a person's weight loss or gain was significant and prompted them to take appropriate action by contacting the person's GP or by making a referral to the dietician to fully assess a person's nutritional status.

Peoples health needs were supported and were kept under review. We saw evidence that individuals had input from their GP's, district nurses, chiropodist, opticians and dentist. Where necessary, people had also been referred to the relevant healthcare professional. For example, when people required support in relation to pressure care, they were referred to the community staff nurse for assessment and treatment. Visits or meetings were recorded in people's care plans with the outcome for each person and any action that was taken (as required). One person who used the service told us, "The doctor comes and visits us when we need them and I still visit my old dentist in Beverley when I need to."

We saw that if a person using the service was admitted to hospital they were sent with a 15 page emergency admission pack. This included, the person's required personal information, a photograph, current weight, current medication, risk assessments and a summary of the persons care needs. This type of information enabled the hospital staff to provide more personalised care.

## Is the service caring?

### Our findings

People we spoke with told us that they were happy and felt they received good care. Comments included, "The staff are lovely and they are always around when you want them," "The staff on a whole are good" and, "I have seen a lot of staff come and go but it seems to have settled down a bit now and I see the same staff." A relative told us, "The carers are great, I know they care" and another said, "The staff are fine, we've had no problems and the rest of the family are happy."

We found there was a friendly, relaxed and homely feel to the service. Staff told us that the welfare of people using the service was their main priority and they felt good relationships had been developed with people using the service. One member of staff told us, "When I am getting people ready for bed I don't rush, I like to have a chat with them about their day before I leave them for the night. Sometimes we have a good moan and other times we have a good laugh, it's so important to me to spend that bit of time with people" and, "We always need to remember we are working in their home, it's not a place of work it's the residents home, we need to respect that."

People were treated with dignity and respect. We saw that staff knocked on people's doors before entering, called people by their preferred name and ensured bathroom doors were closed quickly if they needed to enter or exit, so that people were not seen in an undignified manner. Staff told us, "If somebody is undressed in their room, I will put a towel over them, just in case somebody walks in. If they're in the shower I pull the curtain around...I just think about what I would like to be done for me." Another member of staff told us, "When people go to the toilet I stand outside to make sure nobody tries to go in whilst they are in there." Toilet facilities were available around the service and we found these to be clean and tidy with hand washing facilities provided. However, we saw the main downstairs toilets had two toilet cubicles in one room and both toilets had slatted saloon doors that were unable to be locked from the inside. During the inspection, we overheard a member of staff apologising to one of the people who used the service for opening the door whilst they were using the toilet, compromising the person's privacy and dignity. We discussed this with the manager and they told us this issue had been recognised and the toilets were due for refurbishment. They showed us the other bathroom facilities that had been updated and we saw this had been done to a good standard. .

People told us they were given a choice about how their care was provided. They told us they could choose what time they got up and what time they went to bed, they were given a choice of meals and we saw they could choose where they sat and whom they spent their time with. One person said, "I can get up when I like, breakfast is served pretty much all morning." Another said, "I get a choice of food, they come around in the morning and ask what I want for my lunch." A member of staff said, "We try and give people as much choice as possible such as helping people choose clothing. There are a few people who won't let you choose their clothing and we respect their choice even if it doesn't always match." The manager told us they had recently redecorated one person's room and had involved the person in every stage of the process by providing them with colour charts to enable them to choose the colour of the walls, the curtains and the bedding. They hoped that this would be offered to all people using the service as and when their rooms required updating.

People who used the service told us that they were encouraged to be as independent as they could. One person said, "The staff allow me to do things for myself and I am happy with that." Another told us, "Staff encourage me to go for a walk every day, today I've walked in to town by myself." During lunchtime, we saw that people were provided with crockery and cutlery that enabled them to eat and drink independently and we found that people had a variety of different walking aids to promote independent mobility.

Relatives and visitors were welcomed at the service and were free to come and go as they pleased and stay as long as they liked. One relative told said, "We only visit once a week but the rest of the family come whenever they want, we are always made to feel welcome." We were told some family members and friends chose to spend time in the service with their relatives, whilst others liked to take people out for lunch, a drink in a local café or to do some shopping in the town.

Discussion with the staff revealed there were no people living at the service with any particular diverse needs in respect of the seven protected characteristics of the Equality Act 2010 that applied to people living there; age, disability, gender, marital status, race, religion and sexual orientation. We were told that some people had religious needs, but these were adequately provided for within people's own family and spiritual circles. The manager told us, "The vicar attends once per month to see two of our residents and we have other people who attend church groups and go for lunch, we drop them off and collect them." We saw no evidence to suggest that anyone that used the service was discriminated against and no one told us anything to contradict this.



## Is the service responsive?

### Our findings

The service used a computer-based care planning and home management system that enabled them to develop comprehensive care planning from the point of the pre-admission assessment. The pre-admission assessment included a number of questions that enabled the assessor to identify a person's level of needs and these details were used to formulate a more in depth care plan.

The computer-based system meant that care plans were well organised, easy to follow and provided a clear audit trail that identified the date care plans had been developed and when they had been reviewed and updated. Care files contained information including people's personal information, an assessment overview, resident's rights, consent forms, medical history and individual care plans for those areas assessed as requiring an intervention. This included, for example, nutrition, mobility, medication, pressure care, dementia and information relating to likes, dislikes, and preferred activities. However, we found care plans were not always reflective of people's current level of needs. For example, one person's mobility had dramatically deteriorated and they now required full support from two members of staff with all transfers. However, we found their needs in relation to mobility were still assessed as moderate. This meant that the person was at increased risk of receiving inappropriate care.

We saw one person's care file contained details regarding their dementia related condition. It provided a clear explanation of how this affected their life, the support they required, how staff could effectively communicate with the person and how tasks should be broken down into manageable stages. However, we found that some elements of the care planning had not been assessed and plans were not present in their file. For example, the person had been involved in incidents of verbal and physical behaviour with both other residents and members of staff. Despite thorough incident reporting we found there was no behaviour management plan in place to advise staff how to effectively manage this type of behaviour. The manager acknowledged that a plan should have been in place and asked the senior staff on shift during this inspection to develop a plan immediately.

We found that there was a lack of accurate care records in place and have reported on this further in the well-led section of this report.

Although the service did not employ a designated activity coordinator, we saw activities at the service were offered on a daily basis. Entertainers were invited in to the service and outings were arranged periodically. The manager told us that 'Animal Intuition' had recently visited the service. 'Animal Intuition' provides an opportunity for people to meet and handle a range of unusual and interesting animals including tarantula's, snakes, giant snails and other exotic animals. Photographs of people holding the animals had been taken and the activity was so successful the service intended to rebook the group. We were told that all traditional events including Christmas, Easter, Halloween and bonfire night were celebrated at the service.

On the day of this inspection, we saw that there were jigsaws, cards and dominoes laid out on the table in the lounge / dining area. One person was sorting the pieces of jigsaw while other people were occupied during the morning with a crossword puzzle. In the afternoon staff engaged people with an exercise to music



routine. Some people clearly enjoyed this and got up to dance with the staff. Later in the day some people had their nails done by the staff and this created a relaxed atmosphere in the lounge. One person using the service told us, "There are some activities, there is connect four, bingo, and we sometimes have entertainers come in to play for us." Another said, "There are some activities going on, but I am quite happy watching my TV and listening to the radio."

We spoke with visitors to the service and they told us, "I know that they have people coming in to do activities but this is the first time I've seen them do any when I've been here." Another said, "It would be nice if there were a few more activities, although they do have entertainers in. It would be great if they did some more singing, dancing and had the animals in more often."

Staff told us that they tried to engage people in activities as much as possible. One member of staff said, "I like activities to be personal, I'd rather sit and spend some quality time with one person than try and entertain a group of people who might just want to watch TV." Another told us, "There are some outings and we take people for a walk along the front; especially now the weather is better" and, "If people are able to go out by themselves then they can come and go as they please. One person walks into town every day." One person who used the service told us, "I go for walk into town every morning and I've seen staff taking other people out. They go for a walk along the promenade." However, another said, "I would like to go out more often, they are planning a trip to the Deep in Hull, but they have not agreed a day yet, but I'm happy overall."

We discussed this with the manager and they told us they tried to take people out as often as they could, however, it was not always possible to take people out as and when they wanted. The manager explained people did have access to the garden area at the back of the premises and they would be provided with a nurse call fob so they could indicate when they wanted some assistance from staff. We saw that access to this area was through a key coded door, so people would have to ask permission to go outside. The manager explained that although the area was secure it would be unsafe to allow all people to go out into the garden without staff being aware of their whereabouts. The manager agreed to look at ways they could improve people's accessibility to outdoor space and also how they could increase the frequency of visits to locations people would like to visit.

The service had a number of different areas where people could choose to sit and relax away from other people if they wanted to. The front conservatory area provided people with a view of the sea and during the afternoon a number of people sat and enjoyed the view. During this inspection, we saw that some people sat in groups and were laughing and talking amongst themselves and it was evident that they had developed friendships and enjoyed the company of some of the people they lived with. One person who used the service told us, "It's a happy place and although I can't get on with everybody there are some people I am able to talk with."

The service had policies and procedures in place to help effectively manage any complaints that they received. We viewed the complaints file and found that the last recorded complaint was in 2013. We discussed a complaint we had received regarding the service in 2015, which stated that the manager had been approached by the complainant before informing the Care Quality Commission (CQC) of their issue. The manager told us that they had not received any formal complaints and reassured us that appropriate action would have been taken to ensure any complaints were thoroughly investigated. We queried the lack of entries in the complaints log and the manager explained that minor issues were usually dealt with immediately either by themselves or by a member of staff and therefore did not always get recorded. We discussed the importance of accurate recording of complaints to ensure that any patterns or recurring issues could be addressed at the earliest opportunity.

When we spoke to people who used the service and their relatives, they all told us they knew how to complain but had not needed to. One person using the service said, "I've not needed to complain in five years. If I had any problems I would speak with the manager" and another said, "Since the new manager has arrived I've not needed to make a complaint, but if I did I would speak with [Manager]." A relative told us, "If I had any problems I would speak with one of the girls [Staff]." Staff explained how they would help people to complain if they needed to. One staff member told us, "If people wanted to complain then I would either sort it out myself or I would go and speak with [Manager]."

Other opportunities were available for people to offer feedback on the service they were receiving. Annual surveys were distributed to people who used the service and families and meetings for people using the service and their relatives took place. We saw the last one was held on the 10 May 2016. Agenda topics included redecorations, activities, menus, staff, improvements and 'What would you like to see?' People felt comfortable raising any issues and one person said, "We have a residents meeting every few months. I have my say." We saw that meetings were always a two way process that enabled people to talk openly about any issues or improvements they would like to see. However, we found that agreed actions were not always recorded, making it difficult to assess how the service had responded to the requests and comments received. We discussed this with the manager and they agreed to amend how the meeting was recorded to clearly evidence what action had been taken in response to any suggestions.

## Is the service well-led?

### Our findings

We found there was inadequate quality monitoring currently taking place in the service and this had allowed issues of concern to develop in relation to care planning, medication and notifications. We discussed this with the manager who explained that they had developed an auditing tool that would help them address some of the concerns raised. The manager was able to show us plans of a comprehensive system of audits they intended to implement to help ensure the smooth running of the service. This would enable the manager and registered provider to detect any issues of concern at the earliest opportunity.

Services such as Continuing Care Services t/a The Promenade which provide health and social care to people are required to inform the CQC of important events that happen in the service. The manager of the service had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken.

The service kept records on people that used the service, staff, and the running of the business that were in line with the requirements of the regulations and we saw that most were appropriately maintained, up-to-date and securely held. This meant that people's personal and private information remained confidential. However, some record keeping within the service needed to improve. We saw evidence that medicine records and care plans were not always accurate or up to date and the minutes of meetings lacked information on any agreed actions or items to follow up. This meant that staff did not have access to complete and contemporaneous records in respect of each person using the service, which potentially put 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 service is required to have a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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. On the day of the inspection, there was a manager in post. However, they were not currently registered with the CQC. They told us that following the successful completion of a six month probationary period which ended in April 2016, they had applied to CQC at the earliest possible opportunity and were currently undergoing the registration process.

The manager told us they had previously worked as a member of care staff at the service before becoming deputy manager and then manager. This meant they had an awareness of the challenges of the role and were available to provide practical assistance to the care staff if required. They felt that providing support in this manner helped them develop a clearer understanding of the individual needs of each person using the service. We saw the manager was quick to address any issues and used supervision, team meetings and the registered provider's disciplinary process when deemed necessary.

Staff told us they felt well supported by the manager and they were able to approach the manager with any suggestions or to seek advice or raise any concerns. One member of staff told us, "I can go to [Manager] with anything. They are very approachable and I speak with them as and when things arise." Another said, "The manager is doing a god job, they are approachable and they sorted a problem I had without any issues" and, "We are having a change of uniform, the old one was too warm. We spoke with the manager and they consulted staff on what colour and style they wanted and it was sorted within a day." This showed that the manager listened to the concerns of staff and responded appropriately.

People told us they had noted improvements to the service since the new manager had been appointed. One staff member told us, "It's a lot better now, the atmosphere has totally changed" and, "It's more relaxed now, but the manager is still quick to address any issues with staff." Other staff members told us, "They are moving ahead with improvements to the home, since October there's been a lot of change to make the home better" and, "It's a really nice place to work...you can't get better really."

Surveys had recently been completed by the friends and family of people using the service and we saw that the feedback was positive. Comments received in the surveys included, 'All staff are very respectful, pleasant and cheerful, which makes a lot of difference' and, 'The staff are very helpful and will assist even when they have got their hands full. They all do a brilliant job under some difficult circumstances'. When the survey asked about the services atmosphere comments included, 'It's very good. Any little upsets are dealt with quickly,' 'Very friendly' and, 'The atmosphere is much improved'.

Regular meetings took place for people who lived at the service, relatives and staff. This ensured that people had an opportunity to feedback any concerns, compliments or complaints. We viewed minutes from recent staff meetings and found that open, honest and direct discussion took place and issues or concerns that had been raised were fully addressed. For example, we saw that it had been noted that some basic personal care tasks did not appear to have taken place, such as ensuring female residents facial hair had been removed. The manager stressed the importance in ensuring that people using the service were treated with dignity and being well presented was an important part of this. A host of other issues were discussed and the manager stated they would be monitoring these to ensure improvements continued to take place.

The manager told us they had started the process of developing positive relationships with the community health teams and they now carried out six monthly medication reviews with the local GP practice. We spoke with a visiting healthcare professional who told us that the service was able to meet the needs of the people they cared for and they had made a number of appropriate referrals to the service in the past.

We discussed the key challenges the manager felt they faced. The manager informed us that they felt they had already coped with a number of challenges since accepting the post as manager. They were faced with immediate concerns over low staffing levels, which they addressed quickly to ensure that people using the service had their needs met by safe levels of staff. They also explained the records and systems they inherited were poorly maintained and not suitable to ensure the smooth running of the service. However, they saw this as an opportunity to develop their own systems and whilst they acknowledged there was still work to do, they felt they had laid the foundations for future improvements to the running of the service.

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>The registered provider failed to protect people against the risks associated with the unsafe use and management of medicines by the inappropriate arrangements for recording and handling of medicines used for the purposes of the regulated activity.</p> <p>Regulation 12 (1) (2) (g)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider did not have in place effective systems to assess, monitor and improve the quality and safety of the services provided in the carrying out of the regulated activity.</p> <p>Regulation 17 (1)(2)(a)(b)(c)</p>