

Continuing Care Services Limited

# Continuing Care Services t/a The Promenade

## Inspection report

The Promenade Residential Care Home  
8-10 Marine Drive  
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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 well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Continuing Care Services t/a The Promenade is a 'care home' providing accommodation and personal care to up to 24 people. The service provides support to older people and people who may be living with dementia. At the time of our inspection there were 17 people using the service.

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

The service was not always well-led. Systems were not always effective to assess, monitor and improve the quality and safety of the service. The lack of systems meant the provider had failed to identify and address the concerns we found at this inspection. Processes to gather feedback from people and key stakeholders to improve the quality of the service had not been carried out. Best practice was not always embedded into the service.

The service was not always safe. Risks in relation to the spread of infection and COVID-19 were not effectively managed. Government guidelines in relation to wearing and disposing of PPE was not always followed. Fire safety measures were not robust and risks to people were not always managed.

There was lack of time for staff to engage with people during the inspection. There was no tool used to assess the staffing levels to ensure they were appropriate and in line with people's needs. We have made a recommendation about this. Recruitment checks when staff started employment and ongoing checks to ensure staff remain of good character were not always in place or were not robust.

Best practice guidance was not always followed when administering medicines. Protocols were in place when people were prescribed 'as and when required' medication, but further detail was required.

Relatives were positive about the service and the kind caring nature of staff. Staff told us they felt supported by the management team. The registered manager was open and honest throughout the inspection.

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

### Rating at last inspection

The last rating for this service was good (published 16 April 2018)

### Why we inspected

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

We undertook a targeted inspection to follow up on infection control practices within the service. The inspection was prompted in part due to an outbreak of COVID-19. A decision was made for us to inspect and examine those risks.

We inspected and found there was a concern with infection control and risk management in relation to COVID-19, so we widened the scope of the inspection to become a focused inspection which included the key questions of safe and well-led.

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

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Continuing Care Services t/a The Promenade on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to governance, risk management and infection prevention and control at this inspection. Please see the action we have told the provider to take at the end of this report.

#### Follow up

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Continuing Care Services t/a The Promenade

## **Detailed findings**

### Background to this inspection

#### The inspection

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

As part of this inspection we looked at the infection control and prevention measures in place. This included checking the provider was meeting COVID-19 vaccination requirements. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

Two inspectors carried out this inspection.

#### Service and service type

Continuing Care Services t/a The Promenade is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Continuing Care Services t/a The Promenade is a 'care home' is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was announced.

### What we did before inspection

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

### During the inspection

We spoke with three people who used the service and three relatives about their experience of the care provided. We spoke with five members of staff including the registered manager, the deputy manager, and three care workers. We reviewed a range of records. This included three people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

### After the inspection

After the inspection we continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

# Is the service safe?

## Our findings

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

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

### Preventing and controlling infection

- Staff were not wearing PPE in line with government guidelines. This increased the risk of spread of infection.
- Staff were not taking off or putting on PPE in line with government guidelines. Areas to take on and take off PPE were not separate which increased the risk of contamination.
- Signage was not always present to prevent the spread of infection.
- Some areas of the service required attention to enable effective cleaning. For example, flooring that was torn or not sealed and handrails that were worn.

Risks in relation to the control of infection were not being managed. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff had received donning and doffing training, but no competency assessments had been carried out to check staff knowledge and practice.

### Assessing risk, safety monitoring and management

- Fire safety measures were not robust. For example, a number of fire doors were not closing properly, and doors that should have been closed were open. This exposed people to risk in the event of a fire. We contacted the Fire service due to the concerns we found with fire safety.
- People's individual fire evacuation plans did not contain sufficient detail. Practice fire drills were not robust.
- Risk was not always consistently managed. When staff were supporting people in wheelchairs without the appropriate safety measures in place such as footplates this was not always reflected in the care plan and risk assessment.

The failure to assess and monitor risk was a breach of regulation 12, (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Systems and processes to safeguard people from the risk of abuse

- Systems and processes to safeguard people from risk of abuse were in place but not robust.
- There was one incident that the provider had not informed the safeguarding authority of. The registered manager informed the safeguarding team and submitted the appropriate information following our inspection.

- Staff training was not fully up to date for safeguarding. However, staff were confident to report any allegations of abuse. The manager sent evidence following the inspection that training had been booked.

#### Staffing and recruitment

- Systems were not in place to determine the staffing levels were appropriate to people's needs.
- We received mixed feedback about staffing levels at the home. Feedback included, "Mostly staff come straight away, but sometimes come and just acknowledge and then go back and finish what they are doing. They are very polite about it, but I can tell they're rushed off their feet" and "Staff are very caring, but they are short staffed; this impacts me because they don't stop and chat like they used to. You more or less have to get on with things yourself."
- During both days of the inspection people spent time in communal areas with limited engagement from staff. One staff told us, "This morning, only three of us, so no activities or time for talking as such."

We recommended the provider reviews their systems to ensure staffing levels are assessed and in line with people's needs.

- Recruitment checks were in place, but records were not always robust.
- Checks to ensure people remained of good character had not been carried out. This included renewal of DBS checks. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

#### Using medicines safely

- Protocols did not always contain sufficient information to follow prescribers' instructions for 'as and when required' medication.
- Staff had received medication competency assessments. However, some areas of practice were not always in line with best practice, such as ensuring people had taken their medicines before signing for them.

#### Learning lessons when things go wrong

- Accident and incidents were audited by the manager on a monthly basis.



# Is the service well-led?

## Our findings

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

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

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

- Governance systems were in place but were not effective at identifying and addressing areas found at this inspection.
- Further oversight was required to ensure government guidelines and best practice is followed. This included, following government guidelines in relation to PPE, recruitment checks, staffing levels, risk management and medicines management.
- Records were not always fully completed or accurate.
- There was lack of evidence of gathering stakeholders' views on the service. For example, no satisfaction surveys have been conducted and alternatives to meetings that had been put on hold had not been considered. This meant there could be missed opportunity to improve the quality of the service.

Failure to assess, monitor and improve the quality and safety of the service was a breach of Regulation 17 (Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- During the inspection there was a lack of activities and meaningful engagement observed.
- People and their relatives were happy with the service. Positive feedback included, "We felt incredibly lucky when [Name] moved in there. Certain staff are exceptional, they know how to speak to [Name] and encourage [Name] to do things."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- One incident had not been reported to the appropriate people. The registered manager took action during the inspection to address this.
- Relatives were informed of incidents. One relative told us, "There is good communication, they tell us if any problems, or any accidents and incidents."
- The manager was open and honest throughout the inspection process. They understood their duties to inform people when things went wrong.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Although surveys and meetings had not been conducted relatives told us they still felt engaged in their family member's care. One relative told us, "I am not aware of surveys. But I feel totally comfortable to suggest ideas with my relative."

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 provider had failed to ensure risks to people were mitigated.</p> <p>The provider had failed to ensure the management of risk and preventing, detecting and controlling the spread of infections was mitigated.</p> <p>12(2)(a)(b)(h)</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 had failed to assess, monitor and improve the quality and safety of the service.</p> <p>The provider had failed to assess monitor and mitigate risks relating to the health and safety of others.</p> <p>The provider had failed to maintain accurate, complete and contemporaneous records.</p> <p>17 2 (a)(b)(c)</p>