

Manor Care Home Limited

Regents Court Care Home

Inspection report

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Worcestershire
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service: Regents Court is a residential care home that was providing personal care to 34 people aged 65 and over at the time of the inspection.

People's experience of using this service:

Staff understood their responsibility to safeguard people from harm and had a good understanding of when to report concerns.

Where risks associated with people's health and wellbeing had been identified, plans were in to manage those risks.

Risk assessments ensured people could be cared for as safely as possible and maintain their independence. Staff had a good knowledge of how to support people.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff with a range of skills were available at the times people wanted to receive support, in all aspects of their lives.

People received a nutritious diet, had a choice of food, and were encouraged to have enough to drink. The provider and staff team worked closely with external healthcare professionals to ensure people's health and wellbeing was promoted and maintained.

People received care which was responsive to their individual needs. Staff had an understanding of people which took account of people's life histories.

The staff team tailored care to people's individual needs and preferences. Staff took time to understand the experiences of people who lived at the home.

People told us they had formed relationships with the staff team and other people who lived at the home. People contributed to the running of the home and were listened to.

People were supported to maintain relationships with people important to them. Visitors were welcomed at the home and were encouraged to be involved in people's lives.

People, relatives and health professionals told us the care provided was effective and meant people experienced positive outcomes. People and relatives told us staff were empathetic and provided compassionate care.

Rating at last inspection: Good (report published 25 November 2016)

Why we inspected: This was a planned inspection based on previous rating.

Follow up: There will be ongoing monitoring and routine inspections of the location based on the rating of Good.

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

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 safe

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

Regents Court Care Home

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

One inspector completed the inspection.

Service and service type:

Regents Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided.

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:

The inspection was unannounced.

What we did:

Prior to the inspection, we reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse and serious injuries. We sought feedback from the local authority and professionals who work with the service. We assessed the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection, we spoke with four people to ask about their experience of the care provided. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us

understand the experience of people who could not talk with us.

We spoke with four members of care staff and the registered manager. We reviewed a range of records. This included two people's care records and multiple medication records. A number of records were reviewed, in relation to training and supervision of staff, the management of the home and a variety of policies and procedures developed and implemented by the provider.

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People were supported to understand how to keep safe and to raise concerns if abuse occurred.
- Staff knew how to recognise abuse and protect people from the risk of abuse.
- The provider had reported allegations of abuse to safeguarding as required when it was identified.

Assessing risk, safety monitoring and management

- People's risks had been assessed to promote their well-being and independence. Where needed, staff supported people to maintain their safety to manage those risks.
- People's identified risks had been recorded and documented for example, risks associated with physical needs.
- Staff knew the type and level of assistance each person required to maintain their safety.

Staffing and recruitment

- People were supported by enough staff to meet their physical and social needs.
- Staff recruitment records included relevant checks to ensure staff were suitable to work with vulnerable adults.

Using medicines safely

- Medicines systems were organised, and people were receiving their medicines when they should. The provider was following safe protocols for the receipt, storage, administration and disposal of medicines.

Preventing and controlling infection

- People told us the home environment was clean and their rooms were kept clean.
- Staff who prepared food were seen to observe good food hygiene and staff help reduce the risk of infection. Staff were seen to use personal protective items such as gloves and aprons.

Learning lessons when things go wrong

- Staff completed reports where a person had been involved in an incident or accident and reported to the management team.
- The registered manager identified how or why the incident may have occurred and whether a referral to other health professionals was needed. The registered manager told us they took learning from any untoward incidents, and records showed where people's risk had been updated in their care plans.

Is the service effective?

Our findings

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

Good: People's outcomes were consistently good, and people's feedback confirmed this.

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

- People had shared their needs and choices with the management team before moving to the home. The management team checked people's preferences and the care they required, to assure themselves they could provide the care needed.
- Staff said the information contained within people's assessments supported them to provide care to people based on their preferences at the time people moved to the home.

Staff support: induction, training, skills and experience

- Staff were positive about their training and told us training gave them the knowledge and skills to support people according to their individual needs.
- Staff were supported in their role with structured, routine staff meetings and individual discussions. The registered manager gave staff opportunities to talk about their responsibilities and the care of people living in the home.

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

- People's mealtimes were not rushed, and staff sat with people to offer support where people required assistance.
- People were supported to access food and drinks in line with their needs and choices. One person told us, "They provide me with a vegetarian diet, which is lovely."

Staff working with other agencies to provide consistent, effective, timely care

- The registered manager was open in their communication with other agencies such as the local authority and local clinical commissioning groups.
- There was a consistent staff team and a regular handover meeting so relevant and important information could be shared amongst staff.

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

- There were several communal areas to choose from including quiet areas.
- People chose how they spent their time at the home within communal areas which were easily accessible.
- The home had recently been redecorated and the needs of people who lived with dementia had been considered.

Supporting people to live healthier lives, access healthcare services and support

- People had seen opticians, dentists, chiropodists and other professionals had been involved to support

people with their care needs. People who required glasses and other aids had them. One person told us, "I have a yearly medical check-up and my eyes are checked regularly."

- Care plans showed care was provided in line with current guidance and advice that had been given by community health professionals and GP's was followed.

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

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Where people were unable to make decisions for themselves, mental capacity assessments had been completed and where necessary, decisions were made on behalf of people in consultation with relatives and appropriate others in people's best interests.
- DoLS applications had been made to the relevant Local Authority where it had been identified that people were being deprived of their liberty.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us about living at the home and said the staff were kind, caring and attentive. People had made friends at the home and one person told us, "She [staff member] is a good friend. When I was in hospital they came to see me, which meant a lot to me."
- People's needs were understood by staff and people knew they mattered.
- People were relaxed around staff who supported them, and people happily asked for assistance.
- People were free to express their views, with support when needed, in an inclusive and accepting home. ● We saw staff were polite and respectful and ensured people's human rights were upheld.

Supporting people to express their views and be involved in making decisions about their care

- People made decisions about their daily lives and care and were listened to and supported. One person told us, "I look after myself, but the staff support me to go out."
- People lived their lives as they wanted. People had as much support as they individually desired. This ranged from full physical care, to support with mental health. One person told us, "I am free to get up when I want and it's all about what I want."
- Staff understood the importance of people's views, preferences, wishes and choices being respected.

Respecting and promoting people's privacy, dignity and independence

- People told us staff were good at promoting their independence and helping with reminders and prompts.
- People gave us examples of where staff had worked sensitively to support them, so they knew they were respected.
- Staff acted professionally, however showing empathy and hugging people, when people needed it.
- People's information was stored confidentially.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People received care which reflected their needs and preferences. Staff gave examples of ways they worked to involve people in making decisions about their care.
- People's care and support plans had been reviewed regularly and updated to reflect any changes to people's needs.
- People's wishes were listened to, so they were able to have a good quality of life and remain at the home.
- People enjoyed activities and continued with their personal interests, based on their wishes.
- The service identified people's information and communication needs by assessing them. Staff understood the Accessible Information Standard. People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others. We saw evidence the identified information and communication needs were met for individuals. For example, information was provided to people in a format they could understand, such as pictorial formats.

Improving care quality in response to complaints or concerns

- Where complaints had been received, they were followed up and where needed, information was used to make improvements if required.

End of life care and support

- People's wishes were considered and incorporated as part of the care plan reviews as people's needs changed, to make sure people received the support they required. People's advanced care wishes, and decisions had been discussed and reviews were used to continually check and update any plans of care.

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

Good: □ The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- People liked to spend time with care staff and we saw they responded to people with kindness. One person told us, "It's a lovely atmosphere."
- People's individual care and support needs were met by staff who enjoyed their work and were encouraged to spend time getting to know people.
- Staff understood the registered manager's vision to provide personalised care and staff were supported to understand why this was important to continually improve people's experiences.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager understood the legal requirements of their role. Policies and procedures were displayed and discussed to ensure staff understood how they needed to work.
- Staff were supported by constructive feedback on their practice from their peers, senior staff and the registered manager.
- The registered manager and senior staff checked the quality of the care provided. For example, checks were made to ensure people's plans of care were current and the environment was safe.
- The registered manager was supported to provide good care to people, based on best practice standards, researched people's lifestyle choices and the provider supported them.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People's views were gathered through meetings and where suggestions for improvement had been made, these had been acted on.
- The management structure in place was open, transparent and available when needed. The registered manager spent time working as part of the team.
- Staff received supervision of their performance and regular team meetings were held which provided an opportunity for staff to feedback their views and suggestions.

Continuous learning and improving care

- Learning from concerns and incidents contributed to continuous improvement. Staff explained the provider and registered manager were always looking for ways to improve the service. Regular reviews of documentation, staff practice and accidents and incidents meant the service continued to change and

adapt the support provided and reduce the risk of further incidents occurring.

- The provider and registered manager used their comprehensive knowledge of people's needs when planning further development of the care and how the business responded to these.

Working in partnership with others

- The registered manager continued to develop community links with a view to further improving care and support for people and to enhance people's life experiences.
- Social workers, commissioners and professionals were welcomed in support of people's care.