

3A Care (Bromsgrove) Ltd

# Regents Court Care Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	<b>Requires Improvement</b> 
Is the service effective?	<b>Good</b> 
Is the service caring?	<b>Good</b> 
Is the service responsive?	<b>Good</b> 
Is the service well-led?	<b>Requires Improvement</b> 

# Summary of findings

## Overall summary

### About the service

Regents Court Care Home is a residential care home without nursing, providing personal care to older people, some of whom live with dementia. At the time of the inspection 35 people were living at the home. The service can support up to 40 people.

Regents Court Care Home accommodates people in one adapted building. People also have the opportunity to spend time in the garden.

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

Potential risks to people's health and wellbeing had been identified and were managed safely, however, improvements in record keeping were needed to accurately record this. People, and where appropriate, their relatives, had been involved with decisions in how to reduce risk associated with people's care when people had initially moved into the home but relatives told us they had not been involved in formal care plan reviews after this, but was able to speak with staff and management when they wanted to discuss their family members care needs. Improvements were needed around some aspects of infection control practices to reduce the risk of cross infection. Recruitment processes were not always robust to ensure safe employment of new staff.

The provider's systems were not consistently effective in identifying and driving improvements in relation to the safety of the home environment and maintaining robust recruitment processes. The provider took prompt action when shortfalls were identified, however, systems for keeping up to date with the wider aspect of best practice needed improvement.

People told us they felt safe and supported by the staff who worked in the home. Relatives felt their family members were safe with the staff who supported them. Staff recognised different types of abuse and how to report it. The registered manager understood their safeguarding responsibilities and how to protect people from abuse. There were sufficient staff on duty to keep people safe and meet their needs. People's medicines were managed and stored in a safe way.

People's care needs had been assessed and planned, however further work was required to ensure the care records reflected the most recent changes in people's care and support needs. Staff had the training and support to be able to care for people in line with best practice. People were supported to have a healthy balanced diet and were given food they enjoyed. Staff worked with external healthcare professionals and followed their guidance and advice about how to support people following best practice. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were supported by staff who treated them well. One person said, "I like it here. I'm very lucky to be

here, they look after me well." Staff treated people as individuals and respected the decisions they made. Staff treated people with respect and maintained their dignity.

People's care was delivered in a timely way, with any changes in care being communicated clearly to the staff team. People were supported to engage in activities and interests which were individual to them. People had access to information about how to raise a complaint. People's end of life care needs were met in line with their preferences in a respectful and dignified way.

The registered manager was visible within the home and listened to people and staff's views about the way the service was run. The provider had put checks into place to monitor the quality of the service provision.

For more details, please see the full report which is on the 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 29 April 2021).

#### Why we inspected

The inspection was prompted in part due to concerns received about infection control and staffing. A decision was made for us to inspect and examine those risks. While we found some areas were required to improve, we did not find people had come to harm.

#### Enforcement and Recommendations

We have identified breaches in relation to Regulation 17 Good Governance 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.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Regents Court Care Home on our website at [www.cqc.org.uk](http://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 not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### 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 not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# 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. 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.

#### Inspection team

The inspection was carried out by 2 inspectors on the first day. On the second day, 1 inspector visited the home. An Expert by Experience made phone calls to relatives after our visit to the home. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Regents Court 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. Regents Court is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

#### 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 and professionals who work with the service. 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 2 people who used the service and 5 relatives. We spoke with 11 staff including senior care staff, care staff, the cook, the administrator, domestic staff and the registered manager. 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 communicated via email with the nominated individual after the site visit. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed a range of records in relation to people's care, including medication records. We also reviewed a range of records held by the service including, staff training and rotas, recruitment records, audits and checks.



# 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.

### Assessing risk, safety monitoring and management

- Assessments of environmental risk and the monitoring and management of this was not always robust.
- There were some aspects of the home environment which posed a potential risk of harm to people. For example, windows were not restricted to mitigate the risk of people falling from height. We raised this with the provider who installed window restrictors the following day.
- Staff had a good understanding of how to support people, new staff worked alongside existing staff to ensure they were aware of how to support people in the right way and keep them safe.
- People's individual risks had been assessed and staff had consistent knowledge of how to mitigate this; however, records were not comprehensive, or always up to date. The registered manager was aware of this and was working to update the records. They told us how staffing had been low, which meant focus had been towards providing care and support to people.
- All relatives felt the staff understood their family member's needs and how to manage these to keep them safe.

### Staffing and recruitment

- Recruitment practices before employing staff to work in the home was not always robust.
- Recruitment files did not hold all of the required information, for example, one staff member did not have their previous employer reference, while another staff member's file did not hold information such as their previous work history. We raised this with the registered manager who took prompt action to rectify this. We did not identify that people were exposed to potential harm from this.
- The provider had completed Disclosure and Barring Service (DBS) checks before permitting staff to work with people alone. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions
- People told us there were enough staff on duty to meet their needs. Relatives also thought there were sufficient staff on duty, one relative said, "Always staff visible, around, busy but usually someone sitting in lounge."
- We saw staff remained visible in communal areas and made regular checks on those people who preferred to stay in their rooms.
- There had been a turnover of staff within the home, which had meant existing staff had been completing additional shifts and management staff were covering carer's shifts. However, over recent months the staffing team was stabilising, and vacancies were being filled. Newer staff worked with existing staff to promote continuity of care for people.

### Preventing and controlling infection

- While we did not identify people had come to harm, improvements were needed to ensure safe and effective infection prevention and control was well managed.
- The provider could not be assured safe infection control practice was carried out at all times. Rooms which were used to dispose of waste were not always kept in a clean and organised way. We found items for cleaning the home, along with continence aids were also stored in these rooms. We raised this with the registered manager who advised action would be taken.
- We were not assured staff were using PPE effectively. Staff were seen to be wearing face masks below their nose, which meant they were not effective. The registered manager told us this would continued to be addressed with staff.
- The provider could not be assured they were adequately preventing the risk of cross infection. Toiletries, such as unlabelled roll-on deodorants, were found in communal bathrooms. The registered manager removed these items and communicated with staff around this practice.
- Relatives felt the home was always clean. One relative said, "When I visit their bedroom and bedding is clean, comfortable and warm."
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

### Visiting in care homes

- People were supported to have their family and friends visit them in Regents Court in line with Government recommendations.

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

- All people we spoke with told us they felt safe by the staff who supported them. One person said, "I like the staff here." Relatives also felt their family members were kept safe from harm. One relative said, "No issues, no falls, no incidents and [person's name] feels safe which is important."
- Staff demonstrated a good understanding of different types of abuse and what approach they would take in the event of any concerns.
- The registered manager understood their responsibilities regarding the action to take to protect people from harm.

### Using medicines safely

- People received their medicines when they should and in a safe way.
- One person told us how staff always checked if they were in pain and if they needed any medicine to help with this. Relatives felt their family members medicine was well managed. Where appropriate they were kept up to date with any changes.
- The provider was following safe protocols for the receipt, storage, administration and disposal of medicines.

### Learning lessons when things go wrong

- The management team completed daily checks to ensure staff were providing care and support in line with best practice. The registered manager worked alongside staff to ensure they provided a good quality of care.
- Where incidents had taken place, these were reviewed so that learning could be undertaken to prevent



them from happening again.

# 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.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant 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's care needs had been assessed and planned, care was delivered in line with best practice.
- People's protected characteristics under the Equality Act 2010 were identified as part of their need's assessment. Staff members could tell us about people's individual characteristics and knew how to best support them. This included, but was not limited to, people's religious beliefs, cultures and personal preferences. People told us they were supported to continue to practice their faith.
- Relatives felt staff had taken time to understand people's needs and choices, one relative said, "On admission I was asked about their background story, very good, about medical and emotional needs, about catering for their [cultural] diet".

Staff support: induction, training, skills and experience

- People told us staff were confident in their approach and had the knowledge and ability to meet their individual needs.
- Relatives told us they were happy with the way their family members were cared for and were confident in the staff's ability to care for their family member. One relative said, "[Staff] know [relative] well, with dementia, [relative] knows staff better than us now, responds more to them."
- Staff were confident in the care and support they provided. They told us they had received mandatory training that was appropriate for the people they cared for, such as manual handling.
- There was a good skill mix of staff on duty at the time of our inspection and we saw the team worked well together to provide care and support to people.

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

- People were supported to eat a balanced diet, however some improvement was needed to improve people's experience of mealtime where they required support to eat their meals.
- We saw mealtime experience for people who required assistance to eat their meal was mixed. For example, we saw one staff member assisting a person while standing up and not engaging with them. While we saw other staff sat with people, engaging and comforting them. We raised this with the registered manager who said this would be addressed.
- People told us, and we saw, they were given a choice of meals to eat during the day which they enjoyed.
- Staff understood people's dietary preferences and understood how to meet these.
- People had access to drinks throughout the day, and staff supported those who needed assistance to drink.
- Staff monitored people's weight to ensure this remained stable and people remained well. Where people

required support with weight management, this was shared with the kitchen staff so their meals could be adapted to suit their needs.

- Where people were on a specialised diet, staff were aware of how to meet their dietary needs, such as who required a textured modified diet. We found there was good communication between the catering staff and the care staff to ensure people ate meals that were individualised to their specific needs.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People told us they saw their doctor if needed or the advanced nurse practitioner would visit them if they felt this was necessary.
- People confirmed they were supported to attend health appointments, opticians, chiropodists and dental appointments, so they would remain well.
- Staff were aware of people's upcoming health appointments, and ensured people were ready and prepared to attend these appointments on time.
- We spoke with a visiting healthcare professional who told us how staff knew people's healthcare needs and said, "The care is really good. They know their residents inside and out." They also said that staff recognised small changes in a person's health and would contact them promptly for advice.

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

- Regents Court is an older building which people, relatives and staff described as 'homely'.
- People had access to a lounge areas, dining rooms and if they wished for some quiet space, there was a small area people could use.
- Bathrooms had been adapted to support people with decreased mobility, such as specialised baths and walk in showers.
- People's bedrooms were decorated, and personalised with their own possessions.

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 MCA 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. 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 appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People told us staff would ask for their consent before undertaking any personal care. People felt staff respected their wishes and listened to them. We heard staff seeking consent prior to supporting people.
- Relatives confirmed they were involved in making best interest decisions on behalf of their family member where had been deemed they lacked capacity to make a decision. Relatives felt that where their family member lacked capacity to make certain decisions, staff supported the person in the least restrictive way.
- Capacity assessments and best interest decisions were in place where it was deemed people lacked capacity to make specific decisions about their care.

- Where the registered manager had deemed people were being deprived of their liberty, applications had been sent to the local authority.

# 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.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant 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 the staff treated them well and felt respected by them. Staff spoke to people in a kind and respectful way.
- All relatives spoke highly of the staff who worked at Regents Court. One relative told us, "Very friendly, welcoming, helpful, [person's name] tells me they are well looked after." A further relative told us staff were, "Very friendly, always smiling. Nothing is too much trouble."
- We saw staff were friendly and supportive; they knew people well and what was important to them.
- A visiting health professional told us they had seen caring and positive interactions between staff and the people who lived there.

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

- People felt listened to and involved with decisions about their care.
- Relatives were involved in people's care and felt their views were listened to and respected.
- Staff recognised what was important to people and ensured they supported them to express their views and maintain their independence as much as possible.

Respecting and promoting people's privacy, dignity and independence

- All people we spoke with told us they were treated in a dignified and respectful way. One person said, "I like the staff, they're very good."
- We saw staff were respectful towards people and worked with the person at their own pace and respected their decision making. Staff respected people's privacy and knocked on doors and waited for a reply before entering.
- Relatives told us their family members were treated with respect, for example, maintaining their dignity with their continence needs, to ensuring the door was closed during personal care.
- Staff told us they respected people's privacy by ensuring information about their care and support was only shared with their consent.

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care needs were assessed prior to them moving into the home. Their care needs were reviewed regularly and any changes in care were identified promptly through assessments and monitoring.
- People, and where appropriate their relative, confirmed they were involved in the initial care planning process to ensure people's care needs were met. However, relatives and records showed they were not always involved in formal care plan reviews after this. Relatives did feel they could speak with the registered manager at any time to discuss their family members care.
- People told us staff respected their wishes, such as when they would like to get up in the morning and when they would like to go to bed.
- Staff knew people well and recognised when they were 'not themselves' so that prompt action could be taken to support them.
- Staff told us, and we saw, there was a good level of information about people's care needs and preferences.
- Where people's needs had changed, these were reviewed in a timely way, and external healthcare professionals were contacted so that appropriate support, for example, advice or specialist equipment, could be sought.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Consideration had been taken to ensure people with a sensory impairment were supported to receive information in a way they understood.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to do activities which were important and meaningful to them. One person enjoyed supporting the local community, and staff supported them to fulfil this. We saw some people were being supported to go on a planned trip to a garden centre to look at the Christmas displays.
- People's friends and family were able to visit when they wished to. One relative told us how they could visit anytime and were welcome to stay with their family member as long as they wanted.

- People were supported to spend their day according to their wishes. Some people preferred to stay in their rooms but were given the opportunity to go to the communal areas if they wanted. Other people preferred to visit the communal lounges.
- External entertainment, such as singers visited the home which people enjoyed. A professional pantomime show had also been arranged for the festive period.

#### Improving care quality in response to complaints or concerns

- The provider had a complaints procedure for people, relatives and staff to follow should they need to raise a complaint.
- People and relatives told us they knew how to raise a complaint if they needed to but were happy with the service provided.
- The provider had not received any direct complaints, however where complaints had been raised with external agencies and then investigated by the provider, this was responded to in line with the provider's complaints policy.

#### End of life care and support

- People's care records showed discussions had been held with people, and where appropriate their relatives about their end of life care wishes.
- We read comments from relatives expressing their thanks to staff for the support given during this time.
- Staff understood how to support people who needed end of life care and support.
- Staff sought support and worked with external healthcare professionals to ensure the right medicines and equipment was in place, should a person require these at the end of their life.

# 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

- The provider's systems were not consistently effective in identifying and driving improvements in relation to the safety of the home environment. For example, systems had not identified window were not restricted to mitigate risk of falls from height, they had also not identified other areas such as the unsafe storage of flammable chemicals. While the provider did act promptly when these concerns were raised at inspection, the provider had failed to ensure they had systems in place for keeping up to date with all current regulations to maintain a safe home environment.
- The provider's systems had not identified recruitment processes were not consistently robust. The provider had not ensured the staff who processed recruitment files had the right knowledge and understanding of the requirements, to assure themselves that safe recruitment processes were being followed.
- The provider conducted monthly visits which looked at a range of areas of the service. Whilst these were comprehensive, and included the voice of people, relatives and staff, issues identified on inspection had not been picked up through this system.

Systems were not comprehensive to identify, monitor and mitigate risks to the health, safety and welfare of people using the service. This placed people at risk of harm. This was a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager recognised record keeping required improvement and was working towards updating people's paper-based care records. They explained discussions had been held with the provider about moving to a computerised system so care plans, risk assessments and daily tasks would be recorded on this. They felt this approach would improve record keeping, while reducing staff's time to complete this.
- The registered manager monitored performance of staff through supervisions, spot checks of staff practice and sharing information in team meetings to ensure all staff were consistent in their approach to the care and support provided.
- The provider understood their responsibilities for notifying the CQC for other events, such as deaths, serious injuries or DoLS authorisations. The legal requirement to display the CQC rating of the last inspection in the home was met.

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



- The provider promoted an open and inclusive service which ensured good outcomes for people.
- People knew the registered manager well. We saw people's faces would light up when they saw her, they responded positively and were comforted by their approach towards them.
- Relatives felt the registered manager was approachable and listened to them. One relative told us, "[Registered manager's name] is fantastic, listens to me, on the ball, knows [person's name], understands [their] needs."
- Staff felt valued and appreciated for the work they did. They were proud to work at Regents Court and of the positive outcomes they achieved for people.

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

- General meetings involving people and their family members regarding the running of the service had not taken place since the beginning of Covid-19. However, people and relatives felt they could approach any member of staff to discuss matters which were important to them and action would be taken.
- There had been significant changes within the staff team, but staff felt this was now beginning to stabilise over recent months. Staff felt the registered manager was approachable and listened to their ideas or suggestions for the way the service was run.
- Staff felt the provider was approachable and could speak to them if they needed to.
- There was a good approach to teamwork within the home. The management team had good oversight of the care and support people needed. We saw and staff told us that the management team worked with care staff to help continue to meet people's needs. Staff told us they worked well together in a joined-up approach. Communication was effective between each staff group and each shift to ensure people received a consistent and co-ordinated service.

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;

- The registered manager understood their responsibilities to be open and transparent with people. Where events had happened in the home, they had communicated with the appropriate people and external agencies.

Working in partnership with others

- The registered manager and their staff team worked with people, relatives and healthcare professionals to provide the best outcomes for people.
- The registered manager was supported by the provider, who listened and acted upon their requests.
- The registered manager worked in partnership with external agencies to ensure people received a holistic 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	Regulation 17 HSCA RA Regulations 2014 Good governance  Systems were not comprehensive to identify, monitor and mitigate risks to the health, safety and welfare of people using the service.