

ADA Care Limited

# Regency Court

## Inspection report

Thwaites House Farm  
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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?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Regency Court is a residential care home providing personal care to up to 22 people in one adapted building. The service provides support to older people, some of whom are living with dementia. At the time of our inspection there were 9 people using the service.

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

Significant improvements had been made since the last inspection. Recruitment checks were carried out before new staff started work. However, the accuracy of application forms, employment history and verification of references needed to be more robust. We have made a recommendation that the provider reviews their recruitment process.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it. At the time of the inspection, the location did not care or support for anyone with a learning disability or an autistic person. However, we assessed the care provision under Right Support, Right Care, Right Culture, as it is registered as a specialist service for this population group.

There were enough staff to meet people's needs and keep them safe. Staff received the training and support they required to carry out their roles. Medicines were managed safely.

People felt safe in the service. Safeguarding events, accidents and incidents were reported, recorded and acted upon appropriately. Risks to people were assessed and managed well by staff. One relative said, "[Family member] is safe here, they have been in 2 other homes but they are much happier here."

The environment was well maintained and clean. Safe infection prevention and control procedures were followed. 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 received person-centred care. Care records had improved although some further minor improvements were identified. People and relatives were happy with the care provided and were involved in planning and reviewing care. People and relatives praised the staff for their kindness and compassion. We saw staff treated people with respect and maintained their privacy and dignity. Activities were taking place. People had access to healthcare services. People were provided with a choice of food and drinks and enjoyed their meals.

There had been a lack of consistent leadership over the last couple of years but this had improved. Relatives

and staff spoke highly of the current manager and acknowledged the improvements they had made since starting in post. The provider had secured additional support from an external consultant. Effective quality assurance systems had been implemented and issues were actioned and verified by the consultant and provider. An action plan was in place to make sure improvements were sustained and developed further.

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 and update

The last rating for this service was inadequate (published 19 September 2022) and there were breaches of regulations. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

This service has been in Special Measures since November 2021. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

#### Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

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.

The overall rating for the service has changed from inadequate to requires improvement based on the findings of this inspection.

#### Recommendations

We have made a recommendation in relation to recruitment at this inspection.

#### Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the 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 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 not always responsive.

Details are in our responsive 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** ●

# Regency Court

## 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 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 and an Expert by Experience carried out this inspection. 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

Regency 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. Regency 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 not a registered manager in post. The manager present at the inspection had submitted an application to register. We are currently assessing this application

#### Notice of inspection

This inspection was unannounced. Inspection activity started on 25 January 2023 and ended on 3 February 2023. We visited the service on 25 January 2023.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us 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 spent time with people in the communal areas observing the care and support provided by staff. We spoke with 2 people who used the service and 5 relatives about their experience of the care provided. We spoke with the nominated individual and 5 members of staff including the manager, a senior care worker, care workers and the cook. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed a range of records. This included 2 people's care records and 6 people's medicine records. We looked at 3 staff recruitment files. A variety of records relating to the management of the service were reviewed.



# 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 inadequate. 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.

### Staffing and recruitment

At our last inspection the provider had failed to ensure staff were recruited safely. This was a breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19.

- Recruitment checks were carried out before staff started working at Regency Court. Some checks had been completed thoroughly such as identity, Disclosure and Barring Service (DBS) and health conditions. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Further improvements were required to ensure the accuracy of application forms, employment history and verification of references. We discussed this with the manager who took action to address the shortfalls and assured us that going forward the process would be robust and safe.

We recommend the provider reviews their recruitment process to ensure it is robust.

At our last inspection the provider had failed to ensure there were sufficient staff deployed at all times to meet people's needs. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- There were enough staff deployed to meet people's needs and keep them safe.
- Staffing levels were kept under review using a dependency tool. This showed staffing had been maintained at the same level when occupancy had reduced from 12 to 9 people.
- Staff said the staffing was good and they always had sufficient time to care for people. One staff member said, "There is definitely enough staff for the people here." We saw staff were present in communal areas throughout the day.
- Most relatives felt the staffing levels were satisfactory, though 1 relative felt there could be more staff in the afternoon and another thought more staff would enable people to move around more freely.

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

At our last inspection people were not protected from the risk of abuse as control measures were not implemented consistently. This was a breach of regulation 13 of the Health and Social Care Act 2008

(Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- People were safeguarded from the risk of abuse.
- People and their relatives told us they felt safe in the home. One relative said, "They do everything they can to keep [family member] safe."
- Safeguarding incidents were recognised, reported and acted upon to protect people from harm. Incidents had been referred to the local authority safeguarding team and notified to CQC.
- Staff had completed safeguarding training and understood the procedures to follow if abuse was found or suspected.

#### Assessing risk, safety monitoring and management; Learning lessons when things go wrong

At our last inspection the lack of robust risk management processes meant people were not protected from harm or injury. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Risks to people were assessed and managed safely.
- Risk assessments and guidance informed staff how to manage risks to people. For example, mobility assessments showed equipment people used and the support required from staff.
- Regular checks were carried out to ensure people's safety. Such as making sure rooms were tidy and free from hazards and equipment was in good working order.
- Accident and incident recording and monitoring had improved and lessons learned acted on. One person's falls log was incorrect as 4 falls had occurred but the record showed only 3. The manager addressed this immediately. Appropriate action had been taken to mitigate the risk including a referral to the falls team and use of a sensor mat.

#### Using medicines safely

At our last inspection the provider had failed to ensure safe medicine management systems were in place. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Medicines were managed safely.
- Medicines were stored safely and securely. Room and fridge temperatures were monitored to ensure they were within the safe range.
- Medicines administration records (MARs) were well completed with explanations recorded for any omissions. Patch charts showed when the medicine patch was changed and where on the body the patch had been applied.
- Protocols were in place for most 'as required' medicines. We found 2 medicines had no protocols. The manager addressed this during the inspection.
- Topical medicine administration records (TMAR) were well completed showing staff when, where and how often to apply creams.

#### Preventing and controlling infection



- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was supporting people living at the service to minimise the spread of infection.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was using PPE effectively and safely.
- We were assured the provider was responding effectively to risks and signs of infection.
- We were assured the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured the provider's infection prevention and control policy was up to date.

#### Visiting in care homes

- The provider was facilitating visits for people living in the home in accordance with the current guidance. Relatives were happy with the visiting arrangements.

# 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 requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff received the training and support they required to carry out their roles.
- Staff training was kept up to date as evidenced by the training matrix and staff supervision had taken place.
- Staff consistently told us they received very good support from the manager. One staff member said, "[The manager] is always there and gives advice. She is really on the ball." Another staff member told us the manager was encouraging them to do additional training so they could progress their career.

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

- People's nutritional needs were met.
- People said they enjoyed the food. One relative said, "[Staff] monitor [family member's] eating, the food is good, they like it, they eat a good breakfast and have snacks in between meals, they love the home-made biscuits."
- Catering staff knew people's nutritional requirements and preferences. Menus showed a varied choice of meals.
- People had pleasant and relaxed meal experiences. Staff ensured people had sufficient food to eat and provided drinks and snacks throughout the day.
- Weights were monitored and food and fluid charts were completed for those who were nutritionally at risk.

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

- Staff supported people to access the healthcare support they needed.
- People's care records confirmed the involvement of other professionals in providing care such as the GP and district nurses.
- Relatives were satisfied with healthcare arrangements. One relative said, "[Family member] has had visits from the dentist, the optician and the chiropodist visits regularly. The GP visits and I am able to speak with the GP about [family member]." Another relative said, "[Family member] can see the doctor any time they need to. [Family member] has seen the optician and has new glasses, they have persuaded [family member] to wear them and now they can enjoy their television."

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

service, design, decoration to meet people's needs

- Arrangements were in place to ensure people's needs were assessed before they moved into the home. There had been no admissions since our last inspection.
- Relatives told us they had been involved in discussions about their family member's needs and choices on admission and in drawing up the care plan.
- The building was adapted to meet people's needs. Bedroom doors had people's names and photographs displayed to help people identify their own room. Some areas of the home needed redecorating and refurbishing. Relatives' comments included; "They need to improve the décor, the lounge is boring, there is nothing to look at and the garden needs improvement" and "The building needs updating and the fixtures and fittings are dated"; "It is an old building, they maintain it the best they can and they decorate it."

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.

- The service was working within the principles of the MCA.
- A DoLS tracker was in place which showed when applications had been made and granted and whether the authorisations had any conditions.
- One DoLS authorisation we checked had a condition and this had been met.
- Staff explained and asked people for consent before providing care and support. For example, before assisting people to eat and using equipment to help people transfer.
- Staff carried out assessments and recorded best interest decisions where people did not have the capacity to make particular decisions.

# 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 requires improvement. At this inspection the rating has changed to 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; Respecting and promoting people's privacy, dignity and independence

At our last inspection the provider had failed to ensure people were treated with compassion, dignity and respect. This was a breach of regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 10.

- People were treated with kindness and compassion by staff and their privacy and dignity was maintained.
- Staff knew people well and chatted with them asking people about their lives and family members. We saw people smiling as they reminisced with staff, 1 person was laughing and stroking the staff member's arm. Staff talked to another person about when they lived abroad.
- Staff approach was gentle and patient. When 1 staff member asked a person if they were okay, the person answered, "Yes I am and you're lovely." The staff member replied, "And you're lovely too."
- People looked well cared for. Staff had spent time supporting people to maintain their appearance. Clothes were clean, people had appropriate footwear and looked well groomed.
- Relatives comments included; "The staff team seems happy and caring"; "[Family member] is happy there, the staff are always very nice, [family member] enjoys watching the television in their room and carers will pop in and see them" and "[Family member] has become more communicative and happy since they have lived there. [Family member] is always dressed in their own clothes and looks well."
- Staff were confident people received good care and were treated with respect. One staff member said, "People are well looked after. I would recommend it - 100%."

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

- The service encouraged involvement from families and friends. There was good information to show staff shared relevant information with relatives and involved them in the care planning process. One person had a recent visit from their advocate who reported they were happy with everything and had no concerns.

# 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 inadequate. At this inspection the rating has changed to requires improvement. This meant people's needs were not always met.

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

At our last inspection the provider had failed to ensure people received person-centred care. This was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- People received personalised care planned and delivered to meet their needs.
- Staff were confident people received good care. One staff member said, "People are well looked after. Now we are working as a team, some staff have left, and new staff have come in and it has made a difference."
- People and their relatives were involved in care decisions and happy with the care provided. One person said, "I like it here, staff are good, they look after me." One relative said, "The level of care is good."
- Care plans contained detailed information about people's needs and preferences and the support they required from staff. Daily records were well completed.
- Regular care plan reviews identified when people's needs had changed. One person's care plans had been updated to reflect the changes but another person's care plan had not. The manager was responsive and took action to address this shortfall.
- People's social interests were included in care plans and records showed people were offered and joined in a range of activities. These included karaoke, card making, ball games, bingo, armchair exercises, pamper sessions and a quiz.
- Two relatives felt there was not much going on for people and said activities had 'dropped off since Covid'. Others were more positive. One relative said, "[Family member] engages in activities. They play chair tennis and ball games." Another relative said, "[Family member] can interact a little better since they've been there and is always happy. There are games around for residents. [Staff] assist them to go outside and they always wrap them up warmly in the cold weather."

### 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.

- People had communication plans which outlined their needs.
- There was pictorial signage on doors indicating bathrooms, toilets and the dining room. Pictorial menus were being developed showing photographs of meals served to assist people in making choices.

Improving care quality in response to complaints or concerns

- Systems were in place to manage complaints.
- The complaints procedure was displayed in the home. A complaints log showed any complaints received and the action taken to address them.
- Two relatives told us they had raised concerns in the past and were satisfied these had been addressed.

End of life care and support

- People were not consistently supported to make decisions about their preferences for end of life care.
- One person had a care plan which provided information about their resuscitation status and funeral plan. However, another person who had been unwell did not have a plan in place so their wishes were unknown. The manager recognised this was an area that needed further improvement and gave assurances action would be taken.

# 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 inadequate. 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; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Continuous learning and improving care

At our last inspection we found systems to assess, monitor and improve the service were not sufficiently robust. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- We found improvements had been made to address the breaches identified at the last inspection. New systems and processes had been introduced to monitor the service, however these required embedding into practice.
- Leadership and management had improved. The manager had good oversight of the service and was visible in the home supporting and directing staff to ensure standards were maintained. The manager has applied for registration with the Commission.
- Staff told us the manager and provider had made positive changes to the service since the last inspection. Comments included; "[The manager] is very supportive, she is trying her hardest and is really good at her job. She checks everything is done, for example, personal care, makes sure all the records are completed. It is working really well and a nice place to work" and "It's a good place to work, a good place for people to live now. There's a different atmosphere and [the manager] is smashing it now."
- Relatives said they had been concerned about the changes in management over the last 2 years but felt this manager had better control over the home. Comments included; "The manager has things under control, she is working through things to get the very best for the residents"; "I am happy with the management of the home, the staff are engaging with the residents a lot more" and "The manager has everything in hand. Any concerns I go to her. They had a summer party and she went round and chatted to everybody, I was impressed with that."
- Staff were clear about their roles and understood their responsibilities.
- Effective communication systems ensured staff were kept informed of any issues and actions required and also provided them with an opportunity to raise any matters.
- The provider had brought in an external consultant who had worked with the manager and provider implementing a governance schedule to ensure standards were regular monitored, reviewed and maintained.
- Quality assurance systems were in place. Regular audits were carried out by the manager covering all

aspects of service provision. The audit process was thorough, identifying issues and actions to be taken. The audits were checked and verified by the provider and consultant to make sure actions had been completed.

- Record keeping had improved. Further work was required to ensure all care records met this standard. For example, some handwritten entries in daily records were not legible and the recording of people's belongings was inconsistent. The manager was responsive and said they would address these shortfalls.
- The provider and manager were keen to make improvements and proactive when issues came to light at the inspection. An action plan was in place and regularly reviewed to ensure improvements were sustained.

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; Working in partnership with others

- The manager understood the requirements of the regulations to make notifications and to comply with duty of candour responsibilities when things had gone wrong.
- Staff worked closely with other agencies. Care records had good evidence to show other professionals were involved in people's care.

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

- People, relatives and staff said the service provided good care.
- We saw positive comments in surveys that had been sent out to relatives. One said, "Cannot thank everyone enough for the care and support given to both [family member] and myself."
- Minutes from recent meetings showed people who lived in the home and staff had opportunities to share their views about the service provided.