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# Regency Retirement Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Regency Retirement Home is a residential care home providing personal care to 11 people aged 65 and over at the time of the inspection. The service can support up to 14 people.

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

Safe recruitment practices had not always been followed and pre-employment checks had not always been undertaken to gather assurances about staff conduct.

Risks relating to legionella bacteria had not been comprehensively assessed to ensure all the required measures were being taken to control the risk of exposure.

Some audits were in place to monitor the service and ensure people received safe care. However, audits were not in place to check that service followed the provider's policies in relation to recruitment practices and the management of legionella bacteria risks. Following the inspection, the managers were developing systems to address these concerns.

People's individual risks were assessed. There were clear plans in place to mitigate these risks.

People were supported by staff who were aware of safeguarding adults' procedures and had received regular training on this topic.

People, relatives and staff felt well informed and involved in service delivery. They said there was open communication between themselves and the managers

People and their relatives spoke positively about the quality of care provided. Staff treated people with kindness, dignity and respect. People were supported to maintain their independence and were empowered to make choices and decisions about their care.

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.

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

This service was registered with us on 1 September 2019 due to a change in ownership. This is the first inspection.

The last rating for the service under the provider; Mr & Mrs T Buckingham was good, published on 7 April 2018.

### Why we inspected

This was a planned inspection based on the service being newly registered.

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.

We have identified breach in relation to regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 at this inspection.

Please see the action we have told the provider to take at the end of this report.

### 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 return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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** ●

# Regency Retirement 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 Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector and one inspection manager.

#### Service and service type

Regency Retirement Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. 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. The registered manager of the service was due to retire. Two managers had been employed to complete a comprehensive handover period and become joint registered managers. The managers had taken increased responsibility in the last year and told us they now planned on submitting their application to become registered.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

#### What we did before inspection

We reviewed information we had received about the service. We sought feedback from the local authority and one professional who works with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took

this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection-

We spoke with the registered manager, two managers, three people who use the service, one relative, and four staff. 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 reviewed a range of records. This included four people's care records and multiple medication records. We looked at four staff files in relation to recruitment, training and supervision. A variety of records relating to the management of the service, including governance systems, policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at policies and procedures, audit systems and quality assurance records. We gathered feedback from three professionals who visit the service, three staff and three relatives.

# Is the service safe?

## Our findings

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

This is the first inspection for this newly registered service as there was a change of ownership 1st November 2019. This key question has been rated 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

- The provider's recruitment policy described the pre-recruitment checks that needed to be completed to reduce the risk of unsuitable staff from being employed. The required pre-employment checks had not always been undertaken. Reference checks from staff's previous social care employers were not always sought to gather assurances about staff conduct.
- Interview records were not always in place to support managers' decisions to employ staff. The records were needed to evidence that managers had explored the previous employment histories of staff and their suitability to work at the home. There were gaps in some staff's education and employment history. We raised this with the managers who told us they would ensure the correct information was stored and recorded.
- The managers had not always completed risk assessments where staff had declared health conditions prior to starting work at the home that might require additional precautions to ensure they remained safe during the Covid-19 pandemic. This prevented the health and welfare of staff from being monitored.

We found no evidence that people had been harmed however, safe recruitment practices had not always been followed. This placed people at risk of harm. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider took action during the inspection such as introducing a recruitment record audit to ensure recruitment practices were completed in accordance with their recruitment policy.
- People were supported by a regular staff team who were familiar with their support requirements. The staffing levels were determined by the needs of people and their requirement for support.

### Assessing risk, safety monitoring and management

- People lived in an environment that was well maintained. The service had an on-going maintenance plan to ensure inside and outside areas were serviced and maintained to ensure people's living environment remained safe. Records showed regular fire checks had been completed.
- The provider had taken some action to minimise the risk of potential exposure to legionella bacteria. This included a test to determine if legionella bacteria was present, undertaking some remedial work to the water system and water temperatures were being checked. However; a legionella bacteria risk assessment had not been completed as required by the provider's policy to determine whether the measures in place were suitable and sufficient to control the risk of exposure.

We raised this with the managers so that they could implement a risk assessment to minimise the risk of

Legionella.

- Staff understood and supported people to manage and minimise risks to their personal health and welfare. Risk assessments guided staff to care for people in a safe way. We saw assessments for the risk of falling, malnutrition and skin care which included pro-active measures to manage the risk. These were reviewed and updated monthly or as soon as people's needs changed. A relative said, "We feel confident in the home."

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People were safeguarded from the risk of abuse. Staff had attended safeguarding training and knew what to do if they had concerns around people's care in the home. Staff understood their responsibilities around reporting concerns.
- Staff had access to whistleblowing information and felt confident they could report incidents if necessary. We saw evidence that the whistleblowing procedure had been followed effectively when there was a concern raised. A staff member said, "I have raised concerns in the past and it was listened to and dealt with well."
- Lessons were learned if things went wrong in the home. The managers reviewed accidents and looked at ways the staff could make changes to prevent them happening again. The managers told us that they were continually improving their documentation of lessons learned; they had recently reviewed their falls management after flexibly working with professionals to support a person's change in need.

Using medicines safely

- People's medicines were managed safely. Staff who assisted people with their medicines had training in medicine administration. One staff member said, "I was observed doing the medicines before I could do it independently as part of my training."
- Medicine Administration Record (MAR) charts were accurate and kept up to date.
- Medicines were stored correctly and safely in accordance with best practice.
- Staff carried out medication audits, ensuring that out of date and unused medicines were removed and that the medicines stored were all currently named for people and in use. Keeping medicine stocks to the minimum reduced the risk of giving incorrect medicines.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- 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.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.



# 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.

This is the first inspection for this newly registered service as there was a change of ownership. This key question has been rated 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 needs and wishes were clearly captured in their care plans and regularly reviewed. A monthly summary sheet provided staff with key information about people's care so that their health, well-being and wishes could be monitored effectively.
- People's needs were assessed using universally recognised assessment tools. The home used the Waterlow score calculator to predict the risk of people developing pressure ulcers. Where the tool highlighted a concern, action had been taken and the relevant healthcare referral had been made.
- People received care and support that was in line with current best practice. The managers attended local forums with other care professionals to share information, professional updates and discussions about how to implement best practice.

Staff support: induction, training, skills and experience

- Staff were competent to carry out their roles effectively. People and their relatives told us that they felt comfortable and confident with the staff team. One relative said, "I have never been concerned about anything to do with my [relative's] care."
- Staff completed specialist training and received regular supervision which provided them with the expertise to meet the needs of the people using the service. Staff were very positive about recent training for Parkinson's disease delivered by a trainer with lived experience. One staff member said, "I have received all the training that I need to do my job effectively."
- The managers accessed the Dementia Leadership Award to further enhance the care of people living with dementia.

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

- People received personalised menus based on their dietary needs, feedback and preferences. One person praised how the staff had worked with them and the Speech and Language Therapist (SALT) to adapt their diet but still maintain their choice, "They have supported me with my food choices, and helped me to continue having [food that is important to me]."
- Staff were well informed about the impact of diet and nutrition upon people's healthcare. Staff could describe people's guidelines and knew how to best support people who had a diagnosis of diabetes or an increased risk of choking.

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

- People's healthcare needs were met by staff who worked in partnership with relative's and healthcare professionals to achieve the best possible outcomes. One healthcare professional said, "It is nice to go to a service that is so proactive." A relative said, "They have got her [health condition] under control. Her health [has significantly] improved."
- People's healthcare appointments were clearly documented so that any medical recommendations were reliably followed. The managers had good oversight and supported staff to work in accordance with people's treatment plans..
- People's care plans contained up-to-date information which could be shared if people needed to access other services, such as hospitals. This provided continuity of care for people.

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

- People had access to communal areas, and we saw people socialising in the conservatory area which had views to the well-kept gardens. A new patio had been laid to allow people more outdoor space to move around.
- People's bedrooms were personalised with items they had brought with them and pictures they had chosen.

#### 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 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Mental capacity assessments had been completed. Where people were unable to make a decision for themselves, decisions had been made in their best interests. Where appropriate, the decision-making process involved those who were important in the person's life.
- Staff received training and guidance on MCA and DoLS and demonstrated a clear understanding of consent; they ensured people were given choices about how they wanted to live their lives. Staff took time to establish what people's wishes were; they interacted well with people and demonstrated an in-depth knowledge and understanding of people's preferences. A relative told us, "They have accommodated all of my [relative's] requirements."
- DoLS applications and a clear record of those awaiting authorisation had been completed when required. Conditions applied to authorisations were included in how care was planned and delivered.

# 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.

This is the first inspection for this newly registered service as there was a change of ownership. This key question has been rated 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 they were happy living at Regency Retirement Home and staff were kind and caring. One person said, "It is a lovely home. Very caring. They look after me so well." A relative told us, "I think the home is excellent, so friendly and so kind."
- People were comfortable and content in the presence of staff members, and benefitted from friendly interactions with staff. One relative said, "I think they are by far the best service that I could ask for."
- Staff showed a good awareness of people's individual needs and preferences. One healthcare professional told us, "It was noticeable that [staff and management] knew people in the service well."
- Staff were passionate and committed about the care they provided. This was delivered in an empowering and thoughtful way. One person said, "I don't think there is anything they can do better." A healthcare professional said, "Regency Retirement Home is widely considered here to be an excellent care home. The staff are compassionate, well-informed and deeply caring of [people]."
- Staff received equality and diversity training that enabled them to treat people equally and fairly whilst recognising and respecting their differences. Staff spoke about people in a caring and respectful way.
- Consideration was given to the Equality Act 2010. Staff ensured that people's human rights, lifestyle choices, religious and cultural diversity were respected and reflected in the care they received. One person had been actively supported to maintain frequent contact with their congregation during the pandemic to support their religious needs.

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

- People were supported by staff who had time to listen to them and fully involve them in decisions about their care. One staff member said, "We have good staffing levels to meet people's needs."
- People were offered choice and involved in decisions about their care. One person with changing healthcare needs told us staff had respected their decisions and choices around food. They told us, "Staff have been very supportive and caring."

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity were maintained by staff. A healthcare professional said, "[The manager] was very determined to achieve dignity for [a person] whose dementia was more advanced. The home was trying their upmost to support [them] to retain privacy and dignity and maintain independence as far as practically possible. They were totally patient centred."
- People were encouraged to be as independent as possible and staff supported people to attend to their own care where possible. One staff member spoke about independence and said, "It's a strong part of what

we do at the home."

- The service ensured they maintained their responsibilities in line with the General Data Protection Regulation (GDPR). GDPR is a legal framework that sets guidelines for the selection and processing of personal information of individuals. Records were stored safely in paper form and online which maintained people's confidentiality.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service as there was a change of ownership. This key question has been rated 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 received person-centred care according to their individual needs and wishes. People's likes, dislikes and preferences were recorded in their care plans and reviewed and updated when needed. A relative spoke positively about the personalised care, "It's the small details, like they put nail varnish on [my relative]."
- People's needs were assessed prior to moving to Regency Retirement Home. Assessments were undertaken and care plans were developed around people's individual support needs.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were identified, assessed and recorded in care plans. They referred to how people communicated their needs and any support they required. Where people were no longer able to read their chosen local paper, they were supported to listen to the whole paper being read aloud on a digital storage device.

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's relatives were able to visit them at Regency Retirement Home in accordance with COVID-19 safe visiting guidance. One relative said, "The managers gave us an opportunity for grandchildren to complete staggered visits in the pod as my [relative] hadn't seen them for such a long time. They are very accommodating and always do everything they can to help."
- People were supported to engage in interests and activities within their home and in the local community. The managers used the learning from the Gloucestershire Meaningful Activity and Wellbeing Network to ensure they utilised every opportunity to engage people. One relative said, "Activities are always good and there is a lot for my [relative] to do."
- Staff were committed to providing meaningful activities to keep people stimulated. The managers utilised the Golden Carers Network to support them to continually create fresh and innovative ideas for people. Prior to COVID-19 the local school had been visiting the home, which was popular with people.
- People's wellbeing was paramount. The managers recognised the impact of the pandemic upon people living at the home. They found alternative ways to engage people in activities that they had previously

enjoyed. Some people who enjoyed shopping had supported staff to complete the weekly food shop online as an alternative to visiting the supermarket. Staff had also supported people to create a wish tree so that they kept sight of their aspirations post COVID-19.

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

- People could raise concerns with the managers or staff at any time. The home had clear and well publicised complaints policies. People and their relatives could leave feedback in a suggestions box. Where a complaint had been made in relation to food, we saw that this had been acted upon and resolved swiftly.

#### End of life care and support

- People were supported at the end of their life by a compassionate and well-trained staff team. The managers had invested in the Gold Standards Framework for End of Life Care, so that they could provide a gold standard of care for people in their last years of life. They were taking time to fully embed the learning before hoping to complete the accreditation process.
- People and their families were remembered after a person died. During people's time at Regency Retirement Home, staff created detailed memories of peoples' lives, including activities and photos. These were given in a keepsake box for relatives when people died and gave them happy memories to look back on.
- People's care files documented their advanced wishes regarding their care and treatment, including whether they wished to attend hospital for active treatments. Details also included the people they wanted involved at the end of their life, as well as their religious and spiritual needs.

# 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.

This is the first inspection for this newly registered service as there was a change of ownership. This key question has been rated 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

- Some audits were in place to monitor the service and ensure people received safe care. When audits were embedded, they were working well. For example; fire safety audits were in place and ensured good oversight of the service.
- However, audits were not in place to check that service followed the provider's policies in relation to recruitment practices and the management of legionella bacteria risks. The provider had therefore not identified the shortfalls in these two areas that we found prior to our inspection. We found the managers were not clear about their regulatory responsibilities in these areas and had not taken appropriate action to minimise the risk.
- The managers were motivated to address the shortfalls we found and wanted to provide a high-quality service. They took immediate action to start making the required improvements.

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

- There was a small stable staff team at the service with little turnover. Staff told us it was a good place to work and there was open communication. One staff member said, "I've never enjoyed working anywhere as much as I've enjoyed working here."
- Relatives felt well informed and updated about their family members care and well-being. A relative said, "They keep us up-to-date." We saw feedback from relatives to the managers, "You go beyond exceptional, are always going the extra mile for your workforce. I feel you treat your employees as family which these days is rare."

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 duty of candour was fulfilled with constant and open communication with people's family. The managers always informed relatives of any changes to people's health. A relative said, "They keep us up-to-date. I don't think they could do a better job than they are doing."
- The managers told us they would inform the CQC of any incidents within the home that placed people at risk. They were happy to ask for advice to ensure best practice was followed within the regulatory framework.

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

- The managers implemented a Meaningful Diary which recorded everything that was happening in the home, including birthdays and religious festivals. This helped the staff to engage and involve people in events that were meaningful to them.
- Staff spoke positively about the service and the communication with management. During the pandemic the managers used personalised memo's before using a group messaging app to ensure all staff could stay in touch to discuss key issues. The managers responded to feedback and increased staffing number in response to staff feedback and changing needs of people.

Continuous learning and improving care; Working in partnership with others

- Staff and managers were committed to providing high quality care. They were open and transparent in their communication and worked effectively in partnership with others. One healthcare professional said, "They seem to be reactive to new ways of working that will make the lives of [people] better. They communicate well with us and are friendly."
- The managers were visible in the day to day running of the service and had effective oversight of what was going on. They were involved in completing staff shifts on a regular basis to understand fully people's needs and provide a 'hands on' approach to leadership. The managers told us they liked to lead by example, which included their response to the COVID-19 pandemic. One person spoke about the transition from the registered manager to the managers, "I don't think there is anything they can do better. If anything, I think the quality has gone up."
- The managers showed a commitment to continually learning and improving their practice. They started an Aspiring Managers Training Programme in January 2020 which has been rebooked for May 2021 due to the pandemic.



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 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p><b>Staffing and recruitment</b></p> <ul style="list-style-type: none"><li>• Safe staff recruitment practices were not in place to reduce the risk of unsuitable staff from being employed.</li></ul>