

ADA Care Limited

Regency Court

Inspection report

Thwaites House Farm
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Keighley
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Tel: 01535606630

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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

This inspection took place on 2 July 2018 and was unannounced.

Regency Court is a 'care home.' People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The care home can accommodate up to 20 older people and older people living with dementia in one adapted building. Accommodation is provided over two floors.

On the day of inspection there were 15 people using the service and one person was in hospital.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Our last inspection took place on 12 September 2017 and at that time we found the service was not meeting three of the regulations we looked at. These related to safe care and treatment, fit and proper persons employed and good governance. The service was rated 'Inadequate' and was placed in special measures.

Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. This inspection was therefore carried out to see if any improvements had been made since the last inspection and if the service should be taken out of 'Special Measures.'

During this inspection the service demonstrated to us that improvements had been made and is no longer rated as inadequate overall or in any of the five key questions. Therefore, this service is now out of Special Measures. However, while we concluded some improvements had been made. More improvements needed to be made to make sure people consistently received safe, effective and responsive care and treatment. This is reflected in the overall rating for the service which is now 'Requires Improvement.'

Staff were being recruited safely and there were enough staff to take care of people. Staff were receiving appropriate training and they told us the training was good and relevant to their role. Staff were supported by the registered manager and were receiving formal supervision where they could discuss their ongoing development needs.

People who used the service and their relatives told us staff were helpful, attentive and caring. We saw people were treated with respect and compassion.

Care plans were not always up to date. However, people told us they got the care and support they wanted

and needed. Risk assessments were in place and showed what action had been taken to mitigate any risks which had been identified. People felt safe at the home and appropriate referrals were being made to the safeguarding team when this had been necessary.

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

People's healthcare needs were being met and medicines were being stored and managed safely.

Staff knew about people's dietary needs and preferences. People told us there was a good choice of meals and said the food was very good. There were plenty of drinks and snacks available for people in between meals.

Activities were on offer to keep people occupied both on a group and individual basis. Visitors were made to feel welcome and could have a meal at the home if they wished.

The home was clean and tidy. Some redecoration and refurbishment had taken place since the last inspection which had improved some areas of the home. We found improvements needed to be made to the security and maintenance of the premises.

Records showed complaints received had been dealt with appropriately.

Everyone spoke highly of the registered manager and said they were approachable and supportive.

The provider had systems in place to monitor the quality of the service which was being provided. These systems needed further development and needed to be tested over time to make sure they were effective.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

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.

Doors had been left unlocked, which should not have been. This posed a risk to people's safety.

Staff were recruited safely. There were enough staff to provide people with the care and support they needed.

Staff understood how to keep people safe.

Medicines were managed safely and kept under review.

Requires Improvement ●

Is the service effective?

The service was effective.

Staff were trained and supported to ensure they had the skills and knowledge to meet people's needs.

Meals at the home were good, offering choice and variety.

People were supported to access health care services to meet their individual needs.

The legal requirements relating to Deprivation of Liberty Safeguards (DoLS) were being met.

Good ●

Is the service caring?

The service was caring.

People using the services told us they liked the staff and found them caring and kind. We saw staff treated people with kindness and patience and knew people well.

People looked well cared for and their privacy and dignity was respected and maintained.

Good ●

Is the service responsive?

Requires Improvement ●

The service was responsive.

People's care records were not always up to date and did not always reflect the care they were receiving.

There were some activities on offer to keep people occupied.

A complaints procedure was in place and people told us they felt able to raise any concerns.

Is the service well-led?

The service was not yet consistently well-led.

A registered manager was in place who people spoke highly of.

Quality assurance systems were in place to assess, monitor and improve the quality of the service. However, these needed to be developed further to ensure they were effective.

Requires Improvement ●

Regency Court

Detailed findings

Background to this inspection

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

This inspection took place on 2 July 2018 and was carried out by two adult social care inspectors. The inspection was unannounced.

Before the inspection we reviewed the information, we held about the service. This included notifications from the provider and speaking with the local authority contracts and safeguarding teams. We also contacted West Yorkshire Fire and Rescue Service.

On this occasion we did not ask the provider to complete a Provider Information Return (PIR). The PIR is a document which gives the provider the opportunity to tell us about the service. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We spent time observing care in the lounge and dining room and used the Short Observational Framework for Inspections (SOFI), which is a way of observing care to help us understand the experience of people using the service who could not express their views to us. We looked around the building including bedrooms, bathrooms and communal areas. We also spent time looking at records, which included two people's care records, two staff recruitment files and records relating to the management of the service.

We spoke with four people who used the service, one relative, three care workers, the cook, one district nurse, two deputy managers and the registered manager.

Is the service safe?

Our findings

When we inspected the service in September 2017 we found the service was in breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because records did not demonstrate creams and lotions had been applied as prescribed. On this inspection we found improvements had been made.

Medicines were managed safely. Staff received training in medicines management and their competency to give medicines was assessed to make sure they were following the correct procedure. Since the last inspection improvements had been made to the way topical medicines were recorded. Administration was recorded on a topical medicine administration record which included a body map to instruct staff where creams or lotions should be applied. These were well completed indicating people received these medicines as prescribed. We found other medicines to be well managed. Medicine care plans were in place which provided clear instruction about the support people required. Clear records were kept which showed people had consistently received their medicines as prescribed. Protocols were in place to support the administration of 'as required' medicines to ensure safe and consistent use. Stock checks were kept of boxed medicines to ensure all medicines were accounted for. Appropriate arrangements were in place for the storage, ordering and disposal of medicines.

When we inspected the service in September 2017 we found the service was in breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because we had concerns about the fire precautions in the service and the maintenance of the premises. Following the inspection, we shared our concerns about the fire precautions with West Yorkshire Fire and Rescue Service. A fire officer visited the premises on 15 September 2017 and subsequently issues an enforcement notice. This notice told the provider what improvements they had to make by 29 January 2018. We contacted the fire officer before this inspection who confirmed all the necessary work had been completed and the enforcement notice had been lifted in April 2018.

When we arrived at the home at 7:45am, we rang the doorbell twice but no one came to open the front door. We went to the side of the building and the kitchen door was open. There were no staff around; we went into the lounge and dining room and could have accessed any area of the home, without staff being present. Equally, any one could have left the building as the people could go into the kitchen from the dining room. We also saw the window restrictor on a corridor window had been removed. This meant the window could be opened wide enough for someone to climb in or out of.

We also found the laundry door was not locked for the duration of our visit and a cupboard which contained mops and a cleaning product had also been left open. These issues posed a risk to the safety and security of people who used the service.

Further work was needed to the premises to ensure it was a consistently pleasant living environment. For example, some door frames and skirting boards were scuffed and the carpets were worn in many places. Some furniture was missing handles making it difficult to use. Lighting was poor in places and some lights

above bedroom mirrors were not working.

This was a breach of the Regulation 15 (premises and equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

When we inspected the service in September 2017 we found the service was in breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because one application form had been poorly completed, one member of staff had started working at the service without a second reference and there was no evidence of a seven-year gap in employment history had been explored.

On this inspection we found improvements had been made. Records showed safe recruitment procedures were being followed to ensure only staff suitable to work in the caring profession were employed.

People who used the service said they felt safe and secure living in the home. A visitor told us they felt their relative was safe at Regency Court, explaining they had fallen a lot when they lived at home, but had not had any recent falls at the home.

Staff had completed safeguarding training and said they would not hesitate to report concerns to a senior member of staff, the registered manager or the safeguarding team. The registered manager had made appropriate referrals to the safeguarding team when this had been needed. This meant staff understood and followed the correct processes to keep people safe.

People were protected from any financial abuse. The registered manager held some money for safekeeping on behalf of people who used the service. Records of monies held were kept and receipts for any purchases were obtained.

There were enough staff on duty to care for people safely. People who used the service said they thought there were enough staff and said their needs were met. They also told us if they rang the call bell it was responded to appropriately. A relative also told us, they felt there were enough staff on duty to meet people's needs.

Staff we spoke with told us there were enough staff on each shift to ensure people's needs were met. The registered manager told us staffing levels could be increased if people's needs changed and this was confirmed by staff.

The registered manager explained the housekeeper had left and until a new one could be recruited care workers were working additional hours to keep the home clean.

We saw there was a good staff presence around the home and staff responded quickly to make sure people were safe. For example, one person got up from their armchair and staff went to them quickly to help.

Key safety checks were undertaken on the water and fire systems. Personal evacuation plans were in place which provided instruction to staff on how to evacuate people safely.

The gas safety and electrical checks were due to June 2018. We saw whilst these were slightly overdue these were booked in for early/mid July 2018. These certificates were sent to us following the inspection.

The home was clean and tidy. We saw staff had access to personal protective equipment, such as gloves and

aprons and were using these appropriately. However, we did note that incontinence pads were not double bagged in waste bins, which increased bin odour. The registered manager told us there were no cleaning schedules in place. These would be beneficial to ensure a structured approach to cleaning the home.

The service had been awarded a four-star rating for food hygiene by the Foods Standards Agency. This is the second highest award that can be made and demonstrated food was prepared and stored hygienically.

Accidents and incidents were recorded, although incident forms did not always contain clear information on the preventative measures taken following each incident, we did see care plans had been updated with any action which had been taken. Monthly analysis was completed to see if any themes or trends could be identified. Where a number of accidents affecting one person had been recorded, the reasons why were investigated. This helped ensure learning and improvement. We identified no concerning themes or trends with regards to accidents.

Is the service effective?

Our findings

The registered manager completed needs assessments before people moved into the home. The assessment considered people's needs and choices and the support they required from staff, as well as any equipment which might be needed.

Staff we spoke with told us training opportunities were good and there was plenty of training on offer.

The registered manager told us new staff completed induction training and were enrolled on the Care Certificate. The Care Certificate is a set of standards designed to equip social care and health workers with the knowledge and skills they need to provide safe, compassionate care.

The training matrix showed staff were up to date with training which included infection control, food safety, safe handling of medicines, first aid, moving and handling, equality, diversity and inclusion, safeguarding and whistleblowing.

Staff were provided with supervision sessions which gave them the opportunity to discuss their work role, any issues and their professional development. Staff we spoke with told us they felt supported and said they could go to the registered manager at any time for advice or support. Annual appraisals were also completed which looked at their performance over the year.

People's nutrition and hydration needs were met. People who used the service spoke positively about the food in the home. One person said, "No complaints about the food, they know what I like and see to it that I get it, what more can I ask for." We observed people had a range of foods for breakfast based on their individual preferences. A visitor told us their relative was very 'fussy' about their food and how well the cook did, giving them food they liked to eat. Staff also ate meals at the home and told us the food was very good.

Menus were rotated on a four-weekly basis and changed seasonally. There were choices available at each mealtime and lots of home baking. Drinks were readily available and people who used the service were enjoying ice creams and ice lollies during the hot afternoon of our visit.

We spoke with the cook who had worked at the service for many years and was very knowledgeable about people's dietary needs and preferences. At the time of our inspection they were providing fortified diets for some people who had been assessed as being nutritionally at risk, diabetic and soft diets.

People who had been assessed as being nutritionally at risk were being weighed weekly. We saw people's weights were relatively stable.

We observed both breakfast and lunch and saw if people required assistance or prompting to eat their meals staff sat with them and encouraged people to take an adequate diet.

A visitor told us, "[Relative] gets lots of chest infections. Staff are really on the ball and know when there are

changes in their behaviour and get the GP."

People's healthcare needs were being met. In the two care files we looked at we saw people had been seen by a range of healthcare professionals, for example, GPs, district nurses, chiropodist, opticians. A district nurse told us staff contacted them appropriately and followed any advice they were given. Staff told us they had a good relationship with the district nurses and GP's and could ask them for advice.

Some adaptations to the premises had been made to support people who lived there. For example, signage was in place to help direct people around the home and contrasting door colours to help people living with dementia navigate around the building. A secure sensory garden area was freely accessible to people from the lounge.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are 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 were being met. The service was acting within the Mental Capacity Act. People's capacity to consent to their care and support arrangements was assessed.

Where people lacked capacity and it had been assessed that the accumulation of restrictions amounted to a deprivation of liberty, appropriate DoLS applications had been made. There were no authorised DoLS in place. Nine applications were awaiting assessment by the local authority.

People were asked consent before care and support was provided. Where people lacked capacity best interest decisions had been made. For example, the best interest process had been followed for one person regarding staff providing personal care.

Some people who used the service had Lasting Power of Attorney (LPA) in place. This is a legal document that allows someone to make decisions for you, or act on your behalf, if you're no longer able to or if you no longer want to make your own decisions. LPAs can be put in place for property and financial affairs or health and welfare. People's care plans gave information about which LPA's were in place. This meant it was clear what decisions relatives could and could not make.

Is the service caring?

Our findings

People who used the service said staff were kind and caring and treated them well. One person said, "It's alright here." Another person told us, "They tend to spoil me, they are kind and caring and they do anything for me." A third person commented, "Staff are very good, I get on with them all." A visitor told us, "The staff are good [relative] has a very dry sense of humour and staff are brilliant with them."

Care files contained information about people's life histories, interests and hobbies. Staff were knowledgeable about the people they were supporting. People were cared for by a small staff team which helped staff and people to become familiar with each other and promoted the development of good positive relationships.

People looked relaxed and comfortable around staff. There was a calm, friendly atmosphere and we saw staff took time to sit and chat with people. When staff interacted with people we saw this was done in a pleasant and warm way. Staff chatted to people whilst supporting them with care and support tasks to help make them feel comfortable. Staff we spoke with demonstrated they were kind and caring and were focused on ensuring the people who used the service were comfortable and well cared for.

Staff treated people with dignity and respect. Staff spoke to people by their preferred name and got down to people's level so they had good eye contact when speaking with them. We saw people's views were listened to and choices respected. One person told us how they wished to stay in their room most of the day and said staff respected this and didn't keep asking them if they would like to go downstairs. Throughout the day, staff asked people's views, for example, what they wanted to eat, whether they wanted to get involved in activities or what they wanted to watch on television.

Care plans also addressed individual issues around dignity. For example, one person wore trousers as their dignity was compromised if they wore skirts.

Staff encouraged people who used the service to be as independent as possible. For example, we saw staff encouraging one person to stand as they were still able to do this although they were no longer mobile. At lunchtime we saw one person had a special plate so they could eat independently.

Visitors were made to feel welcome and staff knew them well. The relative we spoke with said they were always offered a drink when they visited.

We looked at whether the service complied with the Equality Act 2010 and how the service ensured people were not treated unfairly because of any characteristics that are protected under the legislation. Our observations of care, review of records and discussion with the registered manager, staff, people and visitors demonstrated that discrimination was not a feature of the service.

Is the service responsive?

Our findings

People who used the service said care was appropriate and met their individual needs and requirements. A visitor told us they had been involved in discussions about their relatives care and support.

One of the deputy managers told us they were in the process of updating all the care plans. As part of this process relatives and care workers were being involved to make sure the plans were accurate and reflected people's current needs.

We looked at two care plans. One was up to date and reflected the persons current needs and the support they required from staff.

However, the second care plan was not up to date and did not reflect the person's current needs. For example, we saw they had been assessed as being at risk of developing pressure ulcers. They were sitting in a wheelchair at a dining table when we arrived at 7:45am and were not moved to an easy chair until 9:25am. We asked one of the deputy managers if they should have been sitting on a pressure relieving cushion and they agreed they should have been. The same person's moving and handling plan stated the 'stand aid' needed to be used for all transfers. We saw staff use a walking frame and a handling belt to transfer them from the wheelchair to the easy chair. The registered manager told us this persons needs had changed over the weekend and the care plan had not yet been updated.

When we looked in this person's bedroom we saw there was a crash mat under the bed. Their care file identified they had been found on the floor in their bedroom. Staff confirmed the crash mat had been put in place in case they had another fall from their bed. This showed us staff had acted to minimise the risk of injury, however, this had not been documented in their care plan.

People's end of life care needs were planned for. We saw end of life care plans had been completed. These detailed any specific requests or wishes. The service had achieved accreditation with the Gold Standards Framework (GSF) for End of Life Care. This meant that it had arrangements in place to ensure people received compassionate and good quality end of life care.

We saw a recent letter of thanks which stated the following; "Thank you all so much for all the care that my dear [name] received at the end of their life from you all. It was all so sad but I am pleased I managed to speak with them. We are pleased they were surrounded by caring people at the end."

Complaints were taken seriously and investigated. A relative told us, "I haven't needed to complain. If I did have any concerns I am confident I would be listened to and things would be sorted out."

We looked at the complaints log and saw three complaints had been received since the last inspection and these had been dealt with appropriately.

We looked at what the service was doing to meet the Accessible Information Standard (2016). The Accessible

Information Standard requires staff to identify record, flag and share information about people's communication needs and take steps to ensure that people receive information which they can access and understand, and receive communication support if they need it.

Care staff organised activities on a day to day basis. One the day of our visit there was a music session in the morning, people were singing and shaking a variety of instruments. In the afternoon some people joined in a game of Bingo. We heard one person ask staff what would cup football game was on in the afternoon. The care worker looked at the 'World Cup' chart and told them. Staff made sure the Bingo finished in time for the football match to be put on. Whilst we saw there was a range of activities in place we found there were periods of time when people would benefit from more social interaction.

Activities were also provided monthly by a range of external visitors. For example, Dance for life, Pulse fitness and wellbeing and the music man. The registered manager had also developed links with a local secondary school and pupils were regular visitors to the home. The pupils who visited had completed dementia awareness training and provided activities for people who used the service.

People who use the service had free access to a secure outside garden area. There were two resident goats which interested people. We saw one person going out regularly to feed them biscuits or to pet them. Two chickens had been successfully hatched at the home and these too were outside and we saw people watching them in their cage.

Is the service well-led?

Our findings

When we inspected the service in September 2017 we found the service was in breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the auditing systems were not identifying issues. On this inspection we found improvements had been made. However, the systems and processes for monitoring the quality of the service needed further development and needed to be fully imbedded.

A range of audits and checks were completed by the management team. We found some of these were effective but others required further work to ensure they helped achieve a consistently high-quality service. Audits were completed in areas which included medicines management, care plans, food hygiene and staff files. Documentation showed that three care plan audits should have been completed every month but none had been completed in June 2018. We found one person's care records was not reflective of their needs this might not have been the case had it been audited. In addition, we concluded environmental audits were not sufficiently robust as they had not picked up the issues we identified with the premises during this inspection. There was also no structured redecoration and refurbishment improvement plan setting priorities and timeliness for improvement of the environment.

Following the inspection, the registered manager sent us an up to date redecoration and refurbishment programme. They also told us the security of the building had been added to the environmental audits and a new digital lock had been fitted to the external kitchen door.

The provider undertook visits to the home and these were documented on an audit form providing assurance that quality issues such as complaints, safeguarding and other incidents were reviewed.

A registered manager was in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. They were supported by a team of deputy managers and senior care workers. Each staff member was clear about their role and responsibilities which helped ensure well-co-ordinated care. Management worked care shifts as well to enable them to experience how the home operated.

A relative told us, "[Name of registered manager] is approachable and has a good sense of humour."

Staff made the following comments, "[Name of registered manager] is brilliant, they are one of the team and does 'hands on care' as well." "[Name of registered manager] is always in work trying to make things better."

Staff we spoke with all told us they would recommend the service as a place to live and a place to work. One person said, "I would let a relative live here because people are treated like family."

Staff spoke positively about the home and said they felt well supported by management. They said the

registered manager was approachable and although the manager worked across two care homes, they were always contactable should they need them. One staff member said, "I love it, it might not to be the best environment, but it's lived in and it's their [people who use the service] home. I love it here, everyone is happy."

Staff meetings were held and were used as an opportunity to support staff as well as discussing any quality issues that had arisen. For example, it had been identified that staff were not always recording information on the activities people had been involved in and this had been addressed through staff meetings.

The registered manager told us that they had held resident and relative meetings but these had not been successful and there had been poor attendance so they now engaged with people on an individual basis. Peoples' feedback about food and activities had been sought and used to make changes to the service. Annual questionnaires were sent to people and their relatives to obtain feedback confidentially from people.

Information on what action had been taken to address the last CQC inspection findings was displayed in the home to keep people informed of the changes made to the service.

The registered manager had worked in partnership with the local authority commissioning team, safeguarding unit and fire service, to bring about improvements to the 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 15 HSCA RA Regulations 2014 Premises and equipment Improvements were needed to the maintenance and security of the premises. Regulation 15 (1) (b) (e) |