Shafa Medical Services Limited

# Regent House Nursing Home

## Inspection report

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## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

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|---|---|
| Is the service safe? | Good |
| Is the service effective? | Good |
| Is the service caring? | Good |
| Is the service responsive? | Requires Improvement |
| Is the service well-led? | Good |

# Summary of findings

## Overall summary

This inspection took place on 11 December 2018 and was unannounced. Regent House Nursing 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 care home provides accommodation, nursing and personal care for up to 30 people in one detached building that is adapted for the current use. The home is situated in a residential area in Hove. Regent House Nursing Home provides support for older people living with a range of complex needs, including people living with dementia. There were 28 people living at the home at the time of our inspection.

The service had a registered manager who was present throughout the inspection. 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.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

The provider was working towards providing a more personalised service for people. We noted that improvements had been made, including in the person-centred detail of care plans. Staff were working with the Care Home In Reach Team (CHIRT) to seek advice and training on how to improve meaningful occupation for people living with dementia. The registered manager told us this was work in progress. Plans for improving the quality of life for people living with dementia had not yet been implemented. This was identified as an area of practice that needed to improve to ensure that people were not socially isolated and that they received the stimulation they needed.

People told us they felt safe living at Regent House Nursing Home. People were receiving their medicines safely. Risks to people were identified, assessed and managed and staff understood their responsibilities to safeguard people. Incidents and accidents were monitored and people's care was reviewed to prevent further incidents. The home was clean and systems continued to be effective in the prevention and control of infection. There were enough suitable staff on duty and people did not have to wait longer then they should expect to have their needs met. One person told us, "When you call the bell they come quickly." The provider's system for recruiting staff remained safe.

People's needs had been assessed and staff had received training and support to meet their needs. People were receiving enough to eat and drink. One person told us, "There's a choice of meat and vegetables,

plenty to drink and a nice variety." People were supported to access the health care services they needed. Staff worked effectively with health care professionals and included their advice in care plans. Staff understood the importance of seeking consent from people. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff were kind and caring. People spoke highly of the staff, saying, "They really look after me," and, "I like her, she's very caring." Staff knew people well and had developed positive relationships with people. They supported them to be involved in decisions about their care and support. People's privacy was protected and staff supported them to maintain their dignity and encouraged them to remain independent when possible. People and relatives said they felt confident to raise any complaints and the registered manager had responded appropriately to people's concerns. People were supported to plan for care at the end of their life and their needs, wishes and preferences were respected.

The service remained well-led and people, relatives and staff spoke highly of the registered manager. Quality assurance systems were robust and there was an emphasis on learning from mistakes and reflecting on practice to drive improvements. There was clear leadership and staff understood their roles and responsibilities. Staff had made positive links within the local community and were actively seeking to improve practice through partnership working. There were clear plans in place to support developments.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

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|---|---|
| **Is the service safe?**<br>The service remains good. | **Good** |
| **Is the service effective?**<br>The service remains good. | **Good** |
| **Is the service caring?**<br>The service remains good. | **Good** |
| **Is the service responsive?**<br>The service remains requires improvement | **Requires Improvement** |
| **Is the service well-led?**<br>The service remains good. | **Good** |

# Regent House Nursing Home

**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 was planned to check 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 11 December 2018 and was unannounced. The inspection team consisted of three inspectors and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. Their area of expertise related to older people and people who were living with dementia.

This service was selected to be part of our national review, looking at the quality of oral health care support for people living in care homes. The inspection team included a dental inspector who looked in detail at how well the service supported people with their oral health. This includes support with oral hygiene and access to dentists. We will publish our national report of our findings and recommendations in 2019.

Before the inspection we reviewed information we held about the service including previous inspection reports, any notifications, (a notification is information about important events which the service is required to send to us by law) and any complaints that we had received. The provider had submitted a Provider Information Return (PIR) before the inspection. 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 any improvements they plan to make. This enabled us to ensure that we were addressing any potential areas of concern at the inspection.

We spoke with seven people who were living at the home. We 'pathway tracked' three people. This is when we looked at people's care documentation in depth and made observations of the support they were given. It is an important part of our inspection, as it allowed us to capture information about a sample of people

receiving care. We also spoke with two relatives of people who use the service. We spoke with six members of staff and the registered manager and spoke with other staff on duty during the inspection. We looked at a range of documents including policies and procedures, care records for eight people and other documents such as safeguarding, incident and accident records, medication records and quality assurance information. We reviewed staff information including five recruitment files, supervision and training information and we looked at the provider's management systems.

At the last inspection on 31 August 2016 we rated the service as Good overall.

Good

# Is the service safe?

## Our findings

People told us that the felt safe at Regent House Nursing Home. One person told us, "If I had any issues I would go straight to the nurse." A relative told us that they were happy with the care and said of their relation, "They seem content."

Staff demonstrated a clear understanding of their responsibilities for safeguarding people. Staff had received training and were able to describe the procedures that they needed to follow if they suspected abuse. One staff member said, "I would always report an injury or suspected abuse to the nurse of the manager." Another staff member said, "I would have to report abuse." Records confirmed that appropriate safeguarding alerts had been made. We noted that examples of safeguarding incidents were used during reflective practice sessions to help staff learn from any mistakes.

Risks to people were identified and assessed. One person was assessed as being at risk of developing a pressure sore. A skin integrity risk assessment had been completed and there was clear guidance for staff in how to reduce this risk, including the importance of maintaining good nutrition and hydration to support skin integrity. Another person needed support from staff to move around. A mobility care plan guided staff in the equipment and support that the person needed. Some people needed to use a hoist and sling to move. There were manual movement assessments together with hoist and sling assessments providing staff with clear guidance on the most appropriate equipment to use according to people's needs.

One person arrived at Regent House Nursing Home for their first day. We noted that risk assessments and care plans were completed straight away to ensure that staff had the initial information they needed to support the person safely. One person had fallen and sustained an injury that required medical attention. Their care plan had been reviewed and amended to ensure that measures were in place to the reduce risks of further falls. Staff we spoke with were clear about people's rights to take positive risks. One staff member said, "As long as people have capacity to do so they can make decisions for themselves, even if they are unwise decisions." Another staff member said, "We don't restrict people, we might keep an eye on them to make sure they are safe."

Incidents and accidents were recorded and monitored. Records showed how actions had been taken following incidents and accidents to ensure that lessons were learned from mistakes. For example, a staff member received additional training in manual movement following and accident. Risks associated with the safety of the environment and equipment were identified and managed appropriately. People's ability to evacuate the building in the event of a fire had been considered and each person had an individual personal emergency evacuation plan. Infection prevention and control procedures were in place and we observed staff were using appropriate personal protective equipment (PPE) when supporting people with personal care. We noted that all areas of the home were clean and tidy. Staff had a good understanding of infection prevention and control issues and had received training and updates to support their practice.

There were enough suitable staff on duty to care for people safely. We noted that people had call bells close to hand when in their rooms. One person told us, "Staff come quickly if they have time, but they are terribly

busy." Another person said, "When you call the bell they come quickly." Our observations during the inspection confirmed that people did not have to wait longer then was reasonable for their needs to be met and call bells were answered promptly. Staff told us there were enough staff to provide safe and effective care. One staff member said, "I don't think there's any problem. We have a lot of agency staff but they are regulars who know people as well as the permanent staff." There were robust recruitment procedures in place. Appropriate checks had been completed prior to staff starting work which included checks through the Disclosure and Barring Service (DBS). These checks identify if prospective staff had a criminal record or were barred from working with children or vulnerable people. Staff had obtained proof of identity, employment references and employment histories. Documentation confirmed that nurses employed had up to date registration with the nursing midwifery council (NMC).

People were receiving their prescribed medicines safely. There were systems in place to ensure that medicines were stored, disposed of and administered safely. Only those staff who had been trained and were assessed as competent were able to administer medicines. We observed a staff member administering medicines to people and noted that they followed the provider's medication policy. People told us they received their medicines when they needed them. One person said, "If you want a paracetamol you just ask." Some people were receiving PRN or 'as required' medicines. There were clear protocols in place to guide staff in how, when and why this medicine should be administered. The provider undertook regular audits to monitor management of medicines. They had also completed an audit with a mental health professional to identify medicines prescribed for people who were living with dementia and to ensure that people were receiving only the medicines that they needed. The GP was asked to review people's medicines when concerns arose and a pharmacist also completed regular audits.

Good

# Is the service effective?

## Our findings

People continued to speak well of the skills of staff at Regent House Nursing Home. One person told, us, "The staff are very good, they know what to do." Another person said, "I think they are pretty good, they have had training." A relative said, "I don't feel concerned. I think my relation is cared for and other family members feel the same."

Staff had received the training and support they needed to be effective in their roles. One staff member said, "The training is good here, I will say that." Staff were able to access training in subjects that were relevant to the needs of people they were caring for, including dementia care. There was also regular training available for registered nurses. Staff told us that when new staff were recruited they received training as part of their induction process and spent time shadowing experienced staff to increase their knowledge and confidence. Staff told us they felt well supported and received supervision from a manager. Supervision is a mechanism for supporting and managing workers. It can be formal or informal but usually involves a meeting where training and support needs are identified. It can also be an opportunity to raise any concerns and discuss practice issues. One staff member told us that they found supervision to be helpful. They said, "I get supervision, yes. It's confidential and I can say what's on my mind." Staff described effective communication systems at the home. One staff member said, "Communication is good and that helps us to work more effectively as a team." Staff told us that daily handover meetings were useful to pass on relevant information between team members.

People's needs were assessed in a holistic way and took account of their physical health, mental health and social needs. Appropriate assessments were undertaken to identify how to achieve effective outcomes for people. For example, some people were at risk of malnutrition and dehydration. Staff completed a screening tool to assess the level of risk. A weight loss risk assessment detailed how the risk would be managed by increasing the person's calorific intake with a fortified diet and regular monitoring of their weight and food intake. Monthly monitoring records showed that the person's weight was stable.

People told us they were happy with the food offered at Regent House Nursing Home. One person said, "The food's OK. I can't complain about it. There's a choice of meat and vegetables, plenty to drink and a nice variety." People told us they were offered choices and we observed that this was happening. The chef demonstrated good knowledge of individual needs. They told us that one person preferred spicy food and we noted that they were receiving a spice based meal at lunchtime. Risk associated with eating and drinking were assessed and managed. One person was assessed as being at risk of choking. Their nutrition and hydration care plan included advice from a Speech and Language Therapist (SALT). Guidance for staff included clear details about how to support the person to eat independently with prompting at a slow pace. We observed staff supporting the person in line with their care plan.

People told us they could access the health care services they needed. One person said, "I had shingles. I had a pain in my back and the Dr came the next day." Another person said, "You can ask to see the Doctor, or the nurse will get you one if she thinks you need one." During the inspection we observed staff contacting the GP on several occasions to seek advice about people's health concerns. People were supported with

regular health care appointments.

The premises was suitable to meet people's needs. People who were able to move around independently or with support, told us that they could access the garden and used a lift to move between floors at the home. Adaptations had been included to meet people's needs. For example, grab rails had been installed for some people and specialist equipment had been purchased to support people with physical disabilities.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. Staff had received training in MCA and DoLS and were able to describe their responsibilities with regard to this legislation. Staff explained how they obtained consent from people before providing care and support. We observed that staff were checking with people throughout the inspection. One staff member spoke about people's rights to make their own decisions whenever possible. They described how people with capacity were supported to take risks and make potentially unwise decisions.

Where people were unable to make decisions for themselves staff had considered the person's capacity under the Mental Capacity Act 2005, and had taken appropriate action to arrange meetings to make a decision within their best interests.  Referrals had been made for Deprivation of Liberty Safeguards (DoLS) and we could see that staff understood how these were implemented. DoLS authorisations had been grated for some people, staff knew this and were aware of their responsibility to comply with these authorisations when providing care.

Good

# Is the service caring?

## Our findings

Staff continued to care for people in a kind and caring way. People told us about the kindness of individual staff members. One person named their favourite staff member and said, "I like her, she's very caring. She takes me for a shower." Another person described another staff member saying, "They really look after me. She's very good." A third person said, "The male carers are very nice, very cheery and funny."

Staff had developed positive relationships with the people they were caring for. They spoke about them respectfully, with compassion. We observed many instances of genuine warmth between staff and people. On these occasions, staff took time to explain their actions to minimise people's anxiety. For example, one person had a visual impairment and their care plan described how staff should explain where things were by using a clock reference system. We observed a staff member supporting this person at lunchtime and explaining where their food was in line with the care plan.

The staff were knowledgeable about the people they were caring for and were able to explain to us people's individual needs and requirements. It was evident that staff knew people well, for example, staff knew people's daily routines without referring to documentation. Staff were heard acknowledging people's preferences at lunchtime, one staff member said, "Would you like a bit more? I know it's your favourite." Another staff member asked another person, "Shall I get you some orange juice, you prefer that to tea, don't you?" A relative told us a staff member knew their relation well saying, "She knows our routine." Another relative told us "The carers are always very nice, they do offer people choices."

People, and when appropriate, their relatives were supported to be involved in making decisions about their care and support. For example, people were asked if they would like to have their relative attend meetings to review care plans. When this had happened, we could see people's views had been included. A relative told us how they had met with the registered manager saying, "She asked me all kinds of questions." The registered manager explained that each person had a key worker so that they had someone specific that they can talk to or share any concerns with. They said, "We have tried to match residents and staff that already have a good rapport so that the resident feels comfortable talking with their keyworker. Keyworkers will also be involved with reviewing of care plans."

Staff understood the importance of supporting people to maintain their dignity. We observed how a staff member discreetly supported one person to wipe their mouth without drawing attention to what they were doing. Another staff member was careful to knock on the door and wait for a reply before entering a person's room. We observed staff supporting someone to move with the aid of a hoist. Staff gave the person clear instructions to support them and offered gentle reassurance. They were mindful of ensuring the person's dignity throughout the process.

People were encouraged to maintain their independence. A staff member explained how they supported a person by ensuring items were kept in the same place so they would know where they were and could find them independently. The person told us, "I try and maintain my independence as much as possible and the staff help me."

Staff ensured that personal information was stored securely and they understood the importance of maintaining people's confidentiality.

Requires Improvement

# Is the service responsive?

## Our findings

At the last inspection on 31 August 2016 people were not receiving a consistently responsive service. Care plans were not all well personalised and focussed on a task based approach. Some people told us they were bored, others did not have enough to stimulate and occupy them. We made a recommendation that the provider found out more about providing meaningful occupation based upon current best practice in relation to the specialist needs of people living with dementia.

At this inspection some improvements had been made. The provider had arranged support from the Care Home In Reach Team (CHIRT) to seek advice and training on how to improve meaningful occupation for people living with dementia. The registered manager told us that this was work in progress. We noted that some meetings and workshops had been held with staff and more were planned. The activity co-ordinator was engaged with this process and also attended a regular activity worker forum facilitated by CHIRT.

Some activities were arranged including quizzes, games and films in the afternoon. There were festive activities planned during the month including a pantomime. One person told us, "There is a bit going on if you want to join in." On the day of the inspection a bingo session was attended by ten people and a local faith organisation came to sing Christmas carols and visited some people in their rooms. People told us that they preferred to spend time in their rooms. One person said, "I never go out of my room, by choice." Another person told us, "They offer to take me downstairs but I like my own company." A third person said, "I get no pleasure joining in downstairs." We asked staff how they prevented people from becoming socially isolated. One staff member said, "Some people don't want to join in so we make sure we check on them regularly." The activities co-ordinator explained that she tried to spend regular time with people in their rooms. One person confirmed this saying, "She does pop into see me."

Our observations were that the plans for improving the quality of life for people living with dementia had not yet been implemented. Staff told us, and we observed, that most people went back to their bedrooms after 3.30pm and stayed there for the rest of the day. People were not accessing groups or activities in the local community and there were limited opportunities to go out. The activity co-ordinator offered to support one person to go out each week. Positive work was being undertaken to make changes and improve the quality of life for people living at the home. However, this was not yet embedded within everyday practice. Therefore, ensuring that people have meaningful activities and social stimulation remains an area of practice that needs to improve.

Care plans had been improved to reflect a more personalised approach. Care plans contained details of people's life history, their cultural background, people who were important to them, their interests, choices, preferences and daily routines. They focussed on the individual needs and wishes of people. Descriptive sentences were used to help make it clear to care workers how people wished to be supported. For example, care plans routinely included sentences starting with, 'I like to…; I am unable…; I am able…; please ask me if …;

Staff gave us examples of how they had provided support to meet the diverse needs of people using the

service including those related to disability, gender, ethnicity, faith and sexual orientation. These needs were recorded in care plans and all staff we spoke to knew the needs of each person well. For example, one person had an interest in different cultures and accents. Staff were aware of this and we noted this was a topic of discussion with the person. This was reflected in their care plan.

Staff supported people to maintain contact with people who were important to them. One staff member told us how they encouraged a person to use skype, an internet based communication system using a camera. We observed them supporting the person and providing the WIFI code for the home to enable this to happen.

From 1 August 2016, all providers of NHS care and publicly-funded adult social care must follow the Accessible Information Standard (AIS) in full, in line with section 250 of the Health and Social Care Act 2012. Services must identify, record, flag, share and meet people's information and communication needs. We saw examples that showed the provider was complying with this standard. Information was available in different formats to make it more accessible. For example, information about how to make a complaint was available in large print. One person had sensory loss affecting both their sight and hearing. A communication care plan identified their needs and guided staff in how to support them effectively. For example, the person was not able to see written information. To address this, documents were recorded onto a CD so they could listen to the information. Their care plan included symptoms of the person's condition such as visual disturbances. Staff told us this helped them to understand the impact for the person and we noted how a staff member took care to ensure they positioned items carefully in line with the care plan.

Assessments and care plans were reviewed regularly. We noted that where appropriate, relatives had been invited to attend review meetings. Staff recognised when people's needs had changed. For example, one person had a history of mental health problems. Staff had noticed a deterioration in their level of anxiety and a referral had been made to obtain advice from mental health professionals. Guidance for staff was included in an updated care plan. Staff told us that this had helped them to be more responsive to the person's mental health needs.

People told us they felt confident to raise any complaints or concerns with the registered manager. One person said, "If anything is wrong and you report it, they are on it in a minute." Another person said, "I would tell my son or the manager if I had a problem." A relative told us that they had made a complaint and it was quickly resolved. There was a system in place to record all complaints and the resulting response. The registered manager told us that they reviewed complaints to ensure that lessons were learned when things went wrong.

People were supported to make decisions about care at the end of life. Some people had end of life care plans in place which identified their wishes and any particular religious or cultural needs. Relatives and friends had been involved, where appropriate, in developing these plans. There was a clear focus on the person's wishes. One person had expressed a desire for a person who was important to them to be contacted when they were nearing the end of life. Records showed that this had happened. Staff described how people's relatives were able to stay at the home if necessary to be with their relation at the end of life.

Good

# Is the service well-led?

## Our findings

People, their relatives and staff told us that the home continued to be well run. People we spoke with knew who the registered manager was and described them as approachable. One person told us, "They are very nice," another person told us, "They come round and see us, and if you ask, they always come and see you." A relative said of the registered manager, "They have been here about a year. I get on well with them, they are very approachable. They put in a lot of hours."

Staff also spoke highly of the management of the home. One staff member told us, "I think it's better than it was. The manager is very approachable and will always listen". Another staff member said, "The manager is really supportive and has done a great job."

There remained a clear staffing structure with identified management roles. Staff demonstrated an understanding of their roles and responsibilities. They described an open culture where they were able to discuss concerns and identify improvements. We noted that records of reflective practice meetings included discussions about learning from mistakes.

There were effective systems in place to support the management and governance of the home. The registered manager had oversight of incidents and accidents and any safeguarding events at the home. They explained how they identified patterns or trends from this information to drive improvements. For example, reviewing documents from incidents had identified the need to keep people's relatives informed where appropriate and this was highlighted with staff in reflective practice meetings.

The registered manager told us they engaged with people and their relatives about shaping developments at the home. People and their relatives told us they were invited to regular meetings. One person said, "My son usually goes to the meetings." A relative told us, "I have been invited but I don't always attend. The manager keeps me informed of any changes." Quality assurance questionnaires were used to gather people's views on the service. The registered manager said that there had not been any themes identified from the last questionnaire but where people raised questions or concerns these were answered individually.

Staff told us that they were able to contribute their ideas and views at staff meetings and during supervision meetings. One staff member said, "We can pass on our views and they are listened to." The registered manager gave an example saying that a new electronic system had been introduced for staff to record daily care notes electronically. However, staff were not confident in using the system. The registered manager said that a decision had been made to stop the implementation of the system to allow more time for training the staff so they would be confident to use the system.

The was a focus on continuous learning and improvement. The registered manager had made connections with other agencies to support service development. They said, "We are encouraging meetings with other homes and professionals to share good practice and ideas and reflect on how we can make improvements here." Staff had made positive links within the local community including with other nursing homes, Care

Home In Reach Team (CHIRT), GP, pharmacy services, a faith based organisation and a local school.

Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. The care manager had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken. The registered manager was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent and it sets out specific guidelines providers must follow if things go wrong with care and treatment.