

# Tamaris Healthcare (England) Limited

## Regents View Care Home

### Inspection report

Francis Way  
Hetton-le-Hole  
Houghton Le Spring  
Tyne and Wear  
DH5 9EQ

Tel: 01915266776  
Website: [www.fshc.co.uk](http://www.fshc.co.uk)

Date of inspection visit:  
24 May 2023  
20 June 2023

Date of publication:  
12 July 2023

### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Regents View Care Home is a residential care home providing personal and nursing care to up to 50 people. The service provides support to older people, some of whom were living with dementia. At the time of our inspection there were 50 people using the service.

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

Care plans described how to manage potential risks, however there were no specific risk assessments. The registered manager acted immediately to implement these.

People and relatives gave positive feedback about the care provided at Regents View Care Home.

Staff knew how to identify and report safeguarding concerns. Previous safeguarding concerns had been referred to the local authority and investigated. Management investigated incidents and accidents and acted to help prevent future occurrences. The home was clean and tidy throughout. There were enough staff to meet people's needs and new staff were recruited safely. Medicines were administered safely.

Staff were well supported and received the training they needed. Staff supported people to have enough to eat and drink and to access healthcare services, when required.

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.

The provider had a structured approach to quality assurance, which had been effective in identifying areas for improvement. People, relatives and staff had good opportunities to provide feedback. The registered manager and staff team had positive relationships with external stakeholders and professionals.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was good (published 23 November 2017).

### Why we inspected

This inspection was prompted by a review of the information we held about this service.

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.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Regents View Care Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Regents View Care Home

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

An inspector and an assistant inspector carried out this inspection.

#### Service and service type

Regents View Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. [Care home name] is a care home [with/without] nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

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

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

#### Notice of inspection

This inspection was unannounced.

### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used this information to plan our inspection.

### During the inspection

We spoke with 4 people who lived at the service and 7 relatives about their experience of the care provided. We spoke with 8 staff; the regional manager, the registered manager, the deputy manager, 2 senior care workers, 2 care staff and the housekeeper. We reviewed a range of documents relating to the safety and management of the home.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had good systems for dealing with potential safeguarding concerns. Previous concerns had been referred to the local authority and investigated. The provider engaged well with the local authority to implement any recommendations.
- People, relatives and staff told us the home was a safe place. A relative said, "I have absolute trust and confidence in the staff to care for [family member]."
- Staff confirmed they could openly raise concerns with the registered manager, if required.

Assessing risk, safety monitoring and management

- Care plans described how risks specifically relating to people were to be managed. However, risk assessments had not always been completed. The registered manager took immediate action to implement these risk assessments.
- The provider identified and managed potential risks. Staff completed a range of health and safety risk assessments and checks to maintain a safe environment.
- People had personal emergency evacuation plans (PEEPs), which described their support needs in emergency situations.

Staffing and recruitment

- There were enough staff to meet people's needs. The registered manager monitored staffing levels to check they remained at a safe level.
- People and relatives confirmed staff responded in a timely way when people needed help. A relative told us, "There are usually enough staff around and the staff are brilliant."
- Staff also said staffing levels were appropriate to meet people's needs. A staff member commented, "Staffing is okay, there is plenty of staff."
- New staff were recruited safely. The provider carried out pre-employment checks to ensure prospective staff were suitable to be employed at the home.

Using medicines safely

- Medicines were managed safely. People received their medicines on-time from trained and competent staff.
- Staff accurately recorded the medicines people were given. The registered manager regularly checked medicines were administered correctly and that staff followed the provider's medicines procedures.

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 supporting people living at the service to minimise the spread of infection.
- 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 responding effectively to risks and signs of infection.
- 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.
- The provider was following Government guidance in relation to visiting in care homes. There were currently no restrictions.

#### Learning lessons when things go wrong

- The provider had effective systems to investigate incidents and accidents. Following each incident, they acted to keep people safe.
- The provider analysed incidents to identify learning and help improve the care people received.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed shortly after being admitted into the home. This included considering any social, cultural or religious needs people had.
- Assessments were used as the basis for developing personalised care plans.

Staff support: induction, training, skills and experience

- Staff were well supported and received the training they needed for their role. Supervisions and training were up to date.
- Staff confirmed they felt supported in their role. A staff member told us, "There is good training and good support from managers."

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

- People were supported to have enough to eat and drink. Staff supported people well and ensured people received the help they needed.
- People gave positive feedback about the meals provided. A person said, "Food is nice. There is a good choice, snacks are available, and drinks are available."
- Care plans described how staff should support people with eating and drinking. Where required, they had been referred to health professionals, such as Speech and Language Therapists and dieticians, for additional support and guidance.

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

- People were supported to access healthcare services, when needed.
- The home had good links with local health services. Health professionals, such as community nurses and the GP, visited the home regularly to provide treatment and advice. A relative said, "We are kept in the loop, the GP also keeps in contact if we need to make decisions on care."
- Care records described the support people needed to manage their health conditions.

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

- The home's design and decoration was suitable for people's needs. The provider encouraged people to personalise their rooms. A person commented, "My room is nice and clean, it's nice."

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.
- People were asked to consent to their care before receiving help from staff. A relative told us, "Staff would involve and ask [family member]."

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The provider aimed to develop an inclusive and person-centred culture. People, relatives and staff gave positive feedback about the home and the care provided. A person said, "They [care staff] are beautiful, they take care of you." A relative commented, "The home is absolutely brilliant, a home from home."
- People, relatives and staff described the registered manager as supportive and approachable. A relative told us, "She [registered manager] is lovely, very approachable" A staff member said, "The manager is very approachable and accessible. There is good staff morale."

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 provider understood the duty of candour and acted accordingly. They were proactive in submitting the required statutory notifications for significant events to the Commission.
- Relatives confirmed the provider communicated with them and updated them about their family member's needs. A relative said, "I have confidence and trust in the staff to care for [family member]. I am kept informed and up to date."

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

- There were good opportunities for people, relatives and staff to be involved and give feedback about the home. People and relatives had completed questionnaires in October 2022. Feedback was mostly positive. A system called 'you said, we did' communicated to people how their feedback was used.
- Staff meetings took place regularly and staff members were encouraged to attend and give their views.

Continuous learning and improving care; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Working in partnership with others

- The provider had a structured approach to quality assurance. The regional manager and registered manager completed regular checks on the quality of care provided. These were effective in identifying areas for improvement and learning lessons.
- The provider worked with commissioners and other health services to work towards promoting good outcomes for people.

- The registered manager and staff team had developed good links with the local community.