Sandylane Limited

Regent Hotel

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

The inspection took place on 15 and 28 August 2018. It was unannounced on day one but we arranged with the registered manager to return on day two. At the last inspection in August 2017 there was a breach of Regulation 12 Safe Care and Treatment and Regulation 17 Good Governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because infection control and prevention was not managed well and this had not been identified by the registered manager in audits.

Following the last inspection, we asked the provider to complete an action plan which they provided to show what they would do and by when to improve the key question Safe to at least good. At this inspection the provider had completed the actions on their plan and there were improvements relating to infection control with additional audits identifying where improvements were needed. The provider was now compliant with these regulations.

Regent Hotel is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection. The service accommodates up to 29 older people who may be living with dementia in one adapted building. There were 23 people living at the service on the day of the inspection.

At the last inspection in August 2017, the service was rated as requires improvement. At this inspection, the rating had improved to good.

There was a registered manager employed at the service who had been registered for eight months. A registered manager is a person who has registered with the CQC 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.

Staff had been safely recruited and there were sufficient numbers of staff on duty to meet people's needs in a way which met their preferences and promoted their independence. People told us they felt safe in Regent Hotel. Staff had received training in the protection of adults and knew what action they should take if they suspected or witnessed abuse.

People's medicines were safely managed. We observed that people received their medicines wherever they felt most comfortable.

Risks to people's health and safety had been identified with guidance for staff on how to safely meet their needs . People's records were kept safely to maintain confidentiality.

The layout and decoration of the home met people's needs. The environment was clean and tidy and

although there were some areas for improvement to complete such as new carpets, the registered manager told us these were being arranged.

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 were supported by staff who were kind and caring and people felt they mattered to the staff who supported them. We saw examples of a family atmosphere with relatives, people who used the service and staff having conversations, laughing and interacting in a friendly way.

There was an effective quality monitoring system in place. Audits were completed and feedback sought through questionnaires or meetings which helped the service improve.

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.

People told us they felt safe and had no concerns about the care they re ceived.

Staff had been safely recruited. They had received training in safeguarding adults and knew the correct action to take if they witnessed or suspected abuse.

People were cared for in a safe and clean environment.

Is the service effective?

Good

The service was effective.

Staff received the induction and training they required to be able to deliver people's care.

Arrangements were in place to ensure people's rights were protected when they were unable to consent to their care and treatment in the service.

The environment was suitable for people's needs.

Is the service caring?

Good

The service was caring.

People told us staff were kind, caring and respectful towards them.

Staff encouraged people to be as independent as possible. People were able to be provided with care and support by either male or female staff

Is the service responsive?

Good

The service was responsive.

People received care that was personalised to their individual needs. People were able to decide for themselves what they

wanted to do each day.

Activities were organised by the service, but people felt that more could be done to support their social needs.

There was a complaints policy in place and the registered manager told us all complaints would be dealt with in line with that policy.

Is the service well-led?

Good

The service was well led.

The registered manager led by example and staff felt supported by them. Staff told us they enjoyed working at Regent Hotel.

Staff told us the culture was one which encouraged them to have a view.

There was a quality monitoring system in place which identified where improvements were needed.

Regent Hotel

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 15 and 28 August 2018. It was unannounced on day one but we arranged with the manager to return on day two.

On day one, the inspection was carried out by an adult social care inspector and an expert by experience who had experience of services for older people and those living with dementia. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. On day two the inspector returned alone.

Prior to the inspection we reviewed all the notifications we had received from the service. A notification is information about important events which the provider is required to send us by law. We reviewed the action plan from the provider following the last inspection. We had asked the provider to submit a Provider Information Return (PIR); 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 contacted the local authority to gather their views about the service. We included the information provided to us in our inspection plan for the service.

During the inspection we spoke with the registered manager, the deputy manager, a senior care worker, a care worker and the cook. We also spoke with eight people who used the service and five relatives. Some people were unable to communicate with us. 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 the care records for three people and associated risk assessments, three staff recruitment files and training records. In addition, we reviewed documents relating to the running of the service such as audits, servicing and maintenance documents and staff meeting minutes. We observed medicines being

administered and inspected the way in which medicines were managed; we observed lunchtime on day one of the inspection.

Good

Is the service safe?

Our findings

People told us they felt safe in Regent Hotel making comments such as, "If I need help the staff always come quickly," and "I feel safe and comfortable." One relative told us, "The carers come straight way; may have to wait a minute of two if they are busy." We observed staff responded promptly when people called for assistance.

At our last inspection in August 2017, this key question was rated as 'Requires improvement.'This was because the service was not proactive in the prevention and control of infection. At this inspection, the necessary improvements had been made and the key question is now rated as 'Good'. The service was clean and tidy and regular audits by the registered manager had identified where they could maintain cleanliness and minimise the risk of infection for people. Where actions were required these were being actioned by the provider.

We reviewed the recruitment records for three people. We saw all required pre-employment checks had been completed which included a check with the Disclosure and Barring Service (DBS). These help employers to make safer recruitment decisions and prevent unsuitable staff being employed. Systems were in place to keep people who lived in the home safe from abuse or poor practice. Staff had completed training in safeguarding. Policies and procedures were in place to guide staff. Staff demonstrated they understood the importance of keeping people safe and reporting any concerns they might have. Staff told us they were confident the registered manager and deputy would listen and act should they raise any concerns about the care people received.

People's medicines were managed safely. We checked the medicines administration record charts and the medicines for six people who used the service. The charts had been completed correctly. Protocols were in place for medicines prescribed to be taken when required which described when they should be given and at what dose. People received their medicines wherever they felt most comfortable. We observed staff took the time to explain what medicines they were administering to people. There was a policy which covered all aspects of the management of the medicines and staff had access to patient information leaflets for the medicines. Staff who administered medicines had received training and had an annual competency check. Medicines audits were completed by staff and an annual audit by the supplying Pharmacist.

When asked if they thought there were enough staff to deal with their needs, people who lived at Regent Hotel said, "There are enough staff to look after me " and, "I don't have to wait if I need anything." Staff told us there were sufficient staff to meet people's needs. One care worker said, "I think there's enough. We provide cover for holidays amongst ourselves." This made it easier to cover for absence or annual leave and meant the use of agency staff was minimised.

Relatives had mixed opinions about staffing at the service saying, "There are not always enough staff."; "Generally there are enough staff but sometimes there is no one in the sitting room to help people go to the toilet" and, "They seem to have enough staff." We observed that staff were patient in their interactions and did not rush people. Staff rotas showed that the number of care workers on duty was consistent and people

did not have to wait if they required assistance.

Appropriate systems were in place for the management of risks. Environmental risk assessments were completed for the home and there were procedures to be followed in emergencies. A fire risk assessment was in place and it had been reviewed four times within the last twelve months. Regular in-house fire safety checks had been carried out to check the fire alarm, emergency lighting and fire extinguishers were in good working order. Records were kept of the support people would need to evacuate the building safely in an emergency. In addition, staff had completed training to ensure they were able to take appropriate action in the event of a fire.

On the day we inspected it was a hot day and staff were unable to control the heat in the lounge. To reduce the heat they opened windows and used fans where available. Unfortunately, there had been a problem obtaining fans because of the very hot summer which meant fans were not readily available. When we returned on day two the issue had been resolved and the temperature was comfortable. People did not show any signs of distress but the service would benefit from having that equipment available.

Individual risks had been identified in people's care plans, including those relating to moving and handling, hydration and nutrition, tissue viability and falls. In some cases, there were no risk management plans in place for specific conditions. However, staff knew people well and had a good understanding of their needs which minimised any impact and by day two of the inspection the registered manager had started to introduce those care plans.

Records were kept of any accidents and incidents that had taken place at the service. These were audited monthly and analysed. In one audit a person had two similar falls in her room at the same time of night whilst trying to get out of bed. Action had been taken to access a pressure sensor mat to alert night staff so they could respond more quickly. No further falls had been recorded.

People's records were stored securely to protect their right to confidentiality.

Good

Is the service effective?

Our findings

People told us staff had a good understanding of their needs and how they wished to be supported. One person told us, "The staff know how to look after me" and a second said, "They look after everyone very well". Relatives said, "The care is excellent" and "All the carers are good." A third relative told us, "Staff are mostly OK skills wise."

Staff assessed people's needs before they moved into the home. This involved a needs assessment, by gathering information from them, their relatives if appropriate and any relevant health and social care professionals.

Care records had key information at the front of each file. They also included information about people's preferred daily routines and what a good or bad day looked like to them. This assisted staff to support people in the way they preferred.

Training was delivered face to face or by e-learning which staff could access from a computer. Staff told us the training and support they received had given them the skills, knowledge and confidence they needed to carry out their duties and responsibilities effectively.

Records showed staff received supervision. Supervision meetings provide staff with an opportunity to speak in private about their training and support needs as well as being able to discuss any issues in relation to their work. These meetings were not always up to date but staff told us they felt well supported and they could speak with the registered manager or deputy manager at any time. Staff did receive an annual appraisal which linked to their training and development.

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 application 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 registered manager was introducing new paperwork to record mental capacity assessments and best interest decisions. There was some evidence of best interest decision making where people lacked capacity and where appropriate applications for DoLs authorisations had been made.

Staff we spoke with had a basic understanding of the MCA and told us how they promoted the rights and

choices of people who lived in the home. One staff member told us, "I always give them a choice. I ask what they want [in different situations]."

We observed occasions when staff gave people the opportunity to make decisions about their daily life, including where they wanted to sit, what they wanted to eat and what activities they wished to do. Staff were patient and encouraging in these interactions, which enabled people to feel they had a real choice about decisions which affected them.

People's nutritional needs were met. People gave us feedback about the food. Comments people made included, "The food is not too bad"; "The food is good, I can have something else if I don't like it." and, "There is no choice for the main course, but if I ask they will do me something different." We spoke with the cook who told us, "People are provided with a three-course meal but can have an alternative. Everything is cooked from scratch."

The dining room was bright and clean and the atmosphere was pleasant at lunchtime. The room was very homely. Occasionally people chatted with each other and staff working in the dining room chatted with them about the service of the meal and also general topics. It was clear staff were familiar with people's like and dislikes in relation to food. The food looked hot and appetising. The tables in the dining room were laid with table clothes, place mats, napkins and flowers in the centre.

People chose where to eat and so some people sat in the dining room, while others ate at a table in the lounge or their bedroom. The menu did not match the food provided and so if people referred to the menus they would not have received the meal they thought was on offer that day which could cause some confusion. No-one appeared to mind and everyone enjoyed the food provided.

People and their relatives were clear about how they could access their GP and that staff in the home would arrange this for them. We saw evidence of visits from healthcare professionals documented in care files.

The standard of décor, furnishings and fittings was adequate throughout the service and met people's needs. There were memorabilia around the home giving it a warm and homely atmosphere. People had their own bedrooms and people were encouraged to personalise their rooms to make them feel more familiar and homely. This included bringing in their own furniture and photographs.

Good

Is the service caring?

Our findings

People who lived in the home told us staff were caring and kind towards them. Comments people made to us included, "All the staff are very nice" and, "The [staff] talk to us."

Relatives told us, "The staff are lovely"; "I can't pick fault with anyone"; "It is not the poshest care home but my [relative] has always been treated with kindness."

Throughout the inspection, we observed all staff, including ancillary staff, took care to ensure they had a positive interaction with people as they carried out their roles. They asked people generally how they were feeling and responded in a caring manner to any comments people made. These interactions helped to give people a sense of well-being and the feeling that they mattered to the staff who supported them.

Throughout the inspection, we saw examples of this family atmosphere where relatives, people who used the service and staff had conversations, laughed and showed they cared for each other. It was one person's birthday on the day of the inspection and the family, staff and other people joined together to help them celebrate.

An equality, diversity and human rights approach to supporting people's privacy and dignity was well embedded in the service. Staff understood people's right to be treated with respect and dignity and to be able to express their views. We observed them putting this into practice and one person told us, "They knock before they come into my room." A care worker told us, "Personal care is behind closed doors at all times. I close the curtains. If people ask to speak in private I take them to another room so the conversation remains confidential. I ask what they want me to do; how they would like it doing. I knock on doors."

Staff encouraged people to be as independent as possible. One person told us, "I can dress myself and come downstairs and staff let me do that." A care worker told us, "We encourage people's independence by helping people to help themselves. For example, one person will want to use a wheelchair but is able to walk. To encourage this I chat to them saying I'll walk with you and then they begin to walk. They can undress except for a few things so by letting them do most of it and just helping where required means they retain their independence."

The provider employed both male and female staff. This enabled people who used the service to have a choice of being supported by a staff member they felt comfortable with. For example, a gentleman using the service could be supported by a male carer if this was their preference.

People's religious and spiritual needs were documented when relevant. People who lived in the home and their relatives were provided with information about the service and there were notice boards where information was displayed. There was information about advocacy services which people could access, should they need the support of an independent person to help express their views or concerns.

Good

Is the service responsive?

Our findings

Arrangements were in place to ensure people received the care they both wanted and needed. Care records included a good level of detail about people's likes, dislikes, preferences and routines to help ensure they received personalised care. All care plans were underpinned by a series of risk assessments. On day one of the inspection some people's records had only minimal detail about specific medical conditions. Following our feedback, on day two we saw this been rectified and there were more detailed plans in place for those people. The registered manager told us they were very keen to ensure everything was done correctly and had learned from our feedback.

People had a 'key worker' with whom they built a relationship. The key worker made a monthly report detailing how the person had been that month, any healthcare professional visits and activities. This gave an overview of the person's daily life. Daily records were completed to record events and show how staff had responded to any issues. Care plans were constantly updated and reviewed to ensure that the most current information was available to staff.

We checked if the provider was following the Accessible Information Standard (AIS). The Standard was introduced in July 2016 and states that all organisations that provide NHS or adult social care must make sure people who have a disability, impairment or sensory loss get information that they can access and understand, and any communication support that they need. We noted care records included information about people's communication needs and staff told us they adapted the way they communicated with people in order to ensure they understood the information. There was no identified means of providing accessible information for people living with dementia such as pictorial menus.

We recommend that the service research more accessible ways of providing information for people living with dementia.

The activity schedule showed organised activities took place each week day. We saw evidence of some activities taking place in the lounge during the afternoon. There was a bake sale on and a singer as one of the residents was having a birthday party. The activity co-ordinator spent most of the morning in the lounge with people setting up the room for the afternoon and chatting with them.

When asked for their views on the activities being offered. Comments from residents included, "There are not a lot of activities"; "There are no activities" and "I am too old for activities." Relatives told us activities did take place saying, "Sometimes staff take people out along the sea front"; "My relative won't join in activities as they don't want to mix with others" and, "There are not enough activities." Further development of this area of people's support would benefit people's wellbeing.

Where people required end of life care, there was an advanced care plan in place outlining their wishes at this life stage. One person's care plan had their preferred place of care recorded and where appropriate anticipatory medicines were in place to ensure the person had immediate access to medicines which would relieve symptoms. One care worker told us they had attended training in palliative/end of life care. One

family had sent a thank you care which read "A big thank you for all the compassion and kindness you showed at the end of their life."

People felt able to raise any concerns they may have but none of the people spoken with had had cause to raise concerns and were happy with the service they received. The registered manager confirmed any concerns or complaints were taken seriously, explored and responded to. We saw that a number 'Thank You' cards had been received at the service. One family had written, "As a family we are truly grateful for the care you gave to mum and the support you gave us."

Good

Is the service well-led?

Our findings

Regent Hotel is one of two services run by the registered provider Sandylane Limited. At our last inspection in August 2017 the service was rated requires improvement. At this inspection improvements had been made.

The service had a registered manager in place as required under the conditions of the provider's registration with CQC. 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.

Since the last inspection, there had been a change of registered manager in the organisation. They had been in post for eight months and they told us this had led to some changes at the service, but they were still learning what worked for people and were keen to continue to make improvements. The registered manager told us they were working closely with their sister home to make sure any changes were consistent across both services.

Staff told us they felt valued by the registered manager. One care worker said, "Management are quite good now. We have had issues in the past, but since they[registered manager] came it has changed a lot. We now feel we are listened to."

When asked about the values of staff at the service one care worker said, "Caring." They went on to say, "I have watched them looking after these people. I've seen how gentle and caring they are and how they speak to them; they laugh and joke with people. They try and make their days as good as possible. There's not one carer here that rushes off; they sit chatting to people or stay behind to help."

There was a culture that encouraged dialogue. One care worker told us, "I can say whatever I want and I am listened to. My opinions are valued and I quite often have opinions. I can put forward ideas for the service and they are taken on board." There were regular staff meetings. The last meeting discussed record keeping, providing care in a respectful manner, accident forms and the requirement to ensure people were given lots to drink in hot weather in the form of liquids or lollies. Areas of concern were discussed along with any lessons learned. At this meeting lessons were learned by senior staff who had discovered they needed to be more vigilant in checking care staff recording and to recognise the importance of forward planning. The minutes of the staff meetings showed staff were encouraged to express their ideas on how to develop the service.

Systems were in place which continuously assessed and monitored the quality of the service. These included managing complaints, safeguarding concerns and incidents and accidents. The documentation showed management took steps to learn from such events and put measures in place which meant they were less likely to happen again. In addition, the provider monitored the service through audits. These identified any actions required, when they had been completed and any lessons learned. Learning from

incidents or from findings of audits and checks was a common theme to ensure the service continued to improve.

We saw that the service engaged with health and social care professionals to make sure people received appropriate care and support. People were part of the local community and used shops and other amenities within the town.