

3A Care (Bromsgrove) Ltd

Regents Court Care Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Regents Court Care Home is a residential care home without nursing, providing personal care to older people, some of whom live with dementia. At the time of the inspection 37 people were living at the home. The service can support up to 40 people.

Regents Court Care Home accommodates people in one adapted building. People also have the opportunity to enjoy spending time in the garden.

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

People told us they were happy living at the home and told us staff were kind. Staff understood risks to people's safety and worked with people and their relatives to manage and mitigate risks.

Relatives told us a consistent staff team cared for their family members. There were sufficient staff to care for people whose suitability to provide care had been checked. Staff were supported to respond to any concerns for people's safety and to promote the safe administration of people's medicines. Infection control practice reflected Public Health England advice.

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

People were comfortable to ask for assistance from staff when they wanted it. Relatives were complimentary about the way the care was provided and the home was managed. Relatives described the culture at the home as being open and they were involved in decisions about their family member's care.

Staff told us they had opportunities to make suggestions for developing people's care further and their suggestions were listened to. The registered manager checked the quality and safety of the care provided and systems were in place to develop people's care further through lessons learnt.

Rating at last inspection

The last rating for this service was Good (published 28 June 2019).

Why we inspected

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We received concerns in relation to people's safety, infection control, and how the home was managed. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service remains Good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Regents Court Care Home on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Regents Court 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 Care Act 2014.

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

The inspection was undertaken by two inspectors.

Service and service type

Regents Court Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

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 and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this

report. We used all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service and five relatives about their experience of the care provided. We spoke with 11 members of staff including the registered manager, senior care workers, care workers, a member of administrative staff, a domestic staff member and the chef. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, the provider's policies and procedures and planned dates for staff meetings.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now remained the same.

Systems and processes to safeguard people from the risk of abuse

- People were cared for by staff who knew how to recognise signs of abuse and who knew what action to take to keep people safe.
- Staff were confident the registered manager would take action to promote people's safety, should this be required.
- Staff had received training to support them to keep people safe and knew where to find safeguarding guidance and policies.

Assessing risk, safety monitoring and management

- People's risks were understood by staff who took action to mitigate these.
- Relatives were complimentary about the way their family member's safety needs were met and how they were consulted about their family member's safety. One relative said, "[Registered manager and staff names] have been great. They helped us to understand processes for keeping [person's name] safe, and always do this in a straightforward way."
- Staff were guided on how to promote people's safety and manage their risks through comprehensive information within people's care plans and risk assessments.

Staffing and recruitment

- People were cared for by staff whose suitability to care for them had been checked and who had been trained to provide good care.
- We saw people did not have to wait if they wanted assistance from staff.

Using medicines safely

- People were supported by staff who had a good understanding of their medication needs. The registered manager planned to change where people's 'as required' medication protocols were located, to further promote good medicine management.
- Staff had to undertake training and have their competency checked before they could administer medicines.
- Staff knew what actions to take in the event of any errors in the administration of medication.
- The registered manager regularly checked people received their medication as prescribed.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.

- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises. The registered manager gave us assurance porous surfaces would be further maintained.
- 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.

Learning lessons when things go wrong

- Relatives told us they were informed if there were any concerns about their relatives, and their views on how to improve their care were sought.
- Staff were kept up to date about people's changing risks and needs through handover meetings at the start and end of each shift. These meetings enabled staff to reflect on people's needs and to respond to people's changing risks.
- The registered manager and senior staff regularly reviewed people's care and any incidents, such as medication errors and falls. These were followed up by the senior team to promote learning and to ensure people's safety and care needs continued to be met.

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 the last inspection this key question was rated as Good. At this inspection this key question has now remained the same. 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; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and relatives were positive about the culture at the home. One relative said, "Staff recognise he's a proud man and make sure that he feels a sense of autonomy. They are warm, comfortable, well fed and well cared for. It's a massive relief they are there."
- Staff and relatives gave us examples of how people with protected characteristics, such as disability, were supported. One relative said, "The home is run really extremely well. I saw [person's name] for the first time in a year last week, and there's been no deterioration in how they look because they are looked after so well. We say as a family how lucky we are they're living at Regents Court."
- People's care plans reflected staff's commitment to including the views of people living at the home and the consultation which regularly took place with their family members to inform decisions about their care.
- Staff told us they did not have to wait for staff meetings if they wanted to make suggestions for improving people's care. Staff told us their suggestions had been listened to.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements: 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 registered manager had met regularly with staff to guide and support them during the COVID-19 pandemic. The registered manager planned to reintroduce staff meetings and further one to one meetings with staff over the coming months.
- Staff we spoke to understood their roles and responsibilities.
- The registered manager knew what significant events needed to be notified to The CQC and understood their responsibilities to open and honest with people, should anything go wrong with the care provided to them.

Working in partnership with others; Continuous learning and improving care

- People were supported to see external health specialists when required. One relative told us, "[Person's name] has communication needs and [staff are] really good at spotting if they have a UTI [urinary tract infection]. They're really proactive at getting the GP out and really good at picking up on non-verbal clues."
- The registered manager monitored performance of staff through spot checks, and senior staff also reviewed any significant incidents at the home, such as accidents and medication errors, to identify any patterns and to drive through any improvements needed.

- Prior to the pandemic, the provider had visited the home alternate months to check on the care provided to people and to talk with staff. This had ceased during the pandemic. However, the registered manager advised the provider of any significant events at the home and the provider had recently started to re-visit the home to engage with staff and to check the quality of the care provided.