Mr & Mrs T Buckingham

Regency Retirement Home

Inspection report

52 Regent Street
Stonehouse
Gloucestershire
GL10 2AD

Tel: 01453823139

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

The inspection took place on 3 January 2017 and was unannounced. The last inspection took place in July 2013 and no breaches of regulation were found at this time.

The service provides care and accommodation for up to 14 older people. At the time of our inspection there were 12 people living in the home.

There was a registered manager at the home. 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.

People who used the service were positive about the care they received and talked positively about the staff who supported them. However we did find shortfalls in some areas of the service. There were care plans in place to guide staff; however these did not fully describe people's needs or describe the strategies required to support the individual. There were risk assessments in place but these were not fully effective in identifying risks or stating the measures needed to ensure people's safety.

Staff training and supervision was not sufficient to ensure staff had the knowledge and skills to make sure people's needs were met and their rights respected. There were long gaps between staff's supervision sessions and training did not cover all relevant aspects of the service provided, particular in relation to the Mental Capacity Act 2005. This lack of knowledge impacted on people in the home because it was not always recognised when mental capacity assessments needed to be carried out and when a best interest decision might be required.

There were systems in place to monitor the quality of the service; however these were not fully effective in identifying shortfalls. The monthly care plan audit for example, had not identified gaps in the care plans or that the principles of the Mental Capacity Act had not been fully applied.

People experienced caring and respectful relationships with staff. Comments we received included, "I'm well looked after". "I like it here, I feel part of a family" and "Staff are more like friends than staff". Visiting health professionals that we spoke with told us that the people they visited always appeared happy and content. People's independence was promoted and they were treated with respect. However, we did observe time when people's privacy may be compromised due to staff discussing people's care in close proximity to the lounge where people could potentially overhear.

People received safe support with their medicines, these were stored and administered appropriately. Staff were trained in safeguarding vulnerable adults and confident that they would be able to recognise and report any potential signs of abuse. People told us they felt safe living at the home and there were sufficient staff to meet their needs.

Staff were knowledgeable about the people they supported and told us about the ways in which they met their individual needs. People were involved in planning their own care and their opinions about the service were sought through surveys and meetings. Family and friends were welcomed to the home without restriction and this enabled people to maintain relationships with people that were important to them.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 at this inspection. You can see the action we took at the end of our full report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not safe in all aspects. Risk assessments were not sufficient to fully protect people.

There were sufficient numbers of staff to meet people's needs.

People received safe support with their medicines.

Staff were trained in safeguarding vulnerable adults.

Is the service effective?

Requires Improvement

The service was not effective in all areas. Staff did not receive full training and supervision.

People's rights were not fully protected in line with the Mental Capacity Act 2005.

People were given meals that they enjoyed and their health monitored.

Staff worked with healthcare professionals and proactive in seeking their guidance.

Is the service caring?

Good

The service was caring. People were positive about their relationships with staff.

People were treated with respect.

People were involved in planning their own care and support.

Is the service responsive?

Requires Improvement

The service was not always responsive. Care records were not always complete.

There was a system in place to respond to formal complaints.

People were able to take part in a range of activities if they wished

Is the service well-led?

Requires Improvement

The service was not well led in all aspects. Quality assurance systems were not fully effective in identifying shortfalls.

Staff told us communication worked well and that information was exchanged verbally, though there were no formal staff meetings taking place.

Staff and people in the home told us the registered manager was approachable.

Regency Retirement 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 3 January 2017 and was unannounced.

The inspection was carried out by one inspector. We reviewed information about the service before our inspection, including any notifications. Notifications are information about specific incidents which the provider is required to send to us by law.

During the inspection we spoke with four people who used the service, one relative and two visiting health professionals. We spoke with the registered manager and deputy who were present on the day of our inspection and following the inspection phoned two care staff.

We reviewed care records for three people. We also viewed records relating to the running of the service such as quality assurance audits, satisfaction surveys and complaints.

Requires Improvement

Is the service safe?

Our findings

Some improvements were required in the home in relation to safety. We found that not all risk assessments contained sufficient detail to protect people and support staff in providing safe care. For example, we saw that risk assessments for 'manual handling' described the methods used to support individuals but did not identify the particular risks for the person and the measures required to ensure their safety, for example ensuring that equipment was regularly checked and that staff were up to date in training. There were risk assessments in place to identify people at risk of pressure damage to the skin; however these were not regularly reviewed to ensure the information was up to date and therefore still accurate. In two cases we saw the assessment had been completed in March 2016, but no information was available about the timescale required to reassess the person. Other risk assessments however were more detailed. For example, bed rail risk assessments identified whether a person was at risk of entrapment. This meant that overall the quality of risk assessments was inconsistent and did not fully protect people in all aspects of their care.

There were systems in place to assess the suitability of staff recruited to the home. We saw that potential applicants had a Disclosure and Barring Service (DBS) check in place. This is a check that identifies whether a person is barred from working with children and vulnerable adults or has any convictions that would impact on their suitability for the role. There were references in place where necessary for staff who had previously worked in a caring role. We did note however, that in two files there was no photographic identification as required by legislation.

People told us they felt safe living in the home and were treated well by staff. We saw that people had access to an alarm if they needed to call staff in an emergency. One person told us about an occasion when they had fallen and had to use the alarm; they reported that staff came promptly to help them. Staff were trained in safeguarding vulnerable adults and felt confident about raising and reporting concerns. The registered manager told us there had been no recent safeguarding concerns. They told us about a historical situation where they had taken action to protect a person in the home by liaising with the relevant authorities to ensure the person was safe. Another member of staff told us they had no concerns about the home in relation to the welfare of people there but demonstrated their knowledge and understanding of safeguarding issues by describing action they had taken in previous roles to safeguard people.

There were 12 people living in the home at the time of our inspection and two members of staff on duty to provide support for them. The registered manager told us this was the usual number of staff during the day. In the evening and overnight there was one waking member of staff on duty. We were told that there were no staff vacancies and that agency staff were never used to cover shifts. This meant that there was continuity of care for people in the home. Feedback from people and staff was generally positive about staffing levels. People told us there were staff around to support them when needed; however we did receive comments that suggested there were occasions when additional members of staff would be helpful. We observed that during our inspection there was a calm atmosphere and people's needs were met.

The registered manager told us they had no overall system for analysing trends in the types of incidents and

accidents occurring. This was due to the small size of the home and the infrequency of incidents. The registered manager told us any incidents were reviewed at the time and any measures necessary actioned to prevent future reoccurrence.

People received safe support with their medicines. We saw that people's medicines were stored in a secured trolley and so were inaccessible to anyone who was unauthorised to do so. The temperature of the area they were stored in was taken to ensure that medicines were stored at a temperature that would maintain their effectiveness. People's medicines arrived from the pharmacy in individually packaged trays for people so that each day's medicines were ready prepared. Stock levels of medicines were checked so that any discrepancies could be identified and acted upon. The registered manager told us they had identified recently that there was a discrepancy in the stock level for one person's paracetamol and they were addressing this with staff. Staff recorded when medicines had been administered on Medicine Administration Record (MAR) charts. We checked a sample of these and found no gaps or errors in recording. We saw in people's daily records that there were instructions for people who had creams prescribed with guidance of where the creams should be applied. Staff signed when the creams had been administered.

Requires Improvement

Is the service effective?

Our findings

The service was not effective in all areas. The registered manager and staff did not fully understand their responsibilities under the Mental Capacity Act 2005. 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.

We found that people's capacity to consent to aspects of their care was not always considered. For one person, a sensor mat was in place to alert staff when the person moved from their bed at night. It could not be determined through discussion with the registered manager and deputy manager whether this person had capacity to consent to this arrangement or if a decision had been made in their best interests if they lacked capacity. For another person there was information in their file on one document that they were, 'unlikely to regain capacity' due to their age. In another person's record there was a general mental capacity assessment in place. Capacity assessments are used to determine whether a person has capacity to make a specific decision, rather than to make a general statement about their capacity or base the decision on age or health. This document was immediately removed from the person's file when we highlighted this.

We found that staff lacked knowledge in relation to the Mental Capacity Act 2005 (MCA). Staff had not received training in the MCA and told us it was an area they needed more information about.

This was a breach of regulation 11 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

There was nobody in the home at the time of our inspection who had a Deprivation of Liberty Safeguards (DoLS) authorisation in place. DoLS is a framework that protects the rights of people who are deprived of their liberty in order to receive safe care and treatment. The registered manager told us that there was nobody in the home at present for whom they had concerns about their capacity to consent to living in the home. We discussed with the registered manager and deputy, the need to be familiar with DoLS legislation and to monitor any concerns about a person's capacity so that their rights could be fully protected.

Staff felt they received the training and support they required in most aspects of their work and could approach the registered manager with their concerns or queries. For example we saw certificates for training such as safeguarding vulnerable adults and in care of people with dementia.

The registered manager told us that supervision should take place every three months; supervision means a regular 1-1 meeting with a line manager to discuss the member of staff's performance and development needs. In the staff files we checked there were large gaps between supervision sessions. For example, in one case the last supervision session recorded was August 2016 and prior to this there were gaps of five months and 10 months between supervisions. For another member of staff there was a gap of 10 months between supervision. The lack of regular supervision and training in all relevant areas meant there was a risk that

people would be supported by staff who did not have the knowledge to meet all their needs and protect their rights.

People were positive about the meals provided in the home. Comments included, "I like the food" and "Couldn't better it". We observed that people were given choices about their meals and if there was something on the menu that they did not like, alternatives were offered, such as omelette or a boiled egg. We saw that people were offered fresh fruit and drinks between meal times. People's weight was monitored so that any concerns about a person's nutrition could be identified and acted upon. Two people in the home were being supported with nutritional supplements to maintain their health.

People were supported to see healthcare professionals when necessary. For example, we saw there was information about people's prescriptions on file and correspondence from doctors. During our inspection we spoke with two visiting health professionals who told us that staff contacted them as soon as they had any concerns about an individual's health. They also confirmed that staff took good care of people's health needs.

Good

Is the service caring?

Our findings

The service was caring. We received positive comments from people about the care they received and their relationships with staff. Comments included, "I'm well looked after", "I like it here, I feel part of a family" and "Staff are more like friends than staff". Visiting health professionals that we spoke with told us that the people they visited always appeared happy and content.

There was a friendly atmosphere in the home. On the afternoon of our visit there was a group of people in the lounge enjoying each other's company. One person commented that they all looked out for each other and gave the example that they would seek staff if they were concerned about another person in the home.

People were treated with dignity and respect by staff. We observed throughout the day that staff checked on people who were sitting in the lounge. The kitchen area was adjacent to the lounge where people were seated and so this gave opportunity for staff to interact and check on people whilst carrying out other duties. We saw for example, staff regularly asked people if they were ok and offered fruit. We did note however, that there were occasions when people's privacy may have been compromised. We heard staff discussing a person's skin condition in the kitchen with the door to the lounge opened, meaning that people in there may have heard. This may also impact on the person's dignity if information about their health is overheard. We also observed that feedback from healthcare professionals was discussed with the manager in the kitchen in close proximity to people in the lounge.

People's independence was promoted. Aspects of care that people were able to carry out for themselves were identified in their care plans and people confirmed that they were able to be independent where possible. For example in a care plan, we read that the individual concerned was able to wash their face as part of their care routine. One person told us how they enjoyed walking around the grounds of the house. We also saw that there were two people accommodated in self- contained flats a few steps away from the main building. These two people had access to their own kitchenette so were able to prepare their own drinks and snacks if they wished to.

People were able to maintain relationships that were important to them. Family and friends were able to visit at any time without restriction. A number of people went out regularly on trips with family.

The deputy manager was in the process of rewriting care plans and they told us they involved people by discussing with them about what they wanted to be included in their plan. We saw there was a form at the beginning of people's care plans signed by the individual to say that they had been supported to decide how they wished to be supported and consented to their care plans. The deputy manager told us that verbal discussions continued to take place after the initial discussion about what is included in the plan.

Requires Improvement

Is the service responsive?

Our findings

There were care plans in place to guide staff in how to support people; however in some records there was a lack of detail to fully inform staff about people's care needs. There was a risk that some people would not receive consistent care as essential information was not recorded in detail in their care plans. One person's care plan did not guide staff in all aspects of the person's needs. The person's initial assessment recorded that they experienced anxiety. There was no care plan in place to describe how the person's mental health and wellbeing should be supported. Staff told us this person sometimes experienced confusion and anxiety associated with their dementia; staff told us how they supported the person through providing reassurance and spending time with them but this was not detailed in a care plan. We also read that this person had other health needs that affected their communication. Staff described the ways in which they supported communication with this person, but this information was not contained in a care plan to ensure staff had full information.

We saw that in discussion with the GP, staff had given this person a nutritional supplement because there had been concerns about their eating and drinking. This information was not documented in the person's care file.This meant there was no clear and consistent information available in a number of care records to describe how this person's care needs should be met.

This was a breach of regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

There was information contained in people's files that supported staff to care for people in a person centred way. For example, there was information about people's life histories and important events in their lives. This helped staff to understand people as individuals with individual needs. We did note however that in places language was used that reflected an institutional approach to care rather than person centred. For example, we read in care plans about a person 'being toileted' or 'being creamed' (in reference to topical creams).

People were able to take part in organised activities if they wished to do so. These included regular bingo, knitting and exercises. The registered manager told us that these activities usually took place in the afternoon. On the day of our inspection a hairdresser attended the home and we saw that many of the people in the home used the service. People waited together in a lounge and appeared content and happy to spend time chatting with each other. The registered manager sat with people at this time and completed a jigsaw with one person. Staff also told us that they had time to sit and talk with people outside of care tasks too. Staff told us that for one person who at times could present with confusion and anxiety, it was important to spend time with them reassuring them.

People also had opportunity to go on organised trips if they wished to do so. One person told us about the trips they had particularly enjoyed going on. We also heard how people were encouraged to help with tasks associated with the running of the house. For example, one person told us how they helped with the recycling by taking items to the recycling bins in the garden and commented on how it was, "Nice to feel

useful".

There was a policy in place to respond to complaints. This outlined the timescales that would be adhered to in acknowledging the complaint and completing the investigation. There had been no formal complaints made to the registered manager in the last year however there was a log in place of previous complaints and what action had been taken in response to them. One person that we spoke with told us about an issue that had occurred when their relative had first moved in to the home. They commented that the concern had been addressed. People told us they had not had the need to make a complaint but felt able to raise any issues or concerns with staff and the registered manager.

Requires Improvement

Is the service well-led?

Our findings

The service was not well led in all aspects. There were systems in place to audit and monitor the quality of the service but these were not fully effective in identifying and addressing shortfalls. For example, there was a monthly audit reviewing care plans. This included checking whether appropriate legislation, such as the MCA, had been applied. This audit had not identified the issues around the MCA we found at our inspection. The audit also had not identified the issues with care plans that we identified.

Staff told us that there were no regular staff meetings taking place to communicate important developments in the home or changes in people's needs; however due to the small staff team, staff told us that communication worked well with important information being discussed verbally. There was also a diary kept which held important information such as changes in medication for people in the home or appointments that needed to be kept.

Quality assurance procedures included gathering feedback from people who lived in the home and visiting health professionals. We saw from the results of the last survey that feedback was positive. Comments included, 'High standard as always' and 'Very nice place'. One professional who complete a survey commented that there was a, 'Very homely atmosphere'. Resident meetings took place every few months and people commented positively about these telling us they felt able to discuss any concerns and to give their opinions. People's views during these meetings were sought, one person was recorded in the meeting as feeling, "Happy and well looked after".

The registered manager was fully involved in all aspects of the home. On the day of the inspection they were one of two staff on shift and so involved in all care tasks. This meant they were knowledgeable and fully involved with people living in the home. People in the home and visitors all told us they felt able to talk or raise any issues they had with the manager.

Staff were generally positive about the support provided by the registered manager. During the inspection, the registered manager and deputy were proactive in seeking feedback and suggestions about ways to improve. Feedback was welcomed and the deputy manager was keen to put improvements in to practice when discussing the records about people's care. This demonstrated and open and transparent culture and a willingness to improve the service.

The registered manager demonstrated some awareness of the responsibilities associated with their role, for example by identifying some of the events that needed to be notified to the Care Quality Commission. We discussed where to find information about the full list of situations that required notification so the registered manager could familiarise themselves and ensure that they met their responsibility should any of the events arise in the future.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent People's rights were not fully protected in line with the Mental Capacity Act 2005

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Records were not always detailed and complete.