

# Sanctuary Care Property (1) Limited

# Regent Residential Care Home

## 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 

## Overall summary

This inspection took place on 9 September 2015 and was unannounced. Regent Care Home provides accommodation and personal care for up to 64 older people. There were 59 people who were living at Regent Care Home on the day of our visit.

The home has 64 bedrooms and people have their own en-suite facilities. The communal areas of the home consisted of lounges, dining rooms and a quiet lounge that can be used for private visits and events.

There is one unit on the ground floor which provides personal care and accommodation called St Clement's.

Two units are located on the first floor, St Michael's and St David's. St Michael's provides personal care and accommodation. St David's provides support to people living with dementia.

There was a registered manager in place at the time of our 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

# Summary of findings

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 lived in a safe environment as staff knew how to protect people from the risk of harm. Staff were aware of the signs of abuse and knew how to report this. Staff made sure risk assessments were in place and took actions to minimise risks without taking away people's right to make decisions.

People told us there were enough staff on duty to meet their needs and help them when they needed assistance. People told us that they knew the staff team well. People's medicines were administered and managed in a safe way. We found that medicines were handled and stored in a safe way. People received care and support in a way that met their preferences and needs and we saw people smiling when staff approached them. Care and support was provided to people with their consent and agreement.

We found people were encouraged to eat and drink enough to keep them healthy, and that dietary requirements and people's preferences were taken into account. People told us that they enjoyed the food and drinks provided.

We found that people had access to healthcare professionals, such as the district and practice nurses and their doctor when they needed them, and we saw that staff took action if people required medical care.

We saw that people were involved in the planning around their care when they wanted to be. People's views and decisions they had made about their care were listened to and acted upon. People told us that staff treated them kindly, with dignity and their privacy was respected.

We found that people and their relatives knew how to raise concerns and that these had been responded to. No formal complaints had been made about the service, but we saw that information was available to tell people and their relatives how they could do this if they needed to.

The registered manager demonstrated clear leadership. Staff were supported to carry out their roles and responsibilities effectively, which meant that people received care in a way that meet their needs and wishes. We also found that communication had been encouraged between people, relatives, staff and the management team, which improved the effectiveness and responsiveness of the care provided to people.

We found that the checks the provider completed looked at people's experience of care, and that people, relatives and staff were encouraged to suggest improvements that could be made, and we saw that suggestions made were acted upon. Where areas for improvement were identified, systems were in place to ensure that lessons were learnt and used to improve staff practice.

# Summary of findings

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

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

People were cared for by staff that had the skills and knowledge to protect people from harm. There was enough staff to keep people safe and meet their care needs. People received medication in safe way, and where errors occurred these were investigated and lessons were learnt.

Good



### Is the service effective?

The service was effective.

People were supported by staff who knew their individual risks and how to look after them. People were encouraged to eat and drink enough to keep them healthy. People received care that they had agreed to. Where people could not make all of their own decisions this was done in people's best interest.

Good



### Is the service caring?

The service was caring.

People's preferences about how care was delivered was listened to and followed. People's privacy was respected, their dignity maintained and people were treated with respect.

Good



### Is the service responsive?

The service was responsive.

People received care that met their individual needs. People and their relatives concerns were listened to and the provider took action when any concerns had been identified.

Good



### Is the service well-led?

The service was well-led.

People benefited from a well led service because the registered manager demonstrated clear leadership, led by example and staff were supported to provide good care. People were listened to and changes were introduced to further improve the service.

Good



# Regent Residential Care 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 9 September 2015 and was unannounced. The inspection team consisted of two inspectors.

As part of the inspection we looked at information we held about the service provided at the home. This included statutory notifications. Statutory notifications include important events and occurrences which the provider is required to send us by law. We also looked at information that the provider had returned to us. Before the inspection,

the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We saw how staff cared and supported people who lived at the home throughout the inspection. Some people were unable to communicate with us verbally so we used different ways to communicate with people. 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 spoke with 10 people who lived at the home and four relatives. We spoke with the registered manager, the deputy manager, three senior care staff and three care staff.

We looked at three records about people's care and medication administration records. We also looked at records and minutes of meetings with staff and people who lived at the home, and decisions that had been made in the best interest of people living at Regent Residential Care Home. We looked at quality assurance audits that were completed by the registered manager.

# Is the service safe?

## Our findings

All the people we spoke with said that they felt safe. One person told us, “I feel safe here because I am not on my own, I can always shout (staff) if I need something.” The person went on to say that if they wanted to go out they were comfortable to ask staff to go with them for safety. We spoke with relatives who told us that their relatives were safe. One relative told us, “[person] is completely safe”, as staff provided reassurance to their relative when needed.

One relative told us that their relative was a high risk of falls, but they were, “Confident that as staff were around” that their family member, “Would never be left” should they fall.

We spoke with staff about how they protected people from harm. Staff that we spoke showed a good understanding of how to keep people safe. One staff member explained how they would raise any concerns to senior staff, either immediately or at shift handover, so that steps could be taken to protect people. The same staff member went on to explain how they would provide reassurance to people who were distressed or upset. We saw that staff provided reassurance to people, so that their anxieties were reduced. One relative said, “I know (person’s name) is safe when we leave here”.

All staff we spoke with knew how to raise concerns with external agencies, if needed. People’s safety had been discussed by staff when needed to protect them from the risk of abuse or harm. For example, staff discussed the care needs for one person with an unexpected skin tear and the actions to be taken.

Staff we spoke with were confident that the registered manager would take action in the event of any concerns. One staff member told us, “If we take anything to (the manger) it is actioned. There’s reliability. She makes things safe.”

We saw that staff considered people’s individual risks and the best way to care for them safely when they first moved to Regent Residential Care Home. Staff regularly reviewed people’s risks as these changed, and took action to protect people, such as providing extra care so that people’s skin was kept healthy. We saw that staff encouraged people to be independent in a safe way. For example, staff made sure

that a person who was at risk of falls had the right equipment to help them. They were also available to offer advice and encouragement so that the risk of a fall was reduced.

People we spoke with told us they felt there was enough staff on duty to keep them safe, and that, “call bells were answered quickly.” Relatives we spoke with told us that they felt there was enough staff to meet people’s safety and care needs. One relative said that, “I don’t see people waiting a long time.” They also said that the staffing at the home was stable, so their relative’s safety support needs were known by staff.

We saw that people received care from staff who knew their care and safety needs. The registered manager explained that people’s individual needs were considered when deciding how many staff were needed, so that people would be safe and well cared for. The registered manager also told us that staffing levels in the different areas of the home were checked each day and if people needed extra support, staff who knew them would care for them. One member of staff that we spoke with told us that they were encouraged to work in different areas of the home so that they could get to know people. The staff member went on to tell us that there had been times when they had assisted people in other areas of the home, when they needed extra care. For example, because a person was ill. The staff member told us that people were less anxious because the staff member was already familiar to them, and knew their care and safety needs.

We spoke with two people about how their medicines were managed. One person told us, “You know if you need tablets in the morning (staff) will bring them to your room.” People were offered pain relief medication when they wanted it. Where a person chose to self-administer their medicines, it was kept by the person in their room.

All staff spoken with said that medication was administered by senior staff who had received medication administration training and been observed to be competent. We spoke with one member of staff who administered medication. They had a good understanding of people’s medication needs, and had a clear understanding of procedures in the event of medication errors.

## Is the service safe?

Staff told us what actions they would take if a person regularly refused medication that had been prescribed for them. For example, reviewing the person's medicines with their GP.

Where a person was unable to make decisions about their medicines staff made sure the correct legal process had been followed. The decision had then been made in the person's best interest.

We saw that the provider had systems in place which reduced the risk of people receiving medicines in an unsafe way. For example, staff kept clear records of home remedies that people had received, so staff knew if it was safe to give these to people. We also saw that people's medicines were kept safely and securely by staff.

# Is the service effective?

## Our findings

All the people we spoke with told us that staff knew how to support them in the right way. People felt that staff had the knowledge and skills to meet their needs. One person told us, “Staff are very aware of how to look after me.”

Three staff that we spoke with told us that they had regular supervision and support from their managers. They discussed the needs of the people they cared for and their own development and told us that they felt this supported them to provide people with more effective care. One staff member told us about some of the changes at Regent Residential Care Home, and how these, “had made the home a calm place for the people and staff.” Two senior staff told us that they used “Records of Conversations” between supervision when needed, so that they could make sure staff were supported to understand their role.

Staff told us about the specialist training they had received and how this had helped them to care for people in the right way. One staff member told us that training had helped them to understand how dementia affected people, and how they could change what they did to support people more effectively. This had led to introducing coloured plates at mealtimes. One staff member told us that they were about to start a dementia related degree, and other staff told us that they had completed either NVQ levels two, three or five, or were awaiting dates to start these. Another staff member told us that training, “Improves people’s confidence that we know what we are doing.”

We saw that people’s capacity was considered when consent was needed. For example, one person did not have capacity to consent to the removal of bed sides to reduce the risk of injury. The registered manager had assessed the person’s capacity and taken appropriate steps, so that the decision was taken in the person’s best interests. The registered manager had considered people’s capacity to leave Regent Residential Care Home on their own and had sought agreement from the Local Authority in order to gain legal responsibility to restrict some people’s freedom to leave. We also saw that in response to unplanned visits from other people using the service, one person had a lock on their door which prevented other people entering their room, but the person was able to leave their room at any

time. We saw that staff meetings were used to share information and discuss specific areas of care, for example, people’s capacity to make decisions, and the care needs of residents and staff roles.

Three people who we spoke with told us they enjoyed the food at the home, and one person told us that, “You get two choices at every meal. I have put on weight since being here, which is good”. Another person told us that, “The food is nice”.

Staff told us that people’s food preferences were discussed when they first came to live at the home, and any dietary requirements they had were communicated to kitchen staff. For example, if people needed special diets to help them remain healthy if they had diabetes. Staff told us how they would offer alternatives if people did not wish to have the choices on the menu. We saw that people had access to snacks and fluid throughout the day, and that staff encouraged people to eat. We saw that people were checking the menus and chatting about their choices to each other. The quality of food and people’s preferences were discussed at residents’ meetings, and we saw that some of the suggestions made by people were acted upon. For example, the types of cake people had requested were now available. Staff knew which people needed assistance with nutrition. We saw that staff assisted one person who required temporary assistance to eat because of an arm injury.

One staff member told us how he would encourage people to have enough to drink by suggesting that they finished their drink in their own time, as they would enjoy it more.

We saw that people’s weight was regularly monitored and that nutrition assessments and plans were regularly reviewed for people, so that staff knew how to care for people effectively and people had enough to eat to maintain a healthy weight.

People that we spoke with told us that they had access to healthcare professionals when they needed them. One person told us that they were going to attend a hospital appointment the following week.

Staff told us that district nursing staff attended the home regularly, and any care that was suggested by the district nurse was followed through by staff. The registered manager told us that they had made arrangements for one

## Is the service effective?

local GP practice nurse to visit the home each week, so that people could discuss any concerns that they had. We saw that the practice nurse was at the home on the day of our visit.

We saw that staff made referrals to healthcare professionals on behalf of people, for example, GPs, opticians, dentists, chiropodist and mental health teams, where needed.



# Is the service caring?

## Our findings

All the people we spoke with told us that that staff were caring and kind towards them. One person told us, “Staff are lovely”. Another person told us that that staff were, “Amazing, as they spend time with us.” Other people told us that they were very happy at Regent Residential Care Home, and said that they, “Can’t fault” the care that staff give. People told us that they were comfortable to ask for help from staff. One person told us, “I just ask if I need anything and they do it.”

Three relatives told us that staff were caring and one relative said that, “Staff are approachable, and try to reassure (my relative).” One family member we spoke with said that her relative did not talk, but that they knew her relative liked the staff because, “She smiles when staff walk passed her” and that staff, “Always call her by her name”. This relative went on to tell us that, “(Person) is doing really well, they care for her well”. Another relative said that, “(My relative) speaks about the carers as friends”.

We saw that staff were kind and caring, and that all members of staff stopped to chat to people and to provide reassurance when this was required. Staff took time to explain what they planned to do with people, chatted to people when giving care, and checked how comfortable people were. Where people had requested support this was given promptly by staff. People showed affection to staff and enjoyed being with staff, smiling when they were together.

People told us that they were involved in planning and reviewing their care where they wished to be. We saw that one person had said that they wanted “input into their care plan and the information put in it”, but did not want to read their whole care plan, and that this was respected by staff. Staff told us how they got to know people. One staff

member told us that they would sit quietly with the person and, “chat to them in a relaxed way in the afternoon, so that I can find out about their life history and their interests.” Other staff told us that they were encouraged to chat to people, and all staff including kitchen and managers sat and chatted to people informally at 11.00am each day. This helped them to get to know about people’s concerns and changing needs.

Staff spoke warmly about the people that they cared for. One staff member said, “(People) are smiling. (What we do) is reflected in their face and I am happy with this.”

All the people and the relatives we spoke with told us that staff treated people with respect and dignity. One person told us that staff were, “Respectful and careful during personal care”. Staff spoke to people in a respectful way, and maintained people’s dignity, for example, by being discreet when they left communal areas to support people with personal care.

We also saw that staff considered different ways to care for people so that their independence and dignity was maintained, for example, providing “finger food” for one person, so that they could continue to be as independent as possible.

People told us that staff respected their privacy, and that they were able to choose where and how they spent their day. Some people told us they preferred to stay in their rooms, and that staff respected this, but let them know what activities were available. Staff knocked the door and called out to people by their names before entering their rooms.

People and relatives told us that they were able to visit their relatives at any time, and staff showed us a comfortable lounge area which people and relatives could use if they wanted privacy during their visit.

# Is the service responsive?

## Our findings

People told us that they made choices on a daily basis, and one person said that “I choose and staff listen to my choices”. We saw that staff respected people’s choices, for example, when they wanted to have a cigarette they were supported to do this. Staff that we spoke with had a good understanding of people’s support needs and preferences, such as how they preferred their personal care to be delivered. This included the gender of the staff people preferred to care for them.

People’s care needs were reviewed either on a monthly basis, or when their care needs changed. For example, if a person had a short term health need such as a chest infection. Relatives told us that the staff let them know if their relative was unwell and involved them in plans and decisions about how to care for their relative, where the person wanted. Another relative said they had been involved in the decision to change the location of their relative’s room so they did not become isolated.

One relative told us that their family member’s, “Self-esteem has improved, she has gained weight and I feel that (my relative) has improved since she has been here.” Another relative told us that staff knew if their relative needed support, “just by looking at (person)”, and that staff acted if support was needed.

Staff told us about how they cared for people when their needs changed. For example, by making sure that people had the right equipment, such as walking frames, so that people could be as independent as possible. We saw that staff considered people’s needs as they changed. For example, staff had seen that one person may have a urinary tract infection, and arranged for further tests to be undertaken to respond to this so that the person would regain full health.

People told us about the things they liked to do that were available in the home, and how much they enjoyed these. One person told us that they, “Really enjoyed the singer”,

and other people said how much they enjoyed the ‘Knit and Natter’ sessions. We could see that these activities had been discussed at residents’ meetings. One person told us that she liked to, “spend time in lounge, painting or reading.” Another person told us that they preferred to spend most of their time in their room and that this was respected by staff.

One relative told us that their relative really enjoyed listening to music and watching the staff. We saw several people watching television and chatting to staff about the programmes. Staff told us about changes that had already happened to the garden area of the home. Raised beds had been made so that people who enjoyed gardening could continue to enjoy their hobby. Other people told us that they just liked going for a walk in the garden, with support from staff. We saw people enjoying the garden on the day of our visit.

People told us if they had any concerns or complaints they would be happy to discuss these with staff. Two relatives told us that if they had raised any concerns the staff had acted upon them. One relative told us that she had raised one concern with the registered manager about her relative’s washing, and that, “She sorted it for us.” People and visitors to the home had access to a ‘Grumbles Book’ in the reception area of the home. Where people and relatives had left comments we saw that actions had been identified and taken by the staff. We saw that one relative had commented that a light was not working in their relative’s room and that staff had acted promptly to put this right.

The registered manager told us that the home had not had received any formal complaints from people or their relatives since she began to manage Regent Residential Care Home in 2014.

All the staff that we spoke with knew how support people to make a complaint, and showed us that they would take appropriate action. We saw that there was written information in the reception area to guide people and relatives in how to make a complaint.

# Is the service well-led?

## Our findings

People told us that they felt able contribute to the running of the service, and that they were encouraged to make suggestions about the care they received. One person told us, “We have meetings and we raise things there if needed”. The registered manager had checked how people felt about the service during the meetings. For example, the quality of the menus and cleanliness of the home. People had made suggestions about the layout of the building and a wall divider had been moved to provide a quiet area in one lounge. Staff told us that they recently put on a cheese and wine evening, so that they could meet with relatives, to gain their views on the quality of care. The registered manager intended to run more of these events in the future, as they provided an opportunity to talk to relatives without interrupting the time they usually spent with their relatives. One of the relatives that we spoke to told us about some of the changes that were planned, including developing a sensory garden.

People using the service had been involved in recruitment of staff. People had the opportunity to meet and chat with candidates and tell the registered manager what they felt about the candidates’ skills, abilities and approach to delivering care. The registered manager told us, “This makes residents feel involved and know that they matter.”

All the staff we spoke with told us that they felt supported, and one member of staff told us that they found managers to be, “very approachable”. Other staff said that if they asked for advice on how to support people that seniors and managers provided guidance. One staff member said, “You can go to the manager for the slightest thing.” Staff told us that they had regular staff meetings, and one member of staff said that these were, “two way events, we get to give suggestions for improving the service.” Members of staff told us that they felt their suggestions were listened to.

The registered manager told us that she had introduced a staff survey, to find out how staff felt about involvement in the development of the home, opportunities for staff training and feedback. The registered manager told us that this had improved communication across the staff and management teams, and that staff were able to talk to people and relatives about planned development of the home with confidence. All staff that we spoke to said that they felt supported and valued. One staff member told us

that “A happy team makes for happy people. We are managed well and for the people living at the home.” We saw that staff asked seniors and the registered manager for advice and that they were listened to.

The registered manager told us that they checked monthly audits to see how the staff team were performing, so that they could take action to protect people and improve the service. The monthly audits showed that the manager knew about any safeguarding concerns, including medication errors, statutory notifications sent CQC, complaints and grumbles and the changing needs of the people using the service. The registered manager told us about changes that had been introduced as a result of the checks she made on the monthly audits, including the introduction of “staff champions” for areas such as falls, dementia, continence management, the use of creams, training, and staff induction. The champions had responsibilities for advising the rest of the staff team about ways to improve people’s care. One of the champions that we spoke to explained how they had advised other staff on how to care for people with dementia, and that this had improved the care that people received. The registered manager told us that there had been improvements in people’s skin integrity as a result of guidance given to the staff team by the continence champion.

People and relatives told us that they knew the deputy manager and registered manager. All people and relatives that we spoke with said that they were approachable. One relative told us, “The registered manager is lovely and friendly.”

Relatives told us that they often saw the registered manager chatting to people and checking how they were. We saw that the registered manager talking to one person and making sure that the person’s health needs were being met.

The registered manager spoke about the support that the home received from the provider and the opportunities for learning from their other homes. The registered manager told us that they attended monthly “manager’s meetings”, and that ways to improve the service were discussed. As a result of discussions the registered manager was in the process of introducing electronic care plans. They felt this would allow staff had more time to spend talking to people about their care needs, and caring for them on a daily basis.