

Pendlebury Care Homes Limited

Regency Hall

Inspection report

The Carriage Drive
Hadfield
Glossop
Derbyshire
SK13 1PJ

Date of inspection visit:
06 February 2020

Date of publication:
12 March 2020

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Regency Hall is a residential care home for up to 68 older people. At the time of inspection they were supporting 50 people across three floors. There was a fully equipped fourth floor, the provider was planning to open this floor in the future. There was also a separate activities area at the top of the home which included a hairdressing salon. People had access to communal areas on each floor and there was an accessible garden.

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

Medicines were not always managed to reduce the risks associated with them to ensure people received them as prescribed. There were mostly enough staff deployed to meet people's needs but at some points of the day this was not the case. This meant risks to people's safety were not always managed and people were not always meaningfully engaged. The provider's quality assurance systems did not always highlight the areas for improvement. We made a recommendation to the provider to consider how people's preferences for activities and interests could be met.

People had care plans which were detailed, personalised and included how risk should be managed. They were regularly reviewed and staff were aware of people's changing needs. The systems in place to monitor people's health and wellbeing were effective and led to good outcomes for people. People were supported to maintain good health and nutrition; including partnerships with other organisations when needed. Lessons were learnt from when mistakes happened.

People received caring and kind support from staff who respected their dignity and privacy. They were encouraged to be independent and staff understood their needs well. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

There was good communication with staff and people who lived at the home to ensure their feedback was followed up. Communication was adapted to be accessible for people when there was an assessed need. The registered manager and the nominated individual were approachable and there were meetings in place which encouraged people and staff to give their feedback. People and relatives knew how to raise a concern or make a complaint. The environment was adapted to meet people's needs.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good. (published 1 November 2018).

Why we inspected

The inspection was prompted in part due to concerns received about staffing levels and quality of care. A

decision was made to bring our inspection forward and examine those risks.

We found no significant evidence during this inspection that people were at risk of harm from this concern. However, we did find evidence that the provider needs to make improvement in medicines management and governance. Please see the safe and well led sections of this full report.

Enforcement

We have identified one breach in relation to medicines management at this inspection.

Please see the action we have told the provider to take at the end of this report.

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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Regency Hall

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.

Inspection team

The inspection was completed by two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Regency Hall 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.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We used information we held about the home which included notifications that they sent us to plan this inspection. We asked contract managers from the local authority for feedback about the home. 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 eighteen people who used the service and twelve relatives about their experience of the care provided. We spoke with nine members of staff including the registered manager, deputy manager, senior carers, carers, the activities co-ordinator, the chef and the nominated individual. The nominated individual

is responsible for supervising the management of the service on behalf of the provider. We also spoke with three visiting professionals to gain their feedback. We reviewed a range of records. These included seven people's care records and multiple medication records. We looked at a variety of records relating to the management of the service, including audits.

After the inspection

We asked the provider to send us further information related to staff training and they did this. They also sent us assurances about our findings and demonstrated changes they had made as a consequence of the inspection.

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 deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- The systems in place to manage the risks associated with medicines were not always effective.
- People did not always receive their medicines as prescribed. One person should have received a medicine weekly and we found instead of receiving every seven days on one occasion there was a gap of fifteen days. Other people did not have the correct amount of medicines remaining and this was not regularly checked. Therefore, the provider was unable to demonstrate they had received their medicines as prescribed.
- Medicines were not always disposed of safely. One person had a medicine stopped. Their evening medicines were disposed of but the morning ones were left with their other medicines. We found there were five medicines remaining but when we checked the medicines administration records (MAR) we saw there should have been seven. This meant there was a risk two extra medicines had been administered after they had been stopped by the prescriber.
- Medicines applied directly to skin through patches were not well managed. There was not a record of where on the body this had been put, so it could be in a different place on next application in line with best practise guidance.
- Guidance for staff on MAR or for medicines to take as needed (PRN) were not always clear. For example, one person had two MAR in place. Some PRN guidance was limited in information and did not describe individual responses.
- Systems to manage the integrity of medicines were not always effective. One medicines room was above the recommended temperature and there was no record of this being monitored to ensure it wasn't ongoing which could cause to degrade and reduce its effectiveness. Medicines with a short effectiveness were not always dated when opened so they could be used within this window.

The provider's failure to manage medicines safely placed people at risk of harm and was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Immediately after the inspection the provider took action to reduce the risk by implementing more thorough oversight and providing additional staff training.

Staffing and recruitment

- We received mixed feedback from people we spoke with about whether there were enough staff to meet their needs. One person told us, "Staff always respond when I ring my buzzer, even in the night". A relative said, "There are always enough staff here". This was also confirmed by health care professionals we spoke with who told us staff were always available to support them. However, some people were not as confident. One person told us, "There are nothing like enough staff and sometimes I wait for ages".
- We observed staff were more available to assist people in different areas of the home. For example, on one

floor when one member of staff was needed to complete tasks elsewhere this left only one member of staff. People who required some support to move safely were unsupervised in communal areas. For example, one person used a different person's walking aid and another required support with personal care but was unable to gain staff attention. We intervened and called staff for them. On another floor there were not always enough staff in the evening to meet differing people's needs.

- At times staff were very busy on some floors and had little time to spend with people which meant they spent significant time with little interaction.
- We made a recommendation to the provider at the end of the inspection that a review of staffing levels per floor would highlight these concerns rather than looking at the whole home. The provider implemented this and has informed us of changes in the deployment of staff to ensure staffing levels are more consistent.
- The provider had safe recruitment processes for new staff. One member of staff told us how references and police checks were completed before they started employment.

Assessing risk, safety monitoring and management

- Risks to people's health and wellbeing was assessed and regularly reviewed. For example, one person's care plan was being updated as after a fall their mobility had changed and they now required two staff to support them to move safely.
- Some people living with dementia could at times behave in a way which caused them or others harm and action had been taken to help to reduce this. For example, referrals to other professionals and clear guidance for staff.
- Although we found staff had a good understanding of individual risk it was not always well managed. This was because staff were not always available to support people in line with the risk assessment; for example, staff supporting people to walk safely.

Preventing and controlling infection

- The home was clean and hygienic which reduced the risk of infection. One person told us, "My clothes are clean and tidy and my room is cleaned every day". A relative said, "The home is always clean and has no odours".
- We saw staff using protective equipment when supporting people and serving food. This is in line with best practise guidance.
- However, some staff had long polished nails which is not good practise when supporting people.

Systems and processes to safeguard people from the risk of abuse

- Staff were knowledgeable about safeguarding and could explain the processes to follow if they had concerns. One member of staff told us, "I am confident to raise any concerns. I would rather raise it even if I am not sure than miss a safeguard. When we put them through we do it by email and scan the documents so we can keep a record."
- When safeguarding concerns were raised there were very thorough investigations completed which included lessons learnt and future actions to take to mitigate risk.

Learning lessons when things go wrong

- There were systems in place to review and analyse when things went wrong. For example, if someone had a fall a full review of their risk assessment was completed and guidance was taken from their professionals.
- The registered manager told us, "We have implemented an investigation analysis for people who have continuing falls or incidents or for serious incidents to ensure we fully review them. This has been really helpful."

Is the service effective?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs and choices were met in line with national guidance and best practice.
- Their care plans contained detailed information to support specific health conditions, dietary requirements and mental health support needs. They included guidance to support staff; for example, information high blood pressure and depression was available.

Staff support: induction, training, skills and experience

- Staff had the skills and training to support people well.
- Staff told us they had regular opportunities for training and that it was good. One member of staff said, "The training is good; I feel like it is enough. Some is online and some is face to face. I have also started my level two qualification".
- One professional we spoke with said, "Staff knowledge and skill has increased in the past year. I think that is due to a more stable staff team and more training, and I know they have more training booked. They are more skilled in supporting people living with dementia and have developed an understanding of how to distract people".
- New staff were supported through an induction which included shadowing opportunities as well as completion of the Care Certificate, a national qualification which sets care standards. There was also consideration for more established staff; for example, the registered manager told us how helpful training provided by the coroner had been.
- There were regular opportunities for supervision and appraisal. Staff told us they were also observed to ensure they were caring for people well.

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

- People were supported to have balanced diets and made choices about the kind of food they enjoyed. One person told us, "The food is lovely and it's nice to have it made for me. There are two choices for each hot meal. I complained about sandwiches and that has now improved and there are more on offer. We also have a lot of soup and I like that". Relatives told us of the care taken to meet people's individual needs and how different options were provided on request.
- There were pictorial menus to help people decide which options they preferred. Staff also showed people the different meals at lunchtime. The registered manager said, "We want people to eat well and we realise they might not fancy what they have chosen by the time lunch gets here so there is always the option to decide when they see it".
- Staff were attentive during mealtimes. When people required support to eat, this was given patiently with gentle encouragement. We observed people asked if there was anything else they needed throughout the

meal. One person was asked how their meal was and said, "That tastes good and the meat is tender".

- When people were at risk of losing weight or being dehydrated staff were aware and kept records to monitor them.
- There were drinks stations on each floor and people helped themselves to bottles of water throughout the day.

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

- Staff understood their responsibilities to monitor people's health on a daily basis and provide care to keep them well. This included oral health care. One relative told us of the time staff took to clean the person's dentures overnight so they were always available for morning, as well as ensuring their mouth was clean.
- There were good relationships in place to ensure that people saw healthcare professionals when required. People told us they had regular contact with a range of health professionals to monitor and manage their wellbeing. We saw evidence of this in their care records.
- One healthcare professional we spoke with told us staff were good at recognising changes in people and promptly followed up. They said there was good communication with staff and they followed joint plans to manage people's health.

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

- People were involved in decisions about the premises and environment.
- There was signage throughout the home to assist people to orientate; for example pictures and objects by people's rooms to help them to find it.
- The garden was accessible and there was a smoking area for people who wanted that.
- There had been investment in the home and renovation to make it a very comfortable environment; for example, there was a large and welcoming reception area for families and people.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA.

- Staff had a good understanding of the MCA and could describe the process they had taken to ensure decisions were made in people's best interest when they were unable to do so.
- There were records to evidence capacity assessments and best interest's decision making.
- DoLS were applied for as needed and staff knew who had one in place and what this meant.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People had caring, kind supportive relationships with the staff who supported them. One person told us, "The staff are wonderful." A relative also said, "The staff have been absolutely brilliant; I can't get over how kind they have been to all of us."
- We saw caring interaction between staff and people throughout the inspection. When people were distressed they responded thoughtfully. For example, they fetched a favourite object for one person which reassured them and helped them to calm.
- Assessments highlighted equality and diversity support requirements; for example, around disability support needs.
- People were supported to practise their religious beliefs and there were regular visits from local churches.

Supporting people to express their views and be involved in making decisions about their care

- People were enabled to make choices about the care they received. They chose where they spent their time; for example, people spent time in their rooms. One person told us, "The staff always listen to me and look after me how I want them to."
- When people were less able to articulate their choices staff considered how they were responding and what this might mean. For example, one person was distressed and behaving in a way which could have caused themselves or others harm. Staff considered the environment and whether changes to that could help. When they made changes the person was happier and more settled with more space and easier access to the gardens. This demonstrated to us all people's views were considered.

Respecting and promoting people's privacy, dignity and independence

- Dignity and privacy were upheld for people to ensure that their rights were respected. One person told us, "The staff always knock on the door."
- People were encouraged to be as independent as possible. People had equipment to assist this when needed; for example mobility equipment or specialised cutlery.
- People's families and friends could visit the home freely. They told us they were always welcomed and kept informed of their relative's wellbeing. Special occasions were celebrated and we spoke with one family who were enjoying birthday cake with their relative in a quiet area of the home so they could have some privacy.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People were supported by staff who knew them well and understood their preferences. Staff could explain how they cared for each person in detail and anybody they felt needed closer monitoring. This was confirmed by one professional who said, "Staff know people well and are aware of their needs".
- People had care plans which were personalised and detailed. They were regularly reviewed and updated. One member of staff said, "We do have time to read care plans and they are updated monthly. If there are changes for people these are recorded on handover for a few days to ensure all staff know about it".
- Staff met daily to discuss what support people required.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were assessed, and it was clear how information should be shared with them.
- There was information displayed in the home in pictures and symbols so that those people who were no longer able to read could understand it. For example, the results of the last survey were in an accessible format on the wall.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Activities were planned with people to ensure they were engaged and interested, including group activities.
- There was a dedicated member of staff who described their plans and entertainers or parties planned.
- However, there was only one activities staff for fifty people and we saw staff on other floors had little spare time to engage with people; meaning some people had limited occupation during the day. This was confirmed by people and relatives we spoke with who felt more could be offered on a more regular basis.
- We spoke with the nominated individual and registered manager about this at the inspection and they told us of plans to equip all staff to be more involved in supporting people with their interests on each floor.

We recommend the provider reviews how they meet people's preferences and to consider how they will engage people in activities.

Improving care quality in response to complaints or concerns

- People and relatives knew how to make complaints and were confident that they would be listened to. One relative told us, "We have had no complaints but any queries are dealt with and staff explain anything to us."
- There was a complaints procedure in place which was shared with people and on noticeboards in the home.
- Any complaints were thoroughly investigated and responded to in line with the providers procedures. The nominated individual told us they had oversight of each one before the response was sent to ensure it met the provider's standards.

End of life care and support

- People's wishes about the care they would like at the end of their lives had been discussed and recorded. For example, people's choices about whether they wanted to be actively resuscitated were recorded.
- One member of staff we spoke with said, "Some people come here just for end of life care and we are proud of the care we give them".

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 deteriorated to requires improvement. This meant the service management and leadership was inconsistent and did not always support the delivery of high quality, personal centred care.

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

- Audits and quality reviews were regularly completed and the majority were effective in improving quality. However, the concerns we found in medicines management had not been highlighted in recent audits. The audit in the previous month had only been on one floor rather than all three. This had not been sufficient to highlight the areas for improvement.
- In addition an infection control audit had noted staff were not complying with safe uniform policy because they had long nails. We observed this had not been resolved with all staff.
- Some staff administering medicines had responsibility to check for errors and report them. We found this had not been done despite staff knowing this was part of their role and responsibility.
- After the inspection the provider took immediate action to increase the audits, provide additional training and some competency checks including staff checking each other's practise.

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

- There was an open, transparent culture which was committed to improving the service.
- One member of staff told us, "It has improved here because of the way the management is, they are open to sorting out problems. They make us feel supported and we are more of a team". Another said, "When I first came here it was difficult but we had some big team meetings and the managers are resolving it. It's now a nice place to work".
- One relative told us, "My relative has improved so much since they have been here. The manager will sort things straight away if you mention anything". All of the relatives and people we spoke with knew the registered manager and felt they were approachable.
- Staff told us they were confident they could whistle blow and action would be taken. This means there was a procedure for them to raise their concerns and be protected which they trusted.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider had implemented a 'route cause analysis' process which meant that any concerns or serious incidents were thoroughly investigated to consider how they had happened and what could be altered to improve the service for people. This demonstrated to us they were committed to acknowledging mistakes and learning from them.
- The registered manager ensured that we received notifications about important events so that we could

check that appropriate action had been taken. They were transparent and open in sharing any concerns and explaining what actions had been taken to reduce the ongoing risk to people.

- The previous rating of the home was displayed in line with our requirements.

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

- There were regular meetings with people who lived at the home. They were an opportunity to discuss the running of the home. At recent meetings people had requested bottles of water to be available at drinks stations and menu boards to be regularly updated. We saw these had happened. This was shared with people and relatives through 'You said, we did' boards in the reception of the home.
- Staff team meetings were productive, and staff felt confident their views and opinions mattered and were listened to. Records demonstrated meetings were regular and at different levels to ensure information was shared across the whole staff team.

Working in partnership with others

- There were strong relationships with local health and social care professionals, schools, churches and social groups.
- Participation in a falls reduction programme with other professionals had resulted in care plans being reviewed, observations of staff and a reduced number of falls happening. The home had been awarded the bronze award in this scheme.

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 12 HSCA RA Regulations 2014 Safe care and treatment Medicines were not always safely managed to reduce the risks associated with them and to ensure people received them as prescribed.