Luxurycare (Aranlaw House Care Home) Ltd

Regency Manor 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

Summary of findings

Overall summary

About the service
Regency Manor Care Home is a purpose built residential care home. It can accommodate up to 69 people on six separate units in one building. Three units specialise in providing care to people who live with dementia at different stages. There were 62 people living or staying at the home at the time of the inspection. Nursing care is not provided at Regency Manor Care Home.

People's experience of using the service and what we found
People told us they were happy and comfortable living at Regency Manor Care Home. Our observations showed people liked the staff, who knew them well and provided support and care with warmth, kindness, patience, respect and dignity.

During the inspection the provider made improvements to shortfalls identified regarding the recording and storage of medicines, staffing levels on one living unit and the management of complaints. The provider had reacted responsively and took immediate action to rectify the shortfalls found. They had also conducted further investigations and had identified areas where further improvement was needed such as, completion of staff supervisions, food and fluid monitoring, recording and specialised training.

Following improvements made during the inspection, medicines were managed, stored and administered safely. People were supported to take their medicines safely by staff who had received the appropriate levels of training.

We received positive feedback from relatives and health professionals about the service provided by the management team and staff. Staff understood how to identify and report abuse and felt well supported in their roles. There were regular staff meetings and they completed a variety of training courses to enable them to carry out their roles competently.

There was an open, honest and supportive culture within the home. There was a culture of learning from events and incidents in the home to drive a process of continual improvement and therefore improve the service for people.

Risks to people's health, safety and well-being were assessed and management plans put in place to ensure risks were reduced as much as possible. People received person centred care from staff who knew them well and had developed kind, meaningful relationships with them.

People were supported by safely recruited staff. The provider had identified staffing levels needed increasing and had implemented additional staff during the inspection. Staff were appropriately trained and experienced to support people in ways that suited them. Communication styles and methods were tailored to individual people and staff supported people to understand the choices available to them.

People were supported to socialise and pursue their hobbies and interests and encouraged to maintain relationships to reduce their risk of social isolation. Care plans were individualised, detailed and up to date about people's needs and preferences.

People were enabled 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.

The service worked collaboratively with health care professionals to ensure people received the best care and support at all times. Staff were responsive to people's changing support needs and adapted care and support according to their health needs.

Relatives and staff spoke positively of the acting manager and felt the service was well led. There were quality assurance systems in place to drive improvement and ensure the home offered a safe, effective, caring and responsive service.

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 outstanding (published February 2017).

Why we inspected
This was a planned inspection based on the previous rating.

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 effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-led findings below.

Regency Manor 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team
The inspection was carried out on the first day by two inspectors, a pharmacist special advisor 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. On the second day of the inspection two inspectors attended, and on the third and final day one inspector and an assistant inspector completed the inspection.

Service and service type
Regency Manor Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection. This service did not provide nursing care.

The service had a manager registered with the Care Quality Commission. This means they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. However, they had recently left the service. An interim manager was acting up from their current post and was in the process of applying to become registered.

Notice of inspection
The first day of this inspection was unannounced. The second and third days of the inspection were announced.

What we did before the inspection
We reviewed information we had received about the service since our last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key

information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspections.

During the inspection
We spoke with seven people who used the service and 13 relatives about their experience of the care provided. We spoke with 25 staff including the director, the acting manager, the director of care and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We spoke with care givers, housekeeping staff, chefs, the facility manager and activity staff. We observed and listened to how staff interacted with people.

Because some people living in the home were living with dementia and were not able to tell us about their experiences we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific method of observing care to help us understand the experience of people who could not talk with us.

We observed how people were supported and, to establish the quality of care people received we looked at records related to people's care and support. This included three people's care plans, care delivery records and multiple Medicine Administration Records (MAR). We also looked at records relating to the management of the service including: staffing rota's, staff recruitment, supervision and training records, premises maintenance records, details of accidents and incidents, complaint and compliments, quality assurance records, training and staff meeting minutes and a range of the providers policies and procedures.

After the inspection
Immediately following the inspection two health professionals provided written feedback on the service and we spoke with a further relative to obtain their views on the service. We also reviewed training schedules the provider had sent us.

Good

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 remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt safe living at Regency Manor Care Home. One relative told us, "I have total peace of mind... they are very safe here." One person told us, "All the staff are very nice and look after me."
- Staff understood how to recognise the different types of abuse and spoke knowledgably about reporting concerns. Staff had received training in safeguarding and felt confident that action would be taken to address any concerns.
- Safeguarding and whistleblowing policies gave staff guidance as to how to raise concerns including external agencies such as the local authority.
- Any allegations of abuse had been reported to the local authority safeguarding team and CQC as required.

Using medicines safely

- People received their medicines as prescribed and medicines were stored, managed and disposed of safely.
- Some medicines could be given without a prescription such as mild pain killers. recording of these medicines was not consistent and staff understanding of recording differed. Improvements had been made by the second day of the inspection.
- A ten-point Medicine Administration Record checklist was implemented to support staff to administer medicines correctly and ensure all medicine processes were completed correctly.
- There were clear protocols for administering PRN (as required) medicine and staff spoke knowledgably about administering PRN medicine.
- Staff who administered medicines had received up to date medicine training and had their competency checked.

Staffing and recruitment

- Recruitment practices were safe and the relevant checks had been completed before staff commenced employment.
- There were enough staff to meet people's needs and keep them safe. People and staff gave us mixed feedback regarding staffing levels at the start of the inspection. We raised these issues with the management team who reviewed concerns regarding staffing. Following this review additional staff were allocated and staff commented positively about this change.
- A member of staff said, "We work well together…we had been down to 3 staff but now we have 4 and it feels much better."
- Staff rotas correctly reflected the levels of staff on duty during our inspection visit. Annual leave or staff

sickness was covered by existing staff. If this was not possible agency staff were used. Wherever possible the same agency staff would provide cover to ensure consistency of care for people living at the home.

Assessing risk, safety monitoring and management

● Risks to people and the service were managed so that people were protected, and their wishes supported and respected. Risk assessments were detailed and captured the individual risks people faced from and to others and themselves.

● People had their needs assessed for areas of risk such as, nutrition, pressure area care, falls and moving and handling. People were supported to live active lives and risk assessments reflected people's choices, allowing them to make important decisions in their daily lives whilst maintaining their independence and promoting a culture of positive risk taking. For example, one person was a pilot and they continued to fly a plane.

● There were robust systems in place to ensure the premises were maintained safely. There were clear plans made for safe evacuation from the premises in an emergency situation such as a fire.

● Up to date service and maintenance certificates relating to electric, gas, hoisting equipment, fire and water systems were available. Legionella testing had been completed which showed the premises were free from legionella. Legionella is a water borne bacteria that can be harmful to people's health.

Preventing and controlling infection

● Staff were supplied with personal protective equipment and wore it when appropriate to prevent the spread of infection.

● Staff had received training in infection control and food safety and understood how important it was to reduce the risk of cross contamination.

● The home and equipment were clean and well maintained. People told us their bedrooms were cleaned well each day.

● The kitchen had recently been assessed by the local food standards and had received a grade 5 rating. The kitchen and cooking equipment was clean and well maintained.

Learning lessons when things go wrong

● There was a robust procedure in place for reporting and recording accidents and incidents. All incidents were reviewed, analysed and monitored for any trends or patterns, this ensured incidents were responded to appropriately and lessons shared and learned with staff.

● Staff discussed examples of learning that had taken place. One person had started to have a high rate of falls which was out of character. Staff discussed the incidents and highlighted the falls may be linked to the person's current health changes. A district nurse was called and administered corrective medicines that improved the health of the person and the falls ceased.

Good

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 Outstanding. At this inspection this key question has deteriorated to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- During the first day of the inspection, areas for improvement in the process of catheter care for one person were identified and highlighted to the provider. The provider was proactive in their response. Specialised catheter care training sessions were immediately scheduled and staff had received clear guidance on all aspects of catheter care. Staff told us this additional training had been very useful.
- Staff told us they were well supported by their management team and felt they all worked well together as a supportive team.
- Staff had not always received supervision as planned. The manager told us they had identified this as an area for improvement and had started to schedule staff supervision. One member of staff told us, "I last had a supervision about three to four weeks ago, before that it was ages because they were late doing them... A team meeting was called and things have improved since then."
- Newly recruited staff received an in depth six day induction period and spent time shadowing experienced staff before caring for people independently. Staff completed a probation period and received full support from experienced staff during that time. New staff undertook the national care certificate. This is a nationally recognised set of standards that health and social care workers are expected to adhere to in their daily working lives.
- One member of staff told us, "It was a really good induction, it taught me new things even though I'd worked in a home before. I think the training here is more in depth." Staff spoke positively about the training they received. The provider had an internal training team and also used an independent training provider to deliver specific training. All staff told us they could access the training they needed, which they said was well delivered, interesting and very useful.
- One member of staff said, "I think the training is good. When you first start you have a week's training. I do feel like I need some refresher training. I did ask yesterday for some extra help and they said I would be put forward for more training. I feel more confident in that aspect that I can ask them and they listen."

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

- People's mealtimes were relaxed, and staff interacted well with people. However, we observed in one unit that the mealtime experience was not as person-centred. We raised this with the provider who made some immediate changes including training and supervision of staff. We observed improvements in mealtime experience by the second day of the inspection.
- Where people were nutritionally at risk, they had their foods fortified with cream, cheese, butter, milk and had prescribed nutritional and vitamin supplements. People had their food and fluid intakes monitored to ensure they received correct levels of nutrition and fluid to maintain their health.

● The two chefs spoke passionately and with enthusiasm regarding ensuring people received healthy, nutritious home cooked meals. They spoke of the importance of ensuring meals were appetising, full of flavour and gave people plenty of choice. We asked one person if they had enjoyed their meal, they said, "Oh yes, very nice indeed." One relative told us, "The food has been wonderful, they always got [person] something they fancied."
● Staff spoke knowledgeably about the importance of ensuring people remained hydrated and well-nourished and gave us good examples of ensuring people were supported to achieve this. Throughout each living unit, snack and drink stations were available; corridors contained small hanging baskets filled with a selection of snacks, fruits, chocolates and crisps for people to help themselves. Staff told us these worked really well and they were always filling them up. Staff supported and encouraged people to try a range of alternative foods in order to promote a healthy, balanced diet.
● Some people had been referred to the Speech and Language Therapy Team (SALT) for guidance on how staff could best support them to plan and eat their meals and drink their fluids safely. Where people required their foods to be pureed to ensure they could safely swallow, the chefs used specific food moulds which gave the food shape and texture. The result was visually inspiring, staff and people had commented the pureed food looked just like the real thing. This encouraged people living with dementia to eat well and maintain their health. The provider had invested in specialised food moulds, cutlery and plates to support people living with dementia to eat as independently as possible.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
● One relative told us, "It's first class care, always has been… we know all the staff and they know us by name. The care is the best."
● Care and support was planned and delivered in line with current legislation and good practice guidance. Assessments and care plans were comprehensive, detailed and reflected people's personal preferences and wishes.
● Staff demonstrated in depth knowledge of people. They explained how people preferred their care and support to be delivered. We observed many positive interactions between staff and people. Staff took time to engage meaningfully with people, checking they had everything they needed with a good use of touch and gentle encouragement.
● There was a comprehensive, 'staff champions' programme. Staff could volunteer to become a 'champion' around a specific area of care such as, nutrition and hydration, sepsis, dementia, end of life, dignity and infection control. The champion roles promoted evidenced based good practice and enabled staff to develop in areas they were passionate about. Additional training and financial incentives were offered to staff who wished to take up a champion role. Staff showed genuine enthusiasm and excitement regarding the champion roles and their ability to impact positively on the health, well-being and lives of people.
● Staff worked with people to encourage and support their independence. People and their relatives were fully involved in the management of their care and support, People's wishes and choices were respected. One relative told us, "They phone me immediately if there are any changes, I'm kept fully involved. Patient care is the best, they come in and chat to us all the time."
● People were supported to be themselves and given access to information and support to live their lives as they chose. This included support to consider all aspects of their gender, sexual orientation and disability.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care
● One relative told us, "The staff are all very good, nice and polite and always positive. If [person] has not been feeling well they let us know straight away and get it sorted as soon as possible."
● There were effective systems in place to monitor people's on-going health needs. The service worked collaboratively with a range of external health care professionals and specialists. People were referred to

their GP, district nurses, dentists, occupational therapists and chiropodists as required and in a timely way to ensure people received effective healthcare.
● Following a review into the recording and monitoring of people's fluids, staff wrote to people's GP's to request a review of their hydration targets to ensure people were receiving the correct, realistic levels of fluid. A visual, alert process was implemented to inform staff if a person was at risk of becoming dehydrated. Daily handover meetings included discussions and updated information regarding people who were at risk of poor nutrition and dehydration. This ensured staff were able to react quickly and effectively to any person who was at risk of dehydration.
● Staff had received training in supporting people with their oral health. Staff understood the importance of ensuring people received regular oral health checks to maintain their health and well -being.

Adapting service, design, decoration to meet people's needs
● The environment in four of the six living units had been specifically designed to meet the needs of people living with dementia. This had taken into account national good practice such as that produced by the University of Stirling's Dementia Service Development Centre (DSDC).
● People's bedrooms were highly personalised and decorated to their individual taste. Shared communal areas were bright and comfortable with contrasting coloured doors, hand rails and easy to read signage. Corridors and communal bathrooms were light and spacious providing easy access for people using wheelchairs or walking aids. Bedroom doors had names and numbers on them to help people orientate themselves around the home.
● The home had two outside areas for people to use and enjoy. One was a well-maintained garden with easy access ramps for wheelchair use and additional seating areas and safe walking surfaces. The second was an internal room that was fitted out as a garden with a water fountain, plants and flowers and a separate outdoor balcony, both areas had quiet areas for people and relatives to relax and enjoy. This allowed people living with dementia on the upper floors of the home to enjoy the fresh air independently. Staff told us people loved to use both of the outside areas, particularly when the weather was warmer.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.
● Staff had received training in The Mental Capacity Act 2005 and spoke knowledgably regarding how it applied to the people they supported.
● Mental capacity assessments and best interests decisions were in place for people in relation to specific decisions. Where people lacked capacity to make decisions for themselves, their relatives and friends who knew them well and independent solicitors had been involved to ensure any actions taken were made in the best interests of the person.
● There was a process in place to ensure DoLS applications were made in a timely way. Some people had

specific conditions attached on their DoLS which had been followed correctly and recorded as required.

Good

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 Outstanding. At this inspection this key question has deteriorated to Good. 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 were treated with kindness. We had received some negative feedback from people on the first day of inspection regarding some staff. The manager investigated and made some staffing changes. These changes were positively received by people.

● One person said, "I like to have a little joke with the staff, they have a laugh and a joke with me." One relative told us, "Everyone here is so kind and supportive and very helpful. We are all treated like family… I can only sing their praises." Another relative told us, "It's the little things they do that are so important. Within a week of moving in here [person] was dancing with one of the girls, she had a new lease of life. I was so thrilled with everything…it gave me the freedom not to worry about her. It was better for her than being at home, this was her home."

● A health professional provided written feedback that said, "Regency Manor has always been a lovely home. Residents have always been happy. Staff interact well with people there. Sometimes staff bring in pets and residents are able to interact with them, if they wish, which I think is awesome".

● Relatives told us they had very good relationships with the management and staff and were made to feel really welcome whenever they visited. One relative said, "All the staff are so friendly…any problems at all I know who to speak with. They always get someone to help me if I need it straight away." Another relative told us, "What appeals are the small units, it's intimate and welcoming, with a nice lounge. The staff are very welcoming and really friendly."

● The provider employed a chaplain who worked across the providers group of homes. People's individual faiths and beliefs were acknowledged and accommodated, and an interactive dementia friendly Christian service was held each week.

●The chaplain had developed a specific service for people living with dementia. They used tactile items, music and sensory items to invoke memories for people. Items used included, wooden crosses, rosaries and teal light candles people. The items helped people to follow the service and feel involved and included which was important to them.

● There was a welcoming, happy, calm and friendly atmosphere at the home. We saw people actively sought out members of staff to interact and engage with. We observed positive, caring interactions between staff and people. Staff were attentive and showed genuine warmth and concern for people's happiness and well-being.

● People received personalised and compassionate care that took into account their rights to equality and acknowledged diversity. Staff received equality and diversity training as part of their induction process. Staff spoke knowledgably regarding how to ensure people were treated equally and were given respect and choice in their daily lives. The provider had an equality and diversity policy that staff were knowledgeable

about.

Respecting and promoting people's privacy, dignity and independence
● Staff understood the importance of respecting people's rights to privacy and dignity and this was clearly reflected in care plans. Care plans also identified the skills people had and outlined what tasks they liked to do for themselves to maintain their independence. Staff told us they encouraged people to do tasks for themselves and provided support where and when it was needed.
● One person liked to leave their bedroom door open rather than feeling 'shut away', however other people living with dementia would enter their bedroom and remove personal items, getting anxious or upset if they were stopped from doing so. Staff worked with the person to find a solution and a 'Door Net Curtain' was installed in front of their bedroom door. People living with dementia thought the door net curtain was covering a window so they walked by rather that entering. The person felt the benefits of the curtain immediately and had told staff the best bit was they didn't miss a thing. They could hear and see everything going on in the corridor and felt safe and included and were afforded total privacy by the net curtain.
● There was a dignity champion employed at the home who raised awareness and created discussion around what dignity meant for people, family and staff. The provider had a range of policies and processes regarding privacy and dignity and how they impacted on people's health, care and support. We observed staff respected people's dignity and privacy throughout the inspection. Staff gave good examples and showed understanding of how they ensured people's dignity was respected, for example ensuring screens were put around people when they were being hoisted and always knocking and asking permission before entering people's bedrooms. People and staff told us everyone was treated fairly and equally and with respect.
●The service ran a breakfast club each Sunday morning in their coffee shop. In addition to serving a breakfast of their choice, the breakfast club enabled people living throughout the six units an important opportunity to socialise and catch up with friends. Music was played with people enjoying the relaxed atmosphere and having a dance if they wished. It enabled people to mix with others from different floors, or simply sit with a newspaper and enjoy the atmosphere. Staff told us the event benefited so many people living at the home, maintaining people's social skills and independence and improving their well being.
● Personal information was kept secure and staff understood the importance of maintaining secure documents and care records to ensure people's confidentiality was maintained.

Supporting people to express their views and be involved in making decisions about their care
● People, family members, staff and health professionals were all involved in decisions regarding ongoing care and support. People's views were listened to and acted upon and people were supported by staff to make choices affecting their daily care and support.
● Relatives told us they were kept well informed and felt involved in people's care and support. One relative said, "I have completed the annual surveys. They always ask for our opinion. If you ring through to the office they always find someone to speak to you. We have no complaints at all, it's very reassuring [person] lives here."
● Staff shared how they facilitated, 'dates' for one of their people whose husband lived nearby. Staff would arrange for the provider's bus and driver to collect them both and take them out to have a meal together or for a local drive around the cliff tops or to places that had pleasant memories for them both. Staff said it is important for them both to spend time together but due to a diagnosis of dementia the visits needed to be short and often. This showed staff were able to support the couple at a level that was appropriate for them both which has given them reassurance and respected their individual health needs and choices.
● People had access to an independent advocacy service. This ensured people who needed an independent representative to speak on their behalf had access to this resource.
● The chaplain had written a training course for staff on how to support people who were lesbian, gay,

bisexual or transgender, to ensure people were supported and cared for in ways that respected their views and choices.

● People had been given the opportunity to share information that was important to them. This included information about their life history, important relationships, their likes, dislikes and preferences. Support plans took into account people's disabilities, age, gender, relationships, religion and cultural needs.

Good

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 Outstanding. At this inspection this key question has deteriorated to Good. This meant people's needs were met through good organisation and delivery.

Improving care quality in response to complaints or concerns

● Complaints were managed effectively. However, on the first day of the inspection the provider received a detailed complaint. The complaint regarded shortfalls in continuity of care for one person that had been highlighted by the complainant for a number of weeks that had not been rectified. The Director of Care immediately investigated the concerns and the management team implemented a plan of action to ensure lessons were learned and to ensure the shortfalls would not be repeated.

● We reviewed complaints that the provider had received since the previous inspection. Complaints were logged, reviewed, investigated and details of action taken and the outcome recorded. The providers complaint policy gave clear guidance for people on how to raise a complaint and the timescales and action that would be taken to address any concerns or complaints. One relative told us, "I know who is in charge. Any problems I know who to speak with."

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

● Staff demonstrated a strong person-centred approach which was reflected in the care and support people received. The service supported people to express their views so that staff and others understood their wishes, choices and preferences. People told us they received their care and support in ways they preferred and felt fully involved in all aspects of their care.

● People's care records included their life history, important relationships, their strengths, things they enjoyed and things they didn't like. They provided important information for staff to ensure people were supported in ways they preferred and received care that was responsive to their needs. Care and support plans were regularly reviewed and supported staff to understand people's individual health needs.

● The provider was looking into ways of using technology to enhance people's lives. Staff showed us the electronic, voice activated device they were starting to use with people. The device had been set up so that bedroom lights, television and music could be activated by voice commands only. Electronic tablets had been purchased for people to interact with and enjoy. One person was using the tablet to make a virtual clay pot, staff commented the person had really enjoyed using the tablet which had increased this person's level of engagement.

●An electronic virtual tour of the home was available on the providers website to enable people to get a feel for the home before they visited. People had use of an electronic application which family members could use to send digital postcards to people. This ensured people kept in touch with family and could share their trips and special family events through the use of pictures.

● The provider had introduced a 'First Response Box'. The box contained blood pressure monitor, blood sugar monitor, thermometer, post falls assessment sheet and a slide sheet. The box enabled managers and senior staff easy access to items that would be needed if an urgent situation occurred. For example, if a person fell or had a sudden decline in their health. The box had proved beneficial; it enabled staff to attend

people, ensuring they arrived well prepared and able to provide the out of hours and ambulance service with clear, useful data regarding the person's clinical and physical health. The provider had received positive feedback on the observations given by staff at the point of contact, supporting them with clinical judgements and decision making at these times. Staff told us the process contributed to promoting people's safety when they may be in need of urgent support.

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.

● Staff spoke knowledgably about people's communication methods and demonstrated how people communicated when they needed support, wanted pain relief or wished to take part in activities and hobbies.

● One person had limited ability to communicate verbally, this meant at times staff were unable to understand this person's needs. Staff arranged for a communication book to be created for this person which contained personalised information about their family, their work history and memorable holidays. The book included signs for everyday use such as a selection of drinks and meals, bathroom visits, pain and discomfort. Staff used the book in consultation with the person and the use of picture cards to ensure their choice was not misunderstood. The person also had a small white board which they wrote on to communicate their wishes and preferences.

● We observed staff interacted responsively and were attentive with people who had impaired hearing or sight loss. Staff treated people as individuals, explaining who they were and what support they were offering. Staff approached people at their level, using a gentle touch on an arm or hand to let people know they were near and speaking slowly and clearly to ensure they were understood.

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

● The home ran a varied and full activity programme for people to join in with if they wished. Activities were seen as an integral and beneficial part of people's lives and staff encouraged people to socialise and pursue their hobbies and interests.

● Activities included, flower arranging, baking, armchair exercises, singing, arts and crafts, quizzes and a variety of visiting animals which included Alpaca's, donkeys and lambs as well as dogs. Staff told us people loved giving the lambs a cuddle which in turn helped reduce their anxiety levels and promoted a sense of calm in people.

● Staff told us about numerous examples that showed how their actions had had major positive impacts on people, improving their health and well being by maintaining relationships and creating happiness and enjoyment. For example, one person had moved into Regency Manor but was concerned they would not be able to continue their relationship with their current partner due to the distance between them and the cost of transport to reach them. Their partner was extremely important to them and they had become inseparable, enjoying many outings and trips together. One member of staff owned a taxi and was keen to help the couple continue their relationship. They arranged to collect the partner free of charge and bring them back to Regency Manor each week to enable them to continue to see each other and enjoy nights and events out. This has resulted in improved health and well being for the person who immensely enjoyed their 'date nights'.

● The home had a selection of pets for people to enjoy, these included cats, guinea pigs and fish. One relative told us," Mums life revolved around her cat, they had a room available here and they allowed her to bring her cat as he was such a large part of her life. When her cat came in the room her face lit up, it meant

so much to her that he could come with her." Staff told us about the 'Crufts' style dog show they had run with staff and families bringing their dogs in for people to judge. The homes guinea pigs were very popular with people and provided a stimulating topic of conversation when people were in the activity room.

● People were supported to go on trips to the beach in the warmer months. The provider had arranged for the use of a beach hut for people where they had fish and chips and thoroughly enjoyed their day at the seaside.

End of life care and support

● If people were nearing the end of their life, the service used a variety of end of life tools to ensure they received dignified, responsive, compassionate care at this time. People had advanced care plans in place which gave detail for staff on how people wished to be cared for, such as having pain relief, music, prayers or people with them.

● One relative told us how they had been fully supported by staff when their loved one was nearing the end of their life. They told us," Everyone was such a support and always here for us…they were so kind and supportive to me. Everyone is so helpful, we are treated like family."

● Staff champion roles had been introduced which included spiritual care and end of life, these roles used a holistic approach to care, involving every one to ensure people's wishes were respected at this time. The champion roles allowed staff to take ownership of their role and enabled development and empowerment.

● Staff received end of life training which included grief and bereavement, equality and diversity and lesbian, gay, bisexual and transgender (LGBT) to ensure full understanding and respect would be afforded to all people at the end of their life.

Good

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 Outstanding. At this inspection this key question has deteriorated to Good. 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

- Staff told us they felt the service was improving. They told us there was a supportive, friendly, open and honest culture and staff wanted to do their very best for people.
- One member of staff told us, "It's much better now…it's much more positive, I like coming to work and morale has improved." Another member of staff said, "I do think that things have settled, and things have got better." Further members of staff told us, "A couple of months ago morale was low…morale has improved now. And, I feel like since management have come in things have got a lot better."
- We received positive written feedback from a health professional who stated, "The service is very well led. They are person-centred and adaptive. People are encouraged to thrive. Staff are kind and supportive. Good grasp of MCA. I would say it is a very good service."
- One member of staff told us, "A couple of months ago morale was low. It had been really good then there was a lack of staff. We spoke to [operation manager] and they started to make the changes. The [acting manager] will be good, morale has improved now. There was a lot going on before with the management between themselves so we didn't get the support but this is now changing and improving." We asked one member of staff what they were proud of, they said, "I think we work well as a team. I think it's good team work and we always help each other…I would recommend this as a place to work in."
- The acting manager worked flexibly so they were able to spend time with staff throughout the whole home. They knew people and relatives well and staff told us they felt well supported and could approach any member of the management team at any time for support and guidance.

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

- Where mistakes had been made, the acting manager and management team were open and honest with people and their relatives and immediate improvements were made. Where concerns about individual staff performance had been identified, these were appropriately actioned through training, supervision and if required disciplinary processes.
- The acting manager spoke knowledgably about fulfilling their requirements on the duty of candour.

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

- The provider had a detailed system of quality assurance processes and checks in place. However, these checks had not identified the shortfalls that were identified on the first day of the inspection, such as staffing

levels and medicine management. The provider had reacted responsively and took immediate action. They had also conducted further investigations and had identified areas where further improvement were needed such as, completion of staff supervisions, food and fluid monitoring and recording and staffing levels.

● By the end of the inspection all identified shortfalls had been fully investigated and corrective action taken. Staff meetings had been held throughout the providers group of homes to ensure important lessons learned were shared by all staff to enable good practice ideas to be disseminated.

● The provider had an established 'Opportunity for Improvement' (OFI) process. This detailed process involved a full investigation of the improvements needed, who the OFI related to, for example staff, visitors, residents, premises etc. The detailed corrective action that was taken and the level of priority it was afforded, for example 24 hours, 7 days or 1 month.

●We reviewed a selection of the OFI's the provider had completed over the course of the inspection. They highlighted the provider had conducted robust investigations and had been responsive in implementing immediate corrective action to ensure required improvements were put in place. There was a variety of audits and spot checks completed to ensure the quality of the service was maintained.

●Relatives, staff and health professionals told us they felt the service was well-led, with a clear management structure in place. Staff spoke knowledgeably about their responsibilities within their role, told us they worked effectively together as a team, felt listened to and able to freely voice their opinion. Staff were confident in the quality of care, support and guidance they were able to offer people which gave a strong focus on person centred, individualised care for people.

● Notifications had been sent to external agencies such as the local authority safeguarding team and the CQC. This is a legal requirement. The previous CQC inspection rating was displayed in the home as required by the regulations.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

● Regular team meetings were held where staff said they felt comfortable to raise any issues, concerns or ideas they may have. Staff told us team meetings provided a valuable time to discuss lessons learned and different ways of helping and supporting people. Staff viewed team meetings as supportive, useful, and helpful.

● There were effective systems in place to ensure views from visiting health professionals, people, relatives and staff were fully considered and acted upon. Resident and relative meetings were held which allowed people and families to put forward their views which they felt were listened to and acted upon.

● There was a system of annual quality assurance questionnaires in place for obtaining the views of the service from people, relatives and health professionals. Results from these questionnaires were analysed and any areas of concern identified and acted upon.

● There were schemes and incentives to celebrate staff achievement. For example, employee of the month and the large variety of staff champion roles.

● The service worked collaboratively and closely with the local community for the benefit of people living at the home, friends, relatives and people in the local community. Examples included; primary school children visiting to provide a reading group, the local library visiting and providing a selection of books for people, a weekly intergenerational storytelling group where parents and children of a local church visited the home for stories and singing with a religious aspect.

● A member of the activity staff attended the county active care forum conference each quarter to meet and discuss activities with other activity staff around the county. This provided invaluable contacts, and a good forum to discuss new ideas with peers.

● The acting manager attended local and national care working groups to share good practice and help others. They also took part in internal working groups the provider ran throughout the year to share good practice and learn from others within the group.

● The acting manager kept their knowledge up to date through the receipt of monthly briefings from CQC, regulation changes and Adult Social Care guidance documentation.