

Braemar RCH Limited

Regency Nursing 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 Nursing Home is a 'care home'. The home accommodates up to 30 people who have nursing needs. At the time of our inspection 30 people were living in the home. The home provides accommodation over five floors with passenger lifts to all floors, stair lift access to some floors and external wheelchair access to the grounds. The lower floor of the home provides areas for staff, kitchen area and laundry facilities.

What life is like for people using this service:

- People were kept safe from avoidable harm. Staff recognised the risks to people's health, safety and well-being and knew how to support them safely. People received their medicines as prescribed.
 - Healthcare professionals told us the staff at the service worked well with them to provide good outcomes for people.
 - People were cared for by staff who were kind and caring and people's privacy, independence and dignity were promoted.
 - People received personalised care that met their needs and preferences. People chose how to spend their day and were engaged in activities that they enjoyed.
 - Staff were supported in their roles. They took part in regular training and supervision. Staff told us they enjoyed working at the service and felt well supported by the registered manager and the management team.
 - People knew how to raise concerns. They had confidence in the registered manager and told us they would recommend the home to others.
 - A quality assurance system was in place to continually assess, monitor and improve the service.
- We found the service met the characteristics of a "Good" rating in all areas. More information is available in the full report.

Rating at last inspection: Requires Improvement (report published 14 June 2018).

Why we inspected: This was a planned inspection based on the rating at the last inspection.

Follow up: There is no required follow up to this inspection, however we will continue to monitor the service through information we receive.

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

Details are in our findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our findings below.

Good ●

Is the service caring?

The service was caring

Details are in our findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our findings below.

Good ●

Is the service well-led?

The service was well-led

Details are in our findings below.

Good ●

Regency Nursing 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 as part of our regulatory functions. This inspection checked 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.

Inspection team: One inspector, a specialist nursing advisor and an expert by experience conducted the inspection. 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 Nursing 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.

The home had a manager registered with the Care Quality Commission (CQC). 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.

Notice of inspection

We inspected Regency Nursing Home on 2 and 3 April 2019. The inspection was unannounced.

What we did:

Prior to the inspection we reviewed all the information we held about the service including notifications received by the CQC. A notification is information about important events which the service is required to tell us about by law. We reviewed the provider information return. This is information we request on at least an annual basis about what the service does well and improvements they plan to make.

During the inspection we spoke with nine people, six relatives and three health professionals. We spoke with the registered manager, the nominated individual and six members of staff. We looked at the care records for five people and the medicine records for 10 people, four staff recruitment records; staff supervision and

training records and records relating to the quality and management of the service.

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Staffing and recruitment

- At the last inspection, we made a recommendation that the provider use a systematic approach to ensure the numbers of staff met the needs and dependency of people in the home. At this inspection, this had been implemented. Most people, and staff, told us they thought there was enough staff to meet people's needs. However, some people and staff felt that more staff would be beneficial. One person told us, "They're short staffed sometimes, they must get overtired and overworked" and a member of staff said, "If we had more staff we could take people out more." We discussed these comments with the provider, registered manager and clinical lead who told us they regularly reviewed staffing levels to ensure there was enough staff to meet people's needs. Records confirmed this.
- Our observations reflected staff responded promptly to people's requests for support. The provider also monitored call bell response times to ensure people's requests for assistance were responded to in a timely manner.
- Safe recruitment practices were followed before new staff were employed to work with people. The relevant checks were made to ensure staff were of good character and suitable for their role.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at Regency Nursing Home. One person told us, "Yes, it's safe, we have people coming around to see if you're alright."
- The service had effective safeguarding systems in place and all staff had a good understanding of what to do to make sure people were protected from harm.
- Records confirmed that all safeguarding concerns had been reported and investigated appropriately, in liaison with the local safeguarding team.

Assessing risk, safety monitoring and management

- Risks to people's personal safety and well-being had been assessed and plans were in place to mitigate these.
- Staff were aware of people's risks and told us about the actions they took to promote people's safety and wellbeing. For example, one person needed their food presented in a specific way to reduce the risk of choking, the risk assessment provided staff with clear guidance and staff were knowledgeable about this.
- Detailed information was available in people's care plans about their specific health conditions and staff were well-informed about these and how they may affect people.
- Some people were assessed as being at risk of conditions such as skin breakdown and constipation and had monitoring charts in place to monitor these risks. Some of these monitoring charts contained gaps which meant people's risks may not be effectively monitored. However, this information was included in people's daily records and we saw that appropriate action was taken when required. We discussed this with the registered manager who told us following the inspection they had implemented a system to ensure all

monitoring charts were completed appropriately.

- Environmental risk assessments were carried out to consider any risks to people, staff or visitors.
- The home had an emergency plan in place which provided guidance for staff in the event of an emergency or failure of utilities. This included contact details of key personnel and external contractors.

Using medicines safely

- People received their medicines as prescribed although improvements were needed to ensure that this was always documented consistently. For example, topical medicine administration records (TMARs) were not always filled in correctly. The registered manager was already taking action to address this through team meetings, supervision and extra training with staff as required.
- Some people received creams and medicines on an 'as required' or PRN basis. Most of these people had detailed PRN protocols in place which meant staff had appropriate guidance as to when people may need these medicines. A health professional told us, "They [staff] only give PRN medicines when needed, they don't over use." A person confirmed they received their PRN medicines when appropriate and told us, "They [staff] give my medicines to me and I ask for Paracetamol when I need it."
- The ordering, storage and disposal of medicines was safe.
- Staff had received training in medicines and their competency had been assessed.

Preventing and controlling infection

- People were protected by the systems in place for the prevention and control of infection.
- Checks to evidence the environment was clean were completed.
- Staff had received training on infection control and we observed they wore personal protective equipment when appropriate.
- The environment was clean and free from bad odours.

Learning lessons when things go wrong

- Incidents and accidents were reviewed to identify any learning which would help to prevent a reoccurrence. For example, extra moving and handling training and supervision had been arranged following a moving and handling related incident.

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

Good: 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 were assessed before the service commenced supporting them. This assessment was used to form a written plan of care which was updated as the provider learnt more about the person.
- Nationally recognised assessment tools were used to determine people's support needs and specialist assessments and guidance was included in care plans to inform staff about how best to meet people's needs.
- People told us staff delivered care and support in line with best practice guidelines; for example, one person told us, "I have to use the stand aid to help me stand and two carers. I could do it with one carer but we're not allowed to for safety."

Staff support: induction, training, skills and experience

- At the last inspection in March 2018 staff supervisions were not always recorded. At this inspection staff confirmed supervisions had been taking place regularly and these were recorded. These included feedback about their performance and enabled them to discuss any concerns, training and development needs.
- Observational supervisions had also been implemented so staffs' competency could be checked.
- Staff had completed a comprehensive induction which included the completion of the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life.
- People were supported by staff who had received training relevant to their roles. Staff told us they had access to a range of training which fully equipped them for their role.
- One member of staff was pleased they had been supported to have completed a 'train the trainer' course so they could train other staff members.

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

- At the last inspection in March 2018, we identified that improvement was needed to ensure food texture descriptors were being used appropriately. This was to ensure all staff were clear about the texture of food people could eat. At this inspection we found that food texture descriptors were used and the provider had implemented colour coding to aid staffs' knowledge of the type of diet people could have. Additional training regarding nutrition had also been provided to staff.
- People were complimentary about the food and confirmed they were offered a choice about where and what they wished to eat. One person told us, "If you're in bed they [staff] bring it to you. They [staff] come up in the mornings and ask you what you want for lunch, the meals are mostly nice here, they [staff] come around all the time with drinks."
- We observed lunchtime in the dining room on the first day of inspection. It was a social occasion and people were supported in a dignified and sensitive manner when required.

Staff working with other agencies to provide consistent, effective, timely care.

- Any changes in people's health were promptly recognised and support was sought by external healthcare workers when necessary and any guidance provided had been followed.
- Feedback from healthcare professionals was extremely positive. One healthcare professional was complimentary about the way the service worked with them to provide effective care for people. They told us, "They [staff] are receptive and always follow advice ... if they have any questions they will ask for help so we can meet people's needs." Another healthcare professional told us about a person who had been recently admitted to Regency Nursing Home from their own home where they had been bed bound. They said, "I came to see (Name) today and she's out at a coffee morning, that's her dreams come true, I'm amazed, ...wow."
- Staff told us they worked well as a team. Daily handovers took place and staff communicated well with each other to ensure good outcomes for people.

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

- The adaptation, design and decoration of the premises was suitable for the people who lived there. There were communal areas for people to be together, appropriately adapted bathrooms and access to a garden.
- People were able to personalise their rooms as they wished. One person told us, "I love my room, I can change things around if I like. My daughter recently bought new curtains and the management put up new nets for the french doors as I'm on the ground floor. They told me I could have a different colour paint on the wall if I wanted. That's my own chest of drawers and now the room feels like my home."
- Appropriate equipment was available where needed to ensure staff could deliver care and support.

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 with appropriate legal authority. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA 2005, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- People told us they were asked permission before staff provided care and support. We observed that a staff member asked a person for their consent before they assisted them, the person asked the staff member to come back in ten minutes and the staff member cheerfully obliged.
- Staff ensured that people were involved in decisions about their care as much as they were able; and knew what they needed to do to make sure decisions were taken in people's best interests.
- Where people did not have capacity to make decisions, they were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.
- A senior staff member had identified that it was not always clear which people had appointed a legal representative to make decisions for on their behalf should they lack the capacity to do so for themselves. Measures had been put in place to address this.

- Staff and the registered manager understood their role and responsibilities in relation to DoLS and applications had been made appropriately.

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

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People and relatives told us staff were "kind", "caring" and "attentive". Comments about the staff included: "The girls are smashing and my son is pleased with my care here" and "I can talk to the carers as well, we have lots of laughs together."
- People and relatives told us about examples where members of staff had demonstrated their caring nature. These included, people being given a pot plant for Mother's Day, a person being provided with lemons for journeys as the staff knew it helped with travel sickness, a staff member accompanying a person to get their belongings from home and providing extra support to a person who did not receive visitors. One relative said, "The staff are doing more than their job, they put in more than they're paid for."
- Our observations of staff interactions with people showed that people were treated with kindness, compassion, dignity and respect. Staff demonstrated they knew people well and understood their likes, dislikes and preferences.
- People's protected characteristics under the Equalities Act 2010, such as age, disability, religion and ethnicity were identified as part of their needs assessment. Staff could tell us about people's individual characteristics. People were positive about the support they received to meet their religious needs.
- People were supported to maintain and develop relationships with those close to them. Relatives confirmed there were no restrictions when they visited and they were always made to feel welcome.

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

- People and relatives, told us they were involved in planning their care and support. One relative told us, "They [staff] asked me what (Name) likes, I have a lot of forms to fill in all about her."
- We saw people were offered choice in everyday situations such as where they would like to sit and what they would like to eat. One member of staff told us, "We treat people as individuals, they choose how they spend their day, we always give them options." Care plans contained guidance for staff which promoted choice for people.
- Staff understood people's communication needs and used this so people could make decisions in their day to day life. This helped to demonstrate how the provider was working towards meeting the requirements of The Accessible Information Standard. This aims to make sure that people who have a disability or sensory loss get information in a way that they can access and understand, and receive any communication support that they need.

Respecting and promoting people's privacy, dignity and independence

- People confirmed they were treated with dignity and respect. Two people told us that they were dignity champions. One person described this as being "like a representative for the other residents" and was pleased to show us their certificate. They went on to explain that since this initiative had started they had

seen improvements in the way staff spoke to people. We observed respectful interactions between staff and people throughout the inspection.

- People told us their privacy was protected at all times. People confirmed that staff shut doors when supporting them with personal care and screens were used for the people who shared a room.
- Staff were able to provide us with examples of how they supported people to maintain their independence and this information was outlined in people's care plans.

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery.

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

- People received care that was person-centred and was responsive to their needs.
- Since our last inspection, the provider had implemented a 'Resident of the Day' scheme. This meant that the staff team would holistically focus on one person for a day and the person was involved in reviewing their care plans and ensuring they were happy with all aspects of the service that was provided for them.
- Staff demonstrated they knew people well and provided people with the support they needed and preferred. A healthcare professional told us, "Staff know their residents really well."
- Care plans contained information and guidance to staff about people's needs and preferences. The provider was working with a team from the local authority to further enhance the care plans to ensure all information about people was detailed and personalised.
- Records and feedback demonstrated peoples' changing needs were promptly identified and kept under review. In line with national guidance, new tools were being used in the service to help identify the signs of deterioration in a person so care could be escalated if necessary. A member of staff told us this helped them to recognise people's changing needs promptly and improved outcomes for people.
- People were supported and encouraged to take part in a wide range of group and individual activities that met their choices and preferences and people were positive about the activities on offer. These included, arts and crafts, pet therapy, reiki and games.
- The home was an accredited member of the National Activity Provider Association (NAPA). NAPA promotes the values of everyone being individual and unique, providing meaningful activities and person centred care through innovation, creativity and fun.
- People were supported to maintain links with the local community. For example, trips to the local church, beach, boating lake and pub were regularly organised. Entertainers and talks were organised and children from a school visited each week.
- Birthdays and special days were also celebrated and people were positive about this. One relative told us, "It was Mother's Day last Sunday and they decorated the lounge and gave all the ladies lovely little pots of flowers. Then they had a buffet tea, we all enjoyed it."
- People who stayed in their rooms were also able to take part in meaningful activities.
- We observed that people cared for in bed were able to listen to music of their choice and had items to hold such as 'twiddle blankets'. These can be therapeutic and help reduce agitation or restlessness for people living with dementia. The activity coordinator told us, "No one should ever be left out. I tend to spend time in the afternoon with people who stay in their rooms. A lot of people like hand massages, they respond to them."

Improving care quality in response to complaints or concerns

- At the last inspection in March 2018 we made a recommendation that the provider established an effective system to keep an accurate record of complaints. At this inspection we found an improved system for

logging complaints had been introduced in January 2019 and now needed to be embedded and sustained to help ensure that moving forward there remained an effective system in place to analyse and learn from complaints.

- People told us they knew how to complain and complaints were handled well. One person told us that a complaint they had raised had been appropriately investigated and they were happy with the outcome.

End of life care and support

- People received compassionate and sensitive care from staff at the end of their lives.
- Staff had attended the 'Six Steps End of Life' training programme and this was being refreshed at the time of our inspection. This was a nationally accredited course which aims to develop staff knowledge and enhances end of life care for people.
- People's preferences and choices were detailed in care plans if they wished. The registered manager engaged with external healthcare professionals effectively to ensure people's end of life care needs were met.

Is the service well-led?

Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person centred care; supported learning and innovation; and promoted an open, fair culture.

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning and improving care

- At the last inspection in March 2018, records were not always accurate or up to date. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- At this inspection, we found improvements had been made and legal requirements were now being met. The provider was taking action to drive further improvements with regards to the consistent completion of monitoring and topical cream records.
- At the last inspection in March 2018 effective quality assurance processes were not in place. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we found improvements had been made and this was no longer a breach of regulation.
- Governance systems had been improved since the last inspection and a variety of audits took place regularly. These processes were effective in identifying concerns and areas for improvement. For example, the 'resident of the day' had been implemented which enhanced people's experience of receiving personalised care and support. The registered manager had an action plan to take forward improvements to the service based on feedback they gained from a variety of sources and the findings from quality audits.
- The provider and registered manager had gained support from a team from the local authority and an external consultant and they told us this had helped them to make improvements.
- Staff told us they had seen numerous improvements in the service since the last inspection. One member of staff told us, "Progress has definitely been made."
- There was a culture of continually improving and staff were involved in discussions on where and how any improvements could be achieved.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements.

- People and relatives told us they thought the home was well-led. A comment from a survey stated, 'Clearly good leadership nurtures a professional team and caring staff.'
- Although, the registered manager was responsible for managing another service, there was a clear leadership and management structure in place which helped to ensure that the service could deliver effective care and that staff at all levels were clear about their role and responsibilities.
- Staff told us the leadership arrangements were working well and they felt well supported. One member of staff told us, "I can go to [clinical lead] with anything, she is a massive support."
- Staff understood their roles and communicated well between themselves to help ensure people's needs were met. Nurses held extra responsibility in certain areas which included, medicines and infection control.
- The service had effective systems in place to communicate and manage risks to care quality, which staff understood and used.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility:

- The registered manager and all the staff we spoke with, demonstrated a commitment to providing person centred, high-quality care. They placed people using the service at the centre of everything they did. A healthcare professional told us, "They put people first."
- The culture of the home was positive and people lived in a homely and friendly environment.
- People and relatives told us they received personalised care and were happy with the service. Comments included, "I couldn't have found a better place to live in my old age" and "It's all excellent, they get a top rating from us." Written positive feedback was also seen. One example of this was, 'I'm happy with the first class care my father receives, it's clear to see he has a great rapport with staff and this is a great weight off my mind.'
- People, staff and health professionals were positive about the management arrangements. One member of staff told us, "Couldn't fault them [Provider and registered manager], I can go to them with anything . . . They have helped me both professionally and personally." A health professional told us, I have complete faith in [registered manager] that they will deliver a high standard of team to deliver good care."
- Staff told us they enjoyed their work. One member of staff told us, "This is the best move I ever made, I absolutely love it here." They went on to tell us how they felt valued for their contributions. Staff received birthday presents, and the registered manager regularly brought in chocolates and treats, curry nights were held and team building exercises had taken place.
- The registered manager demonstrated an open and transparent approach to their role. Where people had come to harm, relevant people were informed, in line with the duty of candour requirements, and CQC were notified of all significant events.

Engaging and involving people using the service, the public and staff; Working in partnership with others

- People and relatives had opportunities to feedback their views about the home in a variety of ways. The feedback received was predominantly positive. Where suggestions had been made, the provider had addressed these.
- Meetings were held with staff during which staff were given the opportunity to discuss issues and give their views.
- We found the registered manager and management team worked closely with other professionals to ensure people received effective, joined up care.
- The registered manager attended the local managers forum and networking events to learn from others and share good practice.
- The registered manager took part in research opportunities. We saw that the service had won an award from the academy of Research and Improvement for their care home research partnership. The registered manager also told us about a new research project they were involved with which aimed to improve the quality of life for older people with sensory impairment.