

Mr & Mrs T Buckingham

Regency Retirement 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

Regency Retirement Home 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. Regency Retirement Home accommodates people in one adapted building and is registered for up to 14 people. There were 12 people at the home at the time of this inspection.

There was a registered manager in post at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements of the Health and Social Care Act 2008 and associated Regulations about how the service is run

The previous inspection was completed in January 2017. There were two breaches of regulation at that time. At our previous inspection the service was rated as Requires Improvement. At this inspection we found significant improvements had been made to ensure the service was working within the principles of the MCA and people's care plans had improved. At this inspection we rated the service as Good.

Staff had received training appropriate to their role. Staff had received training around safeguarding and were confident to raise any concerns relating to potential abuse or neglect. Staff received regular supervision from the management team. The administration and management of medicines was safe. There were sufficient numbers of staff working at Regency Retirement Home. There was a robust recruitment process to ensure suitable staff were recruited.

Risk assessments were updated to ensure people were supported in a safe manner and risks were minimised. Where people had suffered an accident, action had been taken to ensure the on-going safety of the person.

People 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. People were encouraged to make choices about their day to day lives. People were supported to access health professionals. They could choose what they liked to eat and drink and were supported on a regular basis to participate in meaningful activities. People were supported in an individualised way that encouraged them

to be as independent as possible.

People and their relatives were positive about the care and support they received. They told us staff were caring and kind and they felt safe living in the home. We observed staff supporting people in a caring and patient way. Staff knew people they supported well and were able to describe what they liked to do and how they liked to be supported.

The service was responsive to people's needs. Care plans had improved and were person centred to guide staff to provide consistent, high quality care and support. Daily records were detailed and provided evidence of person centred care.

The service was well led. Quality assurance checks were in place and identified actions to improve the service. Staff and relatives spoke positively about the management team. People's feedback and the views of relatives and staff were sought to make improvements to their experience of the service.

People were supported to take their medicines safely as prescribed. Care and support plans gave staff guidance on how people preferred to take their medication. All relatives were happy with medicine arrangements. The registered manager was reviewing records and current best practice guidelines to show when people with 'as and when required' medication needed it.

The registered manager of the service was due to retire, there was no specific timescale for this. Two acting deputy managers had been employed to implement the transition and in time into applying to become joint registered managers. The registered manager told us they felt confident within their abilities to strive to improve the service. We spoke to the two acting deputy managers in depth who told us they were seeking support and guidance to move forward and ensuring the home stayed a safe, effective, caring service providing high quality care to people who lived there.

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.

There were sufficient staff to keep people safe.

People received their medicines safely as prescribed.

Staff reported any concerns and were aware of their responsibilities to keep people safe from harm.

People were kept safe through risks being identified and well managed.

Is the service effective?

Good ●

The service was effective.

Staff received adequate training to be able to do their job effectively.

Staff received regular supervisions and appraisals.

The registered manager and staff had a good understanding of the Mental Capacity Act (MCA).

Is the service caring?

Good ●

The service was caring.

People received the care and support they needed and were treated with dignity and respect.

People we spoke with told us the staff were kind and caring. People were supported in an individualised way that encouraged them to be as independent as possible.

People's views and preferences about their care and support were promoted.

Is the service responsive?

Good ●

The service was responsive.

People were able to express their views about the service and staff acted on these views.

Care plans clearly described how people should be supported. People and their relatives were supported to make choices about their care and support.

There was a robust system in place to manage complaints. All people and staff we spoke with told us they would be comfortable to make a complaint. They were confident any complaints would be listened to and taken seriously.

Care plans accurately recorded people's likes, dislikes and preferences. Staff had information that enabled them to provide support in line with people's wishes.

Is the service well-led?

The service was well led.

Quality monitoring systems and regular audits were used to further improve the service.

There were positive comments from people, relatives and staff regarding the management team.

People's views and those of their relatives and staff were sought to make improvements to their experiences of the care and support.

The management team and staff worked closely with other agencies and organisations.

Good ●

Regency Retirement Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Prior to the inspection we looked at information about the service including notifications and any other information received from other agencies. Notifications are information about specific important events the service is legally required to report to us. We reviewed the Provider Information Record (PIR). The PIR was information given to us by the provider. This is a form that asks the provider to give some key information about the service, tells us what the service does well and the improvements they plan to make.

This inspection took place on 21 and 22 February 2018 and was unannounced. Inspection site visit activity started on 21 February 2018 and ended on 22 February 2018. It included looking at records, speaking to people who use the service, talking with staff and phone calls and emails to relatives and health professionals. The inspection was completed by one adult social care inspector.

We spoke with the registered manager and two acting deputy managers of the service and three members of care staff. We spoke with seven people living at the home and four relatives who were visiting. We contacted three health and social care professionals by telephone who gave us feedback on the service provided at Regency Retirement Home.



Our findings

People and their relatives told us they felt safe. One person said, "I feel completely safe. I love living here." Another person said, "It's amazing. They treat us so well." One relative said, "We trust them with [The person] No doubt they are safe. It's a brilliant place."

Staff had been provided with training on how to recognise abuse and how to report allegations and incidents of abuse. Policies and procedures with regard to safeguarding were available to everyone who used the service. The registered manager and staff recognised their responsibilities and duty of care to raise safeguarding concerns when they suspected an incident or event that may constitute abuse. The registered manager told us they would inform the local authority, CQC and any other relevant agencies such as the police if they had any safeguarding concerns. People were offered external support from agencies such as the advocacy service or independent mental capacity advocates (IMCA). These are individuals not associated with the service who provide support and representation to people if required.

The number of staff needed for each shift was calculated based on the number of people using the service and their presenting needs. People, staff and rotas confirmed there were sufficient numbers of staff on duty and the same staff were consistently used to ensure continuity for people who used the service. People and their relatives told us they felt there were sufficient staffing levels within the service. The staff we spoke with told us the registered manager ensured the service was always sufficiently staffed and if further staff support was required, the registered manager was always willing to support the care staff.

We looked at the recruitment records of a sample of staff employed at the home. Recruitment records showed that relevant checks had been completed including a Disclosure and Barring Service (DBS) check. A DBS check allows employers to check whether the applicant has any past convictions that may prevent them from working with vulnerable people. References were obtained from previous employers as part of the process to help ensure staff were suitable and of good character. Where staff had gaps in employment, these were investigated to ensure suitable staff were employed.

Staff completed a six month probationary period which enabled the registered manager to assess staff competency and whether the member of staff was suitable to work with people. The provider had a disciplinary procedure and other policies relating to staff employment to ensure people who used the service were kept safe.

People were supported to take risks to retain their independence; these protected people but enabled them

to maintain their freedom. We found individual risk assessments in people's care and support plans such as falls, choking and moving and handling safety. The risk assessments had been regularly reviewed and kept up to date. One person's risk assessment had been updated after they had become at risk of falls. The risk assessment had been regularly updated as the person's level of need changed. This was monitored every month or after each fall.

The service had effective arrangements to respond to incidents, accidents, concerns and safeguarding events. The service had a folder which was a central log for detailing these and there was a system to deal with each one as appropriate. The service was able to identify areas for improvement and lessons were learnt from each investigation. Staff were able to explain to us what they would do in the event of a safeguarding incident. One staff member said, "I would contact the safeguarding helpdesk. The numbers are all available."

People's medicines were safely managed. There were clear policies and procedures in the safe handling and administration of medicines. Medication administration records (MAR) demonstrated people's medicines were being managed safely. Staff received training, observed other staff and completed a full and comprehensive competency assessment, before being able to give medication. People were supported to take their medicines as they wished. Care and support plans gave staff guidance on how people preferred to take their medication. All relatives were happy with medicine arrangements. Staff knew when people needed their 'as and when required' medicines and ensured these were provided promptly; for example when people were in pain. The registered manager was reviewing people's care plans to ensure they had up to date information for staff to refer to when administering people's 'as and when' medicines.

Health and safety checks were carried out regularly. We observed staff wearing gloves and aprons when supporting people with their care. Environmental risk assessments had been completed, so any hazards were identified and the risk to people was either removed or reduced. Checks were completed on the environment, such as the fire system by external contractors. Certificates of these checks were kept. Fire equipment had been checked at the appropriate intervals and staff had completed both fire training and fire evacuation (drills). There were policies and procedures in the event of an emergency and fire evacuation. Each person had an individual evacuation plan to ensure their needs were recorded and could be met in an emergency. A full evacuation of the building was planned for March 2018 so that evacuations could be monitored and any concerns identified.

Staff completed training in infection control and food hygiene. This meant they could safely make people food as required and understand the procedures in place for minimising the risk of infections.



Our findings

At our previous inspection in January 2017, we identified a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. People's rights were not fully protected in line with the Mental Capacity Act 2005. We found the provider had met the requirement of this regulation during this inspection.

We found the service was working within the principles of the MCA and DoLS legislation. 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 where 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 so that they can receive care and treatment that is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). Where required, the registered manager had ensured people's mental capacity had been assessed. From reading the assessments; it was evident that these were decision specific and had been reviewed at regular intervals. Where people were assessed as lacking mental capacity, we saw evidence that the service had worked closely with the person's representatives and relevant professionals to ensure decisions were made in their best interests. One person had a mental capacity assessment in February 2017 and a best interest decision had been made regarding assistive technology.

People were supported by staff who had the skills and knowledge to meet their needs. Training systems were in place to deliver induction training which included the care certificate to new staff, proceeding to nationally recognised social care qualifications. The care certificate is a set of national standards that health and social care workers adhere to in their daily working life. Staff had received training in core areas such as; adult safeguarding, first aid, manual handling, Mental Capacity Act (MCA) and DoLS. Other training courses were provided such as; dementia, care planning and person centred care. Staff told us they felt adequately trained to do their job effectively. One acting deputy manager had recently been on a specific course about dementia and was going to become a 'champion' in this area to ensure best practice is followed and so that they could share knowledge and experiences with other members of the team.

Staff had completed an induction when they first started working in the home. This included reading

policies and procedures, completing core training such as first aid and safeguarding and undertaking shadow shifts. These shifts allowed a new member of staff to work alongside more experienced staff so that they felt more confident working with people. This also enabled them to get to know the person and the person to get to know them.

Supervisions were used to monitor and improve staff performance. Supervisions are one to one meetings that a staff member has with their supervisor. Staff said these meetings were useful and helped them provide care more effectively. All staff we spoke with said their managers were supportive. Annual appraisals were being implemented. One staff member who had recently had their appraisal said, "It went really well. As there are some changes and transition it's nice to discuss these. I am doing more training which is good."

People chose the food they wanted and told us the meals were of high quality and home cooked. People's dietary and fluid needs were assessed and, if needed plans made to meet those needs. This meant the service monitored people's food and fluid intake to ensure they were not at risk. One person who required a pureed diet had guidance within their records for staff to follow. These had been updated every month to ensure the person's nutritional needs were always accurately recorded. We looked at the menu and found there was a varied choice of meals available to people. The registered manager told us there was always an alternative available to people if they did not like what was on the menu. One relative we spoke with told us the meals served at the home were "tasty and amazing."

Staff knew people well and monitored their health on a daily basis. People were supported to access healthcare when needed. People's care records showed relevant health and social care professionals were involved with people's care; such as GPs, dentists, opticians, specific health professionals such as; occupational therapists and district nurses. We saw people's changing needs were monitored, and responded to promptly. In each person's care and support plan, their support needs were clearly recorded for staff to follow with regard to attending appointments and specific information for keeping healthy.

Regency Retirement Home had a welcoming and homely feel and some areas had recently been decorated. People had access to communal areas and we saw people socialising in the conservatory area which had views to the well-kept gardens. The home was clean and free from odours. The service had an on-going maintenance plan to ensure inside and outside areas were serviceable and maintained to a high standard.



Our findings

People were treated with kindness and care. They had positive relationships with staff and were observed chatting amicably with them, enjoying their company and sharing a joke. There were positive comments about the staff from people and relatives and health professionals. One person said, "The staff are so friendly and caring. They really listen to you." Another person said, "It's first class. I came in for two weeks but I've stayed as it's great." One relative told us, "It's a home from home. I can't wait to move in when I'm ready. I would give it five out of five."

People and their relatives were provided with opportunities to give feedback regarding their experience of the service. The service had received a number of positive comments from relatives of people who used the service. For example, one relative had written, 'I am blessed that you were part of [The person's] life and put that smile on her face since being in your care'. Another relative had written about their loved one who had sadly passed away, '[The person] enjoyed her time with you all. Thank you. You also looked after me.'

People were supported by a consistent team of staff. This ensured continuity and enabled people to get to know the staff team. One person said, "They really are truly amazing. They will do anything you ask and treat us all so well". Staff commented on how they worked well as a team and were keen to support each other in their roles.

People's care records included an assessment of their needs in relation to equality and diversity and dignity and respect. Staff we spoke with understood their role in ensuring people's needs were met in this area. All of the people we spoke with told us that staff treated them with dignity and respect, particularly when they were delivering personal care. People were supported in an individualised way that encouraged them to be as independent as possible. People's protected characteristics under the Equality Act were promoted. Staff had access to training in Equality and Diversity.

People's spiritual, religious and cultural needs had been identified and they were supported to attend their chosen place of worship. On the second day of our inspection a local church member was visiting the home to visit two people who had requested this. This visit happened every week for those who chose to attend. The church member said, "I am privileged to visit a number of homes in Gloucestershire in relation to my work. With much to compare I find the Regency Home simply outstanding."

The registered manager told us people, relatives and their representatives were provided with opportunities to discuss their care needs during their assessment prior to their service being set up. The registered

manager also stated they used evidence from health and social care professionals involved in the person's care. Examples of the involvement of family and professionals were found throughout people's care and support plans, in relation to their day to day needs. One health professional said, "They work closely with us, we have no issues. They are very responsive."



Our findings

At our previous inspection in January 2017, we identified a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Care plans were not always detailed and complete. We found the provider had met the requirement of this regulation during this inspection.

We saw that each person had a care and support plan to record and review their care and support needs and provided guidance on how staff were to support people. Care plans had been changed to a new format since our previous inspection. Each care and support plan covered areas such as; communication, cultural and religious preferences, nutrition, mobility, night care, medication and psychological needs. Each person's care and support plan had a page detailing their likes, dislikes, critical care and support needs. People's preferred routine was also recorded to show how people liked things to be done. For example, people's personal care plans included their preferred routine of how they would like to be supported with their personal care. People's care plans were person centred and gave staff relevant information on their life stories and what was important to them. One person's care plan stated they had travelled to seven different countries and enjoyed discussing their travel in earlier years. One person preferred to see staff faces when talking as they had limited eyesight.

The two deputy managers had implemented a monthly one page summary of each person's care plan. This gave staff updates on people's health and well-being and any on-going concerns. These were informative and ensured staff had updated and relevant information. For example; one person had reported that their strength and grip in one hand had deteriorated. The monthly summary gave staff insight into what the service was doing to support the person. Sensory balls and specific felt tip pens had been ordered to encourage the person to use and maintain the strength within their hands. The person said, "I am interested to see how I can keep my ability to sign my own name."

There was evidence regular reviews of care plans were being carried out. The acting deputy managers told us reviews were carried out monthly and more frequently if required. Professionals who visited the service told us they felt staff responded well to people's needs and were proactive in managing changing needs. Relatives told us they felt the home responded well to people's needs. One health professional said, "They have worked so hard to ensure care plans are person centred. A lot of work has gone into improvement in this area."

Changes to people's needs were identified promptly and were reviewed with the involvement of other health and social care professionals where required. Staff confirmed any changes to people's care was

discussed regularly through the shift handover process to ensure they were responding to people's care and support needs. We were told by the registered manager that staff would also read the daily notes for each person. The daily notes we inspected were detailed and contained information such as what activities people had engaged in, their nutritional intake and also any issues occurring on shift so that the staff working the next shift were well prepared.

People were supported on a regular basis to participate in meaningful activities. During the inspection we observed daily activities in the mornings and afternoons. When observing these, there was evidence staff involved all the people in the communal area if they indicated a preference to participate in activities. People took part in activities within the home such as; yoga, daily exercises, bingo, crosswords, draughts and arts and crafts. The two acting deputy managers told us people accessing activities outside of the home and day trips were important and people loved going out regularly. A notice board with pictures showed us people had been out regularly on boat trips, to visit garden centres, visiting the local ice cream shop and pantomimes. Specific occasions and themed dinners were celebrated and the home had recently had a 'Valentines' dinner' and 'Shrove Tuesday' celebrations. People and their relatives told us activities were amazing and there was always plenty to do.

People told us they were aware of who to speak with and how to raise a concern if they needed to. No-one we spoke with had concerns at the current time and those that had raised concerns previously told us they were happy with the outcomes. People felt that the staff would listen to them if they raised anything and that issues would be addressed. One person said, "I have no problems. It is simply lovely here."

People were supported at the end of their life to have a comfortable, dignified and pain free death. If people required end of life care, the service sought support and guidance from specialist health professionals. The registered manager told us care plans were being updated and this was an area that focussed on improvement. One acting deputy manager had recently been on a specific course about end of life care and was going to become a 'champion' in this area to ensure best practice is followed and so that they could share knowledge and experiences with other members of the team.



Our findings

There was a registered manager for the service. People, staff and relatives told us they felt well supported by the registered manager and the provider. One person said, "She is lovely, really approachable." Another person said, "They can't do enough for you here. They look after us."

The registered manager was responsible for completing regular audits of the service. However; the two acting deputy managers were slowly taking over the management of the service in preparation for when the registered manager would retire. There was no timescale for this handover and we were told, "It will take as long as it takes but we want to ensure it doesn't affect any part of the service or care provided." The audits included analysis of incidents, accidents, complaints, staff training, medicines and the environment. The audits were used to develop action plans to address any shortfalls and plan improvements to the service. The registered manager shared with us the improvements they had planned for 2018 and going forward including ;maintenance and re-decoration, updating care plans, introducing champions in end of life care and dementia, and building positive relationships with stakeholders and external organisations. A carer of the month initiative was being introduced in April 2018 to recognise good practice within the staff team.

Staff attended regular team meetings and briefings. Staff explained regular meetings and briefings gave the team consistency and a space to deal with any issues. The team meetings covered areas such as safeguarding and policy updates. We attended a team leader meeting on the second day of our inspection which gave us an insight into the outcomes of the meetings. For example, the registered manager discussed having 'champions' in specific areas such as; dementia and end of life so that they could share knowledge and experiences with other members of the team.

The registered manager was working in partnership with the local authority to improve areas of the service. The care home support team had visited the home in 2017 and provided advice and guidance for areas of improvement. The registered manager told us this was helpful and they were committed to working collaboratively with external organisations and appreciative of feedback.

The service was actively seeking the views of people using the service, relative and staff through sending out regular questionnaires and having regular meetings. The registered manager told us this was a way of ensuring everyone involved with the service had a voice. The results of the surveys were analysed and evaluated. All of the people living at the service, relatives and health professionals were satisfied with the service on offer at Regency Retirement Home.

From looking at the accident and incident reports, we found the registered manager was reporting to CQC appropriately. The provider has a legal duty to report certain events that affect the well-being of the person or affects the whole service. All accidents and incidents such as falls, ill health, aggression /abuse or accidents for people were recorded. The registered manager told us any accidents or incidents would be analysed to identify triggers or trends so that preventative action could be taken. People who were at risk of falls were monitored and action plans put in place. One health professional said, "There have been no complaints for this home noted on our internal system, and no safeguarding alerts."