Manor Care Home Limited

Regents Court Care Home

Inspection report

28 Stourbridge Road ,Bromsgrove, B61 0AN

Date of inspection visit: 10 August 2015
Date of publication: 16/09/2015

Ratings

Overall rating for this service	Requires improvement
Is the service safe?	Good
Is the service effective?	Requires improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires improvement

Overall summary

The inspection was unannounced and took place 10 August 2015.

Regents Court is registered to provide accommodation and personal care for adults who may have a dementia related illness for a maximum of 37 people. There were 32 people living at home on the day of the inspection. There was a manager in place however they had not been registered with us. A 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 in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they felt safe and staff were available to them and spent with them. Staff told us about how they kept people safe from the potential risk of abuse and were provided with medicines as required. People told us they liked the staff and felt they knew how to look after them and made day to day choices about their care and support. People gave their consent to care and treatment or were supported to have decisions made in their best interests.

Staff were provided with training, however they told us they would like further training and awareness in understanding the Mental Capacity Act. People's consent to care and treatment would be better supported from staff that had more knowledge in this area. The provider told us they would ensure training was arranged to support staff.

People enjoyed their meals food and had choices regarding their meals. Where people wanted a particular

Summary of findings

choice this would be arranged. People had been supported to maintain access with other health and social care professionals. People were helped to contact and arrange appointments with services which were not available within the home. They had regular visits from their GP when needed and were supported by staff to attend appointments in hospital.

Staff knew people's care needs and people felt involved in their care and treatment. Staff were able to tell us about the care needs of people. People's privacy and dignity were respected and staff were kind to them. People had been involved in the planning of their care and relatives were involved in supporting their family members care.

The manager was available, approachable and known by people and relatives. Staff also felt confident to raise any concerns of behalf of people. The management team had kept their knowledge current and they led by example.

The management team were approachable and visible within the home and people knew them well. The provider ensured regular checks were completed to monitor the quality of the care delivered.

People had been supported with things to do during the day and live in an environment that supported their needs. People and relatives felt that staff were approachable and listen to their requests in the care of their family member.

We saw that some communal rooms were being used as storage or were not being used. The manager was looking at how best to make these more accessible to people. The manager felt that people would enjoy using these rooms with support. The provider and manager had made regular checks to monitor the quality of the care that people received and look at where improvements may be needed. The staff team were approachable and visible within the home which people and relatives liked.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

People were cared for by staff who had the knowledge to protect people from harm. People were supported by sufficient numbers of staff to keep them safe and meet their needs. People received their medicines in a safe way which encouraged their independence.

Good

Is the service effective?
The service was not consistently effective.

Improvements in staff knowledge would better support people's needs and preferences. People were supported to make their own decisions and nutritional needs and choices had been assessed. Input from other health professionals had been used when required to meet people's health needs.

Requires improvement

Is the service caring?
The service was caring.

People received care that met their needs. Staff provided care that met people's needs whilst being respectful of their privacy and dignity and took account of people's individual preferences.

Good

Is the service responsive?
The service was responsive.

People were able or supported to make everyday choices about their care. People had been engaged in their personal interest and hobbies.

People were supported by staff or relatives to raise any comments or concerns with staff and these were listened to and acted upon.

Good

Is the service well-led?
The service was not consistently well-led.

People had not been able to access areas of the home as they were being used as storage or were not being used for their intended purpose.

People, their relatives and staff were very complimentary about the overall service. The manager was open and approachable which meant people felt listened to and their views valued.

Requires improvement

Regents Court Care Home

Detailed findings

Background to this inspection

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

This unannounced inspection took place on 10 August 2015. The inspection team comprised of one inspector and an expert by experience who had expertise in older people's care. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

The provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information we held about the home and looked at the notifications they had sent us. A notification is information about important events which the provider is required to send us by law.

During the inspection, we spoke with 12 people who lived at the home and three relatives. We spoke with five care staff, three senior care staff, the chef, the deputy manager and the manager. There was a representative from the provider present when we gave feedback at the end of the day. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked at two records about people's care, complaint files, falls and incidents reports, two medicines records and maintenance checks completed by the manager that related to people's care and support.

Good

Is the service safe?

Our findings

All people we spoke with told us they felt safe and familiar with the staff available to support them. People responded positively when staff spoke with them or wanted reassurance. Relatives were happy that the family members were safe and supported by staff within the home. People received support from staff when they became anxious or upset. We saw that staff provided comfort and reassurance and stayed with the person until they were settled.

We spoke with two care staff who told us they kept people safe from the risk of abuse and about how they supported them with their physical and emotional wellbeing. They told us that any concerns about people's safety or if they felt someone was at risk of abuse they would report to the manager. They were clear in the action they would take to ensure people remained safe and action taken where required. Where required, any concerns had been shared with the local authority and the manager had worked with them to resolve the concerns

Staff knew how to help people with their personal safety and spoke with them about what they could do on their own. For example, staff were close by if someone required help to get up or sit down with support. Staff spoke about people's individual risks and how they supported them with their health needs. These included where people required help to minimise the risks of falls or with maintaining their skin care. Records we looked at recorded people's level of risk and the actions required by staff to reduce or manage that risk. Staff told us they referred to the care plans often and that new information would be shared at the start of each shift.

Where people had an accident or incident theses were recorded and passed to the manager for review. The manager then looked at all incidents and accidents on a monthly basis to see if there were any risks or patterns to people that could be prevented. For example, people had sensor mats in place to alert staff if they fell from their bed.

All people we spoke with said that care staff were available and had no concerns about asking them for assistance. One person said the staff, "Are around if I need them". During the inspection we found that staff were available for people in the communal areas and that people had their requests for help or a chat responded to in a timely manner.

All staff felt there were busier times during the day, but that people received their and support needs when they wanted it. The manager had looked at people's needs to help them with having enough staff, with the right skills to support them. They regularly reviewed this and referred to the provider when an increase in staff had been required. A recent review had led to a recent increase in one staff member on shift during the day. Staff felt this allowed them more time to spend with people in the communal areas.

All people living at the home had their medicines managed by a senior care staff member. Three people we spoke with knew they took medicines and were happy that they got these when needed. One person said, "I know what my pills are for". People were supported by senior care staff with details about what the medicines were for and got instruction and encouragement to take them.

We saw that senior care staff recorded when they had given people's medicines. Where people required pain relief 'when needed' we saw that staff talked with people about their pain levels and if they wanted medicines. Two senior care staff told us they also followed the written guidance if a person required medicines 'when needed'. One senior care staff we spoke with also told us that they noticed changes to people's emotions or actions to see if pain relief medicines may be needed. The medicines were stored in a locked medicines room and unused medicines were recorded and disposed of in a safe way.

Requires improvement

Is the service effective?

Our findings

We looked at Deprivation Liberty Safeguards (DoLS) which aims to make sure people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom.

Where people had their freedom restricted they had been protected by the correct procedure being followed. For example the manager told us that they had submitted a number of DoLS applications. The manager was in the process of reviewing all people who lived at the home to see if a DoLS application would be required.

Whilst staff could tell us how they gained consent from people before supporting them, all staff we spoke with had a limited understanding of the Mental Capacity Act and DoLS and what this would mean for people living at the home. For example, how they had related to an individual decision and considered people's overall capacity for decision making. As people were potentially receiving care that restricted their liberty, staff would benefit from having further knowledge in this area. Whilst some staff had been placed on training courses, the manager and provider agreed to source additional training to raise staff awareness.

People told us they felt supported by staff that knew how to support them. Two care staff that we spoke with felt their training reflected the care needs of the people they provided care for. One said they felt that the provider's basic training covered the, "Essential information you need". They had gained external qualifications in care and had been supported by the provider to obtain these.

Two care staff told us about some of their training around 'dementia care' which they felt had improved their knowledge about providing care to people living at the home. For example, staff showed that they were able to understand and support people living at the home with a dementia related illness. One staff said, "Even though two people have the same illness, we are still aware people are individuals". New staff that had started felt supported in their role and worked with experienced staff to ensure they were suitable for the role. The manager had an overview of the training staff had received and when it required updating.

People we spoke with felt that staff listened to them and asked them before they would do things. All staff we spoke with told us they were aware of a person's right to choose or refuse care. We looked at two people's care records and saw that capacity assessments had been completed correctly. The manager told us they had a clear understanding of how to support people and had also used advocate services for people where required.

People's choice of meals had been used to help plan the menus. All people we spoke with told us they were happy with the food and drink provided. At lunchtime we saw that the chef checked people were happy with their meals. We spoke with the chef who said that this had proved useful in tailoring the meals and gaining an understating of what people were enjoying. We saw that each person was offered a choice of lunch during the morning and were reminded of their choice when the meal was served. People had also been able to change their choice at the point of the meal being served.

People received drinks and meals throughout the day in line with their care plans. For example, people's food intolerances had been considered. Where people required a specialist diet or required their fluid intake to be monitored, this information was recorded by staff. The cook also made cakes for snacks and a prepared a hot choice for the evening meal alongside a variety of cold options. Staff told us about the food people liked, disliked and confirmed who received any specialised diets. Where people required assistance staff were considerate and discreet in how they offered help and support to people.

The manager told us they had identified where there had been a notable change in people's recorded weights. People's nutritional risk assessments had been completed to identify any such concerns. The information in these risk assessments had also been used to direct other areas of care such as skin care. Referrals had been made with the GP and other professionals if needed for further support and guidance. The chef also told us about the people that required additional supplements in their diet to reduce the risk of further weight loss.

People were also able to see the GP weekly and visits were arranged as required. Relatives told us their family members got to see Other professionals. For example, the opticians, dentist and chiropodist. The manager also worked closely with the local mental health team to support people within the home. We saw records that showed where advice had been sought and implemented to maintain or improve people's health conditions.

Good

Is the service caring?

Our findings

All the people we spoke with told us they liked living at the home. One person told us it was, “Very, very nice” and staff were always, “There for you”. They felt the staff supported them well and one person said they had built a, “Rapport with the staff and I know all of them”. People were happy to chat, joke and laugh with staff and we saw that they knew each other well.

People were supported to express their views and be involved as much as possible in making decisions about their care and treatment. People were confident to approach staff for support or requests. One person said, “You can ask for anything and they will do it for you”.

Three staff we spoke with said they knew about people in the home and got to know people by talking and spending time with them. Where people had not been able to talk to staff about their lives and interests, staff took the opportunity and spoke with family members and looked at care plans for additional information. People’s care plans recorded their personal histories, preferences and routines and included the views of relatives.

We spent time in the communal lounges and dining areas and saw that staff were caring, respectful and knowledgeable about the people they cared for. We heard staff talking with people about their current interests and aspects of their daily lives. For example, where they had been and which members of their family had visited. Staff gave people time and worked at the person’s own pace which enabled them to be more independent and make their own choices. People were relaxed and listened and chatted with staff.

All staff we spoke with told us they enjoyed working there and felt they demonstrated a caring approach to their role. One staff member felt that as they were, “Happy staff” it meant “Brighter and better care” was provided. They told us getting to know people was part of their role as well as providing care.

Staff ensured they used people’s names, made sure the person knew they were speaking with them and gave time for people to respond. Staff showed they understood people’s needs by reducing any concerns or upset that occurred. For example, we saw staff reassure and comfort people who became upset.

People were supported to remain independent and were provided with a choice of where they spent their time. We saw that staff promoted people’s independence in activities with guidance and advice about what they needed to do. Staff always knocked on people’s doors and waited before entering and ensured doors were closed when people wanted to spend time in their bedroom or during personal care. People were made comfortable with staff noticing if they were uncomfortable. People told us they chose their clothes and got to dress in their preferred style and we saw that staff ensured people clothes were clean and changed if needed. People and their visitors told us they were made to feel welcome by staff.

Good

Is the service responsive?

Our findings

All people that we spoke with told us they got the care and support they wanted. People had their needs and requests met by staff who responded with kindness. One person told us the staff, "Look after all your needs". People told us staff listened and responded to their choices and preferences. One person told us, "First thing I have when I wake up is a cup of tea". Another person said they needed the support of staff to have a wash and get dressed but still chose their clothes.

Staff were able to talk about the level of support people required, their health needs and the number of staff required to support them. We saw staff were responsive to people's wishes at different times of the day and with how they liked their care provided. For example, after lunch people chose to spend time in their bedroom or be involved in an activity.

People's needs were discussed by staff when their shift ended to share information between the team. These included any appointments that had been attended and any follow up appointments and changes to medicines. Care staff were provided with information about each person and information was recorded.

We looked at two people's care records which had been kept under review and updated regularly to reflect people's current care needs. These detailed the way in which people preferred to receive their care and provided guidance for staff on how to support the individual. For example, how much assistance a person needed with their personal care. All staff we spoke with knew about the information in the care plans we looked at and reflected the information recorded.

We saw some people were helped to be involved in things they liked to do during the day and had been provided with objects of interest that they recognised. For example, books, personal effects and crafts. One person said, "We always have music and dancing. I do like the music".

People had been engaged by staff in group activities like bingo and quiz picture cards which we saw people enjoyed. One person said, "He does a good job looking after entertainment of one kind or another". Where people had not been able or wanted to take part in group activities, staff spent time with them individually. For example, one person enjoyed being read to daily in their room.

People told us they were happy to raise issues or concerns with staff or the manager and that staff listened to them. One relative told us their family member had been so much better since living at the home and had, "No complaints" about the care. The manager told us that relatives approached them to talk about the care and treatment of their relative. The manager welcomed feedback and made sure they were, "Visible and worked with staff to provide care and support to residents" within the home. People knew who the manager was and we saw that they spent time chatting with them.

Feedback from people and relatives had been considered on how to improve their individual care needs. For example, room changes had been considered that would suit the needs of the person better. Staff we spoke with told us they were happy to raise concerns on people's behalf and that the manager would listen. Where complaints had been raised these had been investigated and action taken to improve and learn. For example, further checks of night staff and areas of the home had been improved.

Requires improvement

Is the service well-led?

Our findings

The registered provider must ensure that an individual is registered as a manager with CQC for this location. People and staff were supported by a manager in charge for the day to day running of the home since April 2015. However they had not submitted an application to become the registered manager. The provider will need to take steps to ensure that a registered manager submit an application to us.

Maintenance checks were completed, recorded and discussed with the provider. This had meant improvements to the lounge decoration and further internal works to improve the accessibly of the connecting lounges had been made. However, some areas of the home were being used as storage or were not being used for their intended purpose. For example, one room had been converted into a 'pub setting' but was being used as a storeroom. The manager told us that people would use this if it was available.

The manager told us that they had not met with the providers other registered managers or looked at sharing information and good practice regionally. They felt this would strengthen their support and was looking for the area manager to arrange this support. The manager had sought advice from other professionals to ensure they provided good quality care. For example, they had followed advice from professionals locally, such as GP surgeries, district nurses and mental health teams.

People were supported by staff team that understood people's care needs. People received care and support from a consistent staff group. All people and family members we spoke with knew the manager and they felt they were listened to and supported. Staff were confident in the way the home was being managed following the change of manager in April 2015. All staff we spoke with told us that the manager was approachable and accessible. Staff felt able to tell people in a management position their views and opinions at any time or at staff meetings. The manager told us that they had support from the area manager, and the staffing team.

The manager had looked at various ways to gather people and their family's views about the home and the care provided. The manager had introduced a questionnaires which were would be sent to people and relatives twice a year. The manager had been collating the results from the most recent survey. The manger had used feedback to plan improvement to the questionnaires to help gain more relevant feedback in relation to people's care and experiences. They said that the questions would be changed to provide clearer answers.

The manager told us they were supported by the provider in updating their knowledge and carry out monthly checks of the home. They were continuing their studies for an external qualification in care management and more focused courses. For example, a five day course on caring for people with dementia related needs.

The manager monitored how care was provided and how people's safety was protected. People's care plans were looked at to make sure they were up to date, had sufficient information and reflected the person's current care needs. The manager had then been able to see if people had received care that met their needs and reviewed what had worked well. For example, they had reviewed the amount of antibiotics people had received to review the effectiveness and reoccurrence of illness to identify any trends. Where able, people were involved in their reviews monthly.