

Four Seasons (No 11) Limited

Regency Care Centre

Inspection report

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21 June 2018

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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

This was an unannounced inspection which took place on 14 and 21 June 2018.

Regency Care Centre is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Regency Care Centre is registered to accommodate up to 60 people. There were three separate units, each of which have separate adapted facilities. One of the units specialises in providing care to people living with dementia.

The service was last inspected in April 2016 when we found it was meeting all but one of the required regulations. Although the service was rated as good overall, it was rated as requires improvement in safe, as we identified a breach of the regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was in relation to the staffing levels at the home. We found at this inspection improvements had been made to staffing levels at the home.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

There was no registered manager in place at Regency Care Centre. However, we were aware that the manager had applied to register with us and a fit person's interview had been arranged. We were made aware that following the inspection the manager had been successful in registering with us.

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 in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The manager was present during the inspection.

The service had sufficient staffing levels in place to provide support people required. We saw staff members could undertake tasks supporting people without feeling rushed. People who lived at the home told us staff were responsive to their needs.

We found the service had systems in place to record safeguarding concerns, accidents and incidents and take necessary action as required. Staff had received safeguarding training and understood their responsibilities to report unsafe care or abusive practices.

We found staff had been recruited safely, appropriately trained and supported. They had the skills,

knowledge and experience required to support people with their care and social needs.

Risk assessments had been developed to minimise the potential risk of harm to people during the delivery of their care. These had been kept under review and were relevant to the care provided.

We looked around the building and found it had been maintained, was clean and hygienic and a safe place for people to live. We found equipment had been serviced and maintained as required.

Staff wore protective clothing such as gloves and aprons when needed. This reduced the risk of cross infection.

We found medication procedures at the home were safe. Staff responsible for the administration of medicines had received training to ensure they had the competency and skills required. Medicines were safely kept with appropriate arrangements for storing in place.

Staff spoken with and records seen confirmed training had been provided to enable them to support people who lived at the home. We found staff were knowledgeable about support needs of people in their care.

People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible. The manager understood the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). This meant they were working within the law to support people who may lack capacity to make their own decisions.

People gave us mixed responses to the variety and choice of meals available to them. The manager was working to improve this. We saw regular snacks and drinks were provided between meals to ensure people received adequate nutrition and hydration.

People had access to healthcare professionals and their healthcare needs were met.

People who lived at the home told us they were happy with their care and liked the staff who looked after them.

We observed staff providing support to people throughout our inspection visit. We saw they were kind and patient and showed affection towards the people in their care.

We saw staff assisting people with mobility problems. They were kind and patient and assisted people safely.

Staff knew people they supported and provided a personalised service.

Care plans were organised and had identified the care and support people required. We found they were informative about care people had received.

People who lived at the home and their visitors told us they enjoyed a variety of activities which were organised for their entertainment.

The service had a complaints procedure which was made available to people on their admission to the home and their relatives. We saw the manager had listened and responded to issues of concern raised by one person who lived at the home. The concerns were being investigated when we undertook our

inspection visit.

The manager used a variety of methods to assess and monitor the quality of the service. These included regular audits of the service and staff and resident meetings to seek the views of people about the service.

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 had improved to good.

Improvements had been made to staffing levels at the home.

Good ●

Is the service effective?

The service remains good

Good ●

Is the service caring?

The service remains good

Good ●

Is the service responsive?

The service remains good

Good ●

Is the service well-led?

The service remains good

Good ●

Regency Care Centre

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.

The inspection site visit took place on 14 and 21 June 2018 and was unannounced on the first day of the inspection.

The inspection team consisted of two adult social care inspectors and an expert by experience on the first day. 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 expert-by-experience had a background dealing with older people. One adult social care inspector returned to the home on the second day.

Prior to the inspection the service completed a Provider Information Return (PIR), which 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. This provided us with information and numerical data about the operation of the service.

We also looked at any information we held about the service. This included any notifications that had been received by us. A notification is information about important events, which the provider is required to send us by law. We also spoke to the local authority and clinical commissioning group about the service. They raised no concerns with us.

During the inspection we spoke with nineteen people who used the service including three people who needed support to express their views due to their communication needs and five visitors. We also spoke with the manager, the regional manager, a nurse, three care staff, including night care workers, the activities organiser, the chef, the senior housekeeper and the maintenance person. professional.

We carried out observations in the public areas of the service and looked at the care records for four people and medication records for people who used the service. In addition, we looked at a range of records relating to how the service was managed; these included two staff personnel files, training records, quality

assurance systems and policies and procedures.

Is the service safe?

Our findings

At the last comprehensive inspection, we found improvements were needed to staffing levels and awarded a rating of requires improvement. At this inspection we found the service had improved to be good.

People we spoke with who lived at Regency Care Centre told us they felt safe living there. They said, "More or less", "Yes certainly", "I am alright, nice people around here" and "Safe yes, I've had no falls."

Relatives we spoke told us that that they were happy with the care provided and had no concern of safety issues for their loved ones. They said, "As far as I can tell [relative] is safe here" and "Safe yes. [Relative] had a fall and was bruised. The sensory mat alerted the staff to come quickly."

At our last inspection we found the service was in breach on the dementia unit of Regulation 18 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 due to insufficient staffing.

People who lived at the Regency Care Come seemed relaxed and comfortable in the company of staff. Both people who used and relatives we spoke with told us there were enough staff to deal with their needs. People told us, "Very good care, staff always around" and "I can't find any fault with the staff here." Relatives said, "Staff marvellous always available to help" and "Staff have got time for residents and my [Relative] has benefited by being here."

Staff told us that they felt the service was safely staffed. One member of staff told us, "Staffing is a lot better than it was." The manager told us that they looked for staff who had the shared values of the service. Staff told us that they felt part of a team, "Staff, the residents, the management, everyone works as a team."

The manager told us that they used a variety of ways, including a dependency tool which was used throughout the registered providers services, and people's individual needs and risks to ensure there was sufficient staffing to meet people's needs.

The manager told us that where there were concerns regarding a member of staff's performance management processes were followed to support staff. This was to help develop the staff members competencies and skills to ensure that they could safely care for the people at Regency Care Centre. The manager stated that where there were concerns regarding a staff members suitability to work with vulnerable people they would report this to the DBS and NMC.

The service had additional staff which meant they could be deployed flexibly and cover any unexpected absences. We were told that the service had not needed to use agency staff for at least nine months. This helped to ensure that the people living at Regency Care Centre were supported by staff who knew them and their individual support needs well. Two people told us that they wished there were more male staff available to support them, as they felt embarrassed being cared for by female staff. We discussed this with the manager who said that would look into the matter.

Staff told us that they had all the appropriate checks such as requests for reference and Disclosure and Barring Service (DBS) prior to commencing employment. The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant. These checks help to prevent unsuitable people from working with people who use care and support services.

We saw there were procedures in place to confirm that that all nursing staff maintained an up to date registration with the Nursing and Midwifery Council (NMC). This should help ensure people received care and treatment from nursing staff who met national standards and code of conduct. We checked two staff personnel records and found staff had been recruited safely.

Staff had received training in safeguarding adults. There were systems in place to help ensure staff were supported to report any abuse they witnessed or suspected.

Risk assessments were completed which related to people's individual needs as well as use of specific equipment. Evidence based assessment tools such as the Abbey pain scale and MUST (Malnutrition Universal Screening Tool) tool were used to identify and inform people's care plans.

People we spoke with told us that nursing staff ensured they received medication on time. The manager told us that at the time of the inspection they were in the process of looking at alternative medication administration systems to ensure that medication was safely administered to people.

We found that treatment rooms were secure and medication was stored appropriately. There were safe systems in place to store controlled drugs.

We saw cleaning and temperature monitoring systems were in place. There were effective systems in place to manage the ordering of people's medication and the destruction of unused medication.

We looked at seven people's medicines on two of the units within Regency Care Centre. There were records in place to ensure the person being prescribed medication was identifiable including their personal details and a recent photograph as well as additional information about health need and allergies. Medicines Administration Records (MAR) were in most cases, completed accurately. We found two minor administration of medicines errors. We spoke with the management team about this. It was agreed that the person would not have come to significant harm because of this missed medication.

The registered manager told us that random daily medication audits were in place and MARs were audited monthly to reduce the risk of errors in medication occurring and ensure they were safely administered to the people who had been prescribed them.

People who used the service and relatives we spoke with told us that the home was kept clean. We observed people's bedrooms were clean, odour free and individually personalised with family pictures. The senior housekeeper said, "We have plenty of housekeeping staff who work well together as a team and around people's needs."

At the last inspection undertaken by the health protection nurse the home had been assessed as scoring 96% out of 100% in prevention and control of infection. This was an improvement on their previous score of 89%. We observed that staff wore appropriate apron and gloves when assisting people in their daily tasks. People had their own individual slings for the hoists to help prevent the risk of infection.

We observed staff support people to use walking frames and assisted others by holding hands to walk. The

home had a moving and handling trainer based onsite who provided staff with face to face training and assessed competence.

We spent time with the maintenance person who told us about the checks they carried out to the premises such as gas safety and electrical fittings and fitments.

Inspection of records showed that a fire risk assessment was in place and regular checks had been carried out to confirm that the fire alarm, emergency lighting and fire extinguishers were in good working order and the fire exits were kept clear. Showerheads were cleaned regularly to help prevent Legionella.

The manager, regional manager and maintenance person carried out a monthly safety tour to check if improvements were needed. During a recent safety tour it was found that new treads were needed in the stairwells to prevent people tripping. Action had been taken to fit the stair treads.

Is the service effective?

Our findings

The registered manager told us that either they or the deputy manager carried out preadmission assessments for people who wanted to move into the home to ensure they could effectively meet their needs. Consideration was always given to the needs of people already living at the home to help ensure minimal disruption to them. We were told by the manager that there was no-one living at the home who had unpredictable behaviours that challenged other people. No physical intervention would be used because the registered provider had a 'no touch' policy in place.

Relatives told us that they thought staff were trained to be able to meet their family members' needs.

Staff told us they received an induction programme upon commencing employment at Regency Care Centre. They told us that this included shadowing days on all the units, so that they could get to know the people. Staff completed mandatory training including moving and handling, infection control and safeguarding.

Staff who had not worked in care prior to working at regency care centre were supported to complete the Care Certificate. We saw that staff were promoted from within the unit where possible and supported to develop the skills and knowledge that were needed in a senior role.

Staff told us that throughout their inductions, "Staff were really supportive" and "It's a good staff team... we work as a team, its settled and no agency staff" and "I've had every support". Clinical training for nurses such as PEG training and catheter care was also in place.

Staff undertook a wide range of online training. Records showed that all training had a compliance rate of 90% plus. Staff had also received experiential dementia training. There were four iPads available on the units so that staff could access the training. This is where staff experience what it is physically like to live with dementia and the impact it has on people's senses such as hearing and sight. Plans were in place to carry out this training at a local school to help children to understand what it is like to live with dementia.

We looked at what consideration the provider gave to the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for making 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 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 when this is in their best interests and legally authorised under the MCA. The application 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 and whether any conditions on authorisations to deprive a person of their liberty were being met.

Deprivation of Liberty Safeguards (DoLS) authorisations were in place. Risk assessment and consent forms were also in place where restrictions were in place such as bed rails and lap belts.

Consideration of capacity and best interest decisions was evident in the care plans we reviewed. Where people had capacity, there was evidence that they had been involved in decision relating to their care and care plan.

There were mixed responses from people when we asked if staff asked for their permission to enter their bedrooms and asked for their consent before providing support. They said, "They always knock", "Yes staff will knock", "Consent yes, always asked", "Generally speaking yes they do ask for consent", "They tell you what they are going to do and ask for my yes or no answer" and "Consent no. Sometimes I get a male staff never ask what I would prefer." We discussed this with the manager who told us they would look into the matter.

Care record showed people's capacity and ability to consent to treatment were fully assessed and considered on a decision by decision basis. There were best interest meetings and decisions in place for those who did not have capacity.

Information was held, as appropriate, where people had a Power of Attorney (POA) for finances or health decisions in place or had a Court Appointed Deputy to represent them. The home ensured they had copies of the documents to confirm validation and to involve the relevant people in decision making.

People told us that they felt supported when they were unwell. They said, "I had a fall two weeks ago and the doctor was called", "Staff will talk to me, monitor me and will ask what's your problem if I am quiet" and "My hip was sore and bruised after I had a fall. I was seen by the doctor."

Relatives told us that staff kept them informed on any changes or review of care. They said, "Staff know how to improve people's wellbeing. [Relative] had swallowing problems and staff contacted the SALT team" and "[Relative is at the end of life. Staff observe [relative] night and day."

There was evidence that the service had good working relationships with other services and professionals. We saw there were close working links with doctors, district nurses, Speech and Language therapists (SALT), dentist and optician. One local doctor's surgery held a weekly clinic at the home.

The manager told us they had taken preventive strategies to ensure the service held appropriate dressings for a person with an unusual wound that was difficult to treat. This helped to ensure there were clear directions for staff to follow in the event of an emergency when treating this type of wound.

The manager told us that one member of the team had contacted a razor brands in relation to product for assisted shaves to improve the experience of people living at Regency Care Centre when receiving personal care support from staff.

We saw that daily records were being completed. The manager told us that they had collated people's current daily records, food and fluid charts into an easy accessible file to help ensure they were filled in promptly by staff.

We looked at four peoples care record. We saw that they included an assessment of people's risk of choking and specific details for those on special diets. This included detailed information about consistencies of food for those on soft diets including the SALT (speech and language therapy) assessment and information about people's preferences and likes. This information ensured that peoples dietary needs were accurately

recorded and planned and helped ensure staff could provide the appropriate levels of support.

We saw that people's weight was monitored regularly and that when people had lost weight or were on supplement this was monitored more closely on a weekly basis. Food and fluid charts were kept and completed by staff throughout the day as people were offered food and fluids.

One person told us in detail about how poorly they were when they came into the home. They said they were not expected to live. However, eighteen months on they were feeling much better and had put on 3 stones in weight.

We saw that the service had held a 'Nutrition and Hydration' week in March 2018, which included a five-step workbook for staff to follow. We also saw polite notices around the home. They asked visitors to check that it was safe to give what they were bringing in for people.

We observed lunch time in the ground floor dining room. The dining tables were set up before staff assisted people to sit at the tables. Three staff were involved in serving food. The kitchen staff wheeled in the hot trolley of food and had labelled each person's plate with their choice of meal. We observed that staff wore disposable aprons and gloves. None of the people who sat in the dining room needed assistance in eating their meal.

People gave us a mixed response about the food they received. They said, "Variety is not so clever, I like spicy food", "Food is sometimes better than other occasions", "Food is so so, not always choice given", "Eatable but no choice given" and "Improved after a meeting discussion. Every so often a little change."

The lunch time food was home cooked and looked appetising. People were given time to eat at their own pace and the meal was not rushed. We noted that people were asked during the morning what they would like to eat and were given their choice of meal at lunch time. People had a bowl of soup followed by main course and a sweet dish. We saw that regular hot and cold drinks were served during the day. The home also held 'Fruity Friday' sessions where people were encouraged to eat fruit or have fruit smoothies.

We observed good evidence of dementia-friendly resources or adaptations in the communal areas. The home was clean comfortable and nicely decorated. By converting two bedrooms the provider had created a lounge/dining room on the dementia unit. This improvement meant people on all the units had a lounge area so they could choose between the smaller unit lounge and the larger shared lounge.

We saw where one person who lived with dementia became agitated the home had purchased baby dolls and a pram. This proved to be a successful distraction and the person became calm again whilst looking after the baby doll. We saw memory boxes outside people's rooms to help people find them.

Decorating and refurbishment had also been undertaken to good effect in the lounge and dining room areas. We saw that where two people were cared for in their rooms wallpapers of fish and a woodland scene had been added to a bedroom wall.

We saw that the home had an accessible well-maintained garden. Outside play equipment had been purchased for visiting children to play on and their relative was able to watch. The home had recently been legally bequeathed some money from a person who had died at the home who had no family. Plans were in place to build a tea room and relatives room in the person's name and honour.

Is the service caring?

Our findings

Throughout our inspection the atmosphere at the home was relaxed, calm and friendly. People looked well cared for and presented. A hairdresser came into the home to make sure people's hair was well kept. A 'Travelling Wardrobe' visited the home so that people could choose and buy their own clothes.

People told us what they thought was good about Regency Care Centre. They said, "The staff are all good", "It is comfortable and settled here. I get along alright with others", "Generally happy here", "At times it feels like a family, does not feel it is an institution" and "Good atmosphere. This is a best place locally, good reputation." A relative told us, "Welcoming atmosphere, purpose built, good spacious open light, went to a few homes this one did not feel claustrophobic."

People told us that staff showed respect, were kind and maintained their dignity. Residents informed us that staff had a caring attitude. They said, "Staff are alright, they show respect and are kind", "If you need anything staff will get it, all very good", "All very good care here", "Staff generally are helpful. I get help in having a shower", "I came here for eight weeks from hospital and all staff are very professional and I am happy with care provided" and "Nice people around here."

Relatives commented, "All staff are skilled to look after mum needs" and "Very caring staff, friendly and helpful."

Staff told us that people's choices were respected and people could get up and go to bed whenever they wanted. The manager told us, "This is their home, they have the right to choose."

We saw staff interactions that were kind, and sensitive when they were supporting people at meal times and when serving drinks and snacks.

We saw that staff reassured people when they were transferring people using a hoist. We observed people with reduced mobility were provided with wheelchairs and walking frames. People's independence was promoted and staff took their time to enable people to do this for example moving independently and eating their meals.

We asked people about staff who they thought went the extra mile. One person told us that the chef went to Bury Market to get them tripe regularly and another member of staff came in on Sunday to take them to the service at a nearby church. Another person told us the manager came into the home very early and they enjoyed their early morning chats with them.

The manager said they were keen to improve the experience of people who were nursed in bed. One person, who was also celebrating their birthday and had limited verbal communication, smiled warmly when we talked about their wall covering and when they saw the manager, who was previously a nurse on the unit. People had access to air mattress and set at the lowest level possible to reduce the noise and memory foam mattresses. A community dentist was onsite on the day of our inspection extracting a tooth from a person nursed in bed. The activities co-ordinator told us they also used an iPad with one person who was able to

respond to listening to David Bowie online.

Staff undertook the Age UK Lesbian, Gay, Bi-Sexual, Transgender (LGBT) training 'Safe to be me' and 'Love Later in Life'. This helps to provide staff practical advice on being the kind of service in which older LGBT people can feel safe and accepted for who they are. Staff had also undertaken dignity training. A vicar was visiting the home during our inspection.

We saw that the registered provider had produced an easy read document for staff to use entitled 'Protect Our Workplace – Keeping Data Safe'. This document relates to the new General Data Protection Regulation (GDPR) and informs the staff and what action they need to do to comply with the law.

We saw that in the staff offices there were boards which highlighted at a glance people's individual care need but this was covered to protect people's right to privacy and confidentiality. We saw in some cases that people's bedroom doors had dignity signs asking staff to knock before entering. This ensured that people's privacy dignity and choices were respected.

Is the service responsive?

Our findings

People we asked were unable to comment on involvement in care decision making. People told us that they were not asked or involved in choices about their care. They said, "I am not involved in decisions. It is all done for us", "I take no notice of my care plan, my daughter is involved" and "I don't think I have any decisions to make, I am too old now."

Relatives commented about their involvement in developing the care plan. They said, "Yes I have certainly been informed on the care plan" and "Yes involved. Care plan discussions have taken place with my sister. Kept us informed all about medical changes and what is in [relatives] best interests."

We looked at four peoples care records. We found that care records were specific to the individual so that staff could meet the person's needs appropriately. The records were updated and reviewed regularly and considered peoples assessed needs and expected outcomes.

Care plans were clear about people's support needs to promote independence and encourage the people living at Regency Care Centre to remain as independent as possible.

We asked people how they passed their time and if there was enough to do to keep them occupied. People told us, "I watch TV, read daily newspaper and went to a pub" and "Pass time it is boring for me because I just don't bother to join in any games."

The service had an activity co-ordinator in place. We saw that a wide range of activities were offered to people living at Regency Care Centre. These included themed nights, boat trips and visits to the local pub. We saw arrangements for activities had significantly improved since our last inspection.

The activity co-ordinator had approached the local pub to request that a special menu be available at times to ensure that those people on a soft diet could also go out on the trip to the pub and have a lunch which was safe and met their dietary needs. There was also a weekly takeaway order from the local chippy, a Chinese and pizza, which was popular with people who lived with dementia.

On the first day of our inspection we saw on the ground floor the activity staff encouraged and involved people to listen to music and take part in reminiscence quizzes. In the afternoon, a surprise birthday party had been organised with a person's family and many people attended. We saw that the home had celebrated the Royal Wedding with a marquee in the garden and preparations were underway to celebrate the World Cup. A gym instructor came in once a month to do arm chair exercises with balloons and long ribbons that gymnasts use. The home used the 'Daily Chat' sheet to encourage conversation with people.

On the first floor a person was involved in colouring flags for the football world cup matches and others were resting or sleeping in the lounge. We saw that a person on the dementia unit was still able to look after the family dog whilst their wife was at work. People on the unit liked the dog and a staff members dog that came into the home.

We saw that the home had what was known as the 'Candy Cart' which looked like an old fashioned barrow. This was situated in the entrance area to the home and was very popular, particularly with people who lived with dementia who could look and pick up the objects. The contents and decoration of the cart were changed weekly so there was always something new to look at and pick up and look at.

The activity organiser told us about the 'friend's networks' that were being encouraged for people who did not want to become involved in group activities. A person we spoke with confirmed this. They told us they had made a friend and they visited each other's rooms to chat.

Photographs of people involved in activities were seen to be beautifully frame around the building and had been changed regularly to show the most recent events. There were regular baskets of free treats taken around the home so no-one was left out.

We talked with the manager about the arrangements in place for a person nearing the end of their life. We saw that staff were caring and would spend additional time with people receiving end of life care to ensure they were supported and died with dignity and comfort.

The service held anticipatory medication to ensure people were supported and their care needs managed appropriately. The manager told us they were a Six Steps service however there had recently been changes to this training locally. The manager had plans in place to train the nurses so they could provide the hospice passport for people in need of end of life care. In the meantime, nurses would receive training on end of life care from the registered providers in house training team.

Advanced decisions such as end of life care and DNAR CPR (Do Not Attempt Cardio-Pulmonary Resuscitation) was clearly recorded within people's records and agreement forms from GP was also in place.

We saw that the people had a 'Living My Choices' book which the activity co-ordinator had supported people to complete. The books we saw held highly detailed information about the person's life history, their employment, families and likes and dislikes as well as photographs and pictures. This meant that staff were aware of people's preferences and interests and could provide person-centred care based on this information. These books were presented to the person's family when they died as a memento of the person, which included a tiara and a rose, items which were important to them. Arrangements were in place for people who were Jewish to be transported to the Jewish Federation mortuary so that cultural needs in death could be properly observed.

We also saw that some people celebrated the life of a person who had recently died during a 'ladies pamper session' that they would have previously enjoyed by talking about them and raising a 'toast' to them. A gentleman came in and joined the event. The relatives of this person came into the home during our inspection. There were hugs, kisses and tears with the manager. The relatives said, "[Relative] died with more friends than they had all their life. Loved and happy."

None of the people we spoke with had made a complaint about their care. They told us if they had a problem they would speak to a staff. They said, "Complaints, I have never done it", "I would do it if I had to complain", "Complain? I would just go to the top don't know who the manager is will ask staff" and "Not complained."

The home had a complaints procedure, which was on display. The manager told us that they operated an open-door policy. The manager's office was close to the front door. Throughout the day we saw people,

visitors and staff calling into the office to speak with the manager. Every interaction was of a positive and friendly nature.

We also saw thank you cards that commented, 'Thank you for your continuing care and support and for generally being there when I need you', 'To the wonderful staff at Regency. Thank you for making [relative's] last few month's so comfortable. Individuals are too many to mention. You have all been amazing. [Relative] was in good hands' and 'Just wanted to say a big thank you for all your help looking after [relative] so well. To know he was safe and had lots of company made us feel at ease.'

Is the service well-led?

Our findings

Some people we spoke with were not aware of who the manager was. People said, "The manager no idea", "Yes I know who she is very approachable" and "Yes I was interviewed by the manager, she is approachable" and "[Manager] is top of the class. [Manager] lifts my spirits." However, the manager had previously been the deputy manager of the home and had worked on the nursing unit and well known to people who lived at the home. Everyone person's we met on our walk round the home face lit up when they saw her.

We received some exceptional feedback about the manager. Relatives said, "The manager is approachable, always very helpful" "She is a breath of fresh air. She understands my [relative's] complex needs. I can't speak highly enough of her. My [relative] and I adore her. If she says she will do something she does it."

The manager was a qualified RMN with 15 years nursing. They constantly demonstrated their commitment and passion for the service. The manager said, "I love it here. I live and breathe this service. I try to be fair but I have clear expectations of staff." The manager had won the registered providers national award for deputy manager of the year.

The manager said she was well supported by the deputy manager, the clinical lead nurse, the staff team and the regional manager. The manager said, "[Regional manager] is really, really good and keeps me grounded."

Staff were positive about the support they received from the managers at the home. They said, "[Manager] is strong but fair. She knows our strengths and weaknesses", "[Manager] is very supportive, she understands working life", "[Manager] is approachable", "They've been good to me", "The support is there if I need it", "[Manager] is one of the best people I've ever worked for" and "Everyone is really approachable, it feels very settled." Staff told us they were confident that the manager would deal with concerns appropriately with, "No messing!"

During our inspection, we found that the manager was well organised and prepared for an inspection. There was a schedule of meetings in place for the year which included health and safety, clinical governance, staff meetings, residents/relative meetings and dignity meetings. We saw records of some of these meetings.

We asked the registered manager about the key achievements in the service since the last inspection. They told us they thought they had improved staff retention, morale and support. They were in the process of upskilling the team and worked with individual staff strengths and weaknesses. They said, "I listen to them and try and give them confidence. They said activities had significantly improved at the home.

The home had a 'Care Home Open Day' in which both people and staff were involved, which raised £400. On 'Happy National Carers Week' as a way of thanking staff for their work the registered provider had sent "posh chocolates" to the home.

The manager had developed good working relationships with the local authority and the CCG. We received

positive information back from both. The CCG commented, 'There are no commissioning/safeguarding concerns regarding this provider. The last 12 months have seen [manager] step up as interim manager and she has had a very positive effect overall.

Engagement with partners is much improved and they are regular attenders at Safeguarding and Quality Forum. They have completed React to Red Training and are cascading the learning throughout the home. Their registered nurses have participated in the clinical supervision sessions that the CCG facilitate Overall a positive picture with a good leader'.

There was a "you said... we did" board in reception to ensure people received feedback from any concerns they had raised. The manager told us that this system has been significant in the development of activities and activity co-ordinator for the service.

The service had an online dashboard to support the manager to have an overview of issues. For examples, the falls analysis of the home had supported the need for an increase in staffing levels to improve supervision of the identified risk. The manager inputted data which could be accessed by the registered provider to help them monitor risks and trends.

The service had several initiatives to ensure a stable and consistent staff group which included the ROCK award which is an initiative run throughout the providers service and an employee of the month scheme.

The manager and two people who lived at the home had recently completed filming for a project that would help encourage nurses to work in older people's homes. This work was supported through the Greater Manchester Combined Authority. Both people involved in the filming told us they had enjoyed the experience and they had received a £50 voucher to spend.

We saw recent feedback from visiting professionals. Comments included, 'All the residents visited seemed at ease and very comfortable. The manager has been, as always, fantastic' and 'Regency is an excellent home with wonderful staff and management, all very dedicated and clearly want to be here. Staff turnover is very low which is a testament to this. Wouldn't hesitate to recommend'.