

Bupa Care Homes (ANS) Limited

Regency Court Care Home

Inspection report

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Ratings

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

Summary of findings

Overall summary

This inspection took place on 6 and 7 September 2016 and was unannounced.

Regency Court Care Home provides both long term and respite nursing care and accommodation for up to 45 older people who also require nursing care. At the time of this inspection, there were 38 people living at the home.

The service was last inspected on 18 and 29 August 2015 when it was given an overall rating of 'Requires Improvement.' At that inspection we found breaches of four Regulations related to person-centred care, safe care and treatment, meeting nutrition and hydration needs and staffing. We required the provider to make improvements to achieve compliance with these regulations. The provider sent us an action plan which detailed the action they planned to take to make the improvements that were required. At this inspection we found that improvements had been made and legal requirements had been met. The overall rating of the service had improved.

A registered manager was in post when we visited. 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 registered manager was present throughout the inspection.

The registered manager and staff understood their role in relation to the Mental Capacity Act 2005 (MCA) and how the Deprivation of Liberty Safeguards (DoLS) should be put into practice. These safeguards protect the rights of people by ensuring, if there are any restrictions to their freedom and liberty, these have been authorised by the local authority as being required to protect the person from harm.

Staff confirmed they had been trained in how to identify and report any incidents of abuse they may witness.

Any potential risks to individual people had been identified and appropriately managed. For example, people at risk of pressure wounds had received appropriate nursing care to reduce the risk of their occurrence or recurrence.

People's medicines had been administered and managed safely.

There were sufficient numbers of staff on duty with the necessary skills and experience to meet people's needs.

Staff supported people to eat and drink if required. They ensured people at potential risk received adequate nutrition and hydration.

People were provided with support to access health care services in order to meet their needs.

Positive, caring relationships had been developed with staff to ensure people received the support they needed. They were encouraged to express their views and to be actively involved in making decisions about the support they received to maintain the lifestyle they have chosen.

The culture of the service was open, transparent and supportive. People and their relatives were encouraged to express their views and make suggestions so they may be used by the provider to make improvements.

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.

Risks to people had been managed safely. Records demonstrated, where risks had been identified, action had been taken to reduce them where possible.

People's safety had been promoted because staff understood how to identify and report abuse.

Sufficient numbers of suitable staff had been provided to keep people safe and to meet their needs.

Prescribed medicines had been safely managed.

Is the service effective?

Good ●

The service was effective.

People's rights had been protected as the principles of the Mental Capacity Act 2005 (MCA) and requirements of the Deprivation of Liberty Safeguards (DoLS) had been followed.

Staff received appropriate training to enable them to provide care skilfully and effectively. They also received support and supervision on a regular basis to ensure they understood what was expected of them.

People were supported to have sufficient to eat and drink.

Is the service caring?

Good ●

The service was caring.

People were supported by kind and friendly staff who responded to their needs.

People or their relatives had been actively involved in making decisions about their care and treatment.

People's privacy and dignity had been promoted and respected

Is the service responsive?

The service was responsive.

People received care and support that was personalised and responsive to their individual needs.

People were able to raise suggestions or concerns and the registered manager responded to any issues people raised.

Good ●

Is the service well-led?

The service was well-led.

The registered manager promoted a positive culture which was open and inclusive.

Staff were well supported and were clear about their roles and responsibilities.

Quality monitoring systems were in place to ensure in the quality of the service provided to people.

Good ●

Regency 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. The inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014. This inspection checked whether improvements had been made following the previous inspection in August 2015 where concerns were identified.

This inspection took place on 6 and 7 September 2016 and was unannounced. The inspection was conducted by an inspector and a specialist advisor in nursing care.

Before the inspection, the provider 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 any improvements they plan to make. We reviewed this and information we held about the service, including statutory notifications and previous inspection reports to help us to decide which areas to focus on during our inspection. Statutory notifications are specific incidents which the registered person is required to tell us about, such as injuries to people which require hospital treatment and incidents which involve the police.

We spoke with four people and three relatives who were visiting their family members and a visitor to Regency Court Care Home. We also observed care and support being delivered during the course of the inspection. We also spoke with the registered manager, the deputy manager, two registered nurses and three care assistants who were on duty. We received written feedback from four visiting healthcare professionals after we had visited.

We reviewed a range of records relating to the management of the home and the delivery of care. They included care plans and medicine administration records (MAR) for six people. Management records we reviewed included the provider's quality assurance records, staff rotas for a period of four weeks, minutes of recent staff and relatives meetings and the training and supervision records of all the staff employed at Regency Court Care Home.

Is the service safe?

Our findings

We found evidence at the inspection in August 2015 which demonstrated a breach to regulations with regard to safe care and treatment. This was with regard to how identified risks to individual people had been effectively managed. We issued a requirement notice in respect of the identified breach and we asked the provider to take action to make improvements where required. The provider sent us an action plan which advised how they would ensure people received safe care.

At this inspection we found evidence which demonstrated that improvements had been made and that the breach had been met. There was a system in place to identify risks to people and the care they required to protect them from harm. For example, they identified people who were at risk of pressure sores, dehydration and malnourishment. We looked at the nursing care records for six people. In the main, they provided guidance for staff to follow to ensure identified risks had been reduced. However, we found instances when care plans had not been updated to ensure they reflected any changes in identified risks to people. For example, one person's physical condition had deteriorated rapidly soon after admission. Risk assessments indicated, in the space of two days, the potential risk of their developing pressure sores had increased significantly. Care plans we examined did not reflect this. When we discussed these issues with the nurse on duty we were advised that information about changes to people's conditions was given verbally to care assistants at hand over. Information in daily records demonstrated that care assistants had provided appropriate care to reduce the likelihood of any identified risk occurring or recurring. We discussed our findings with the registered manager. They showed us how the needs of people, considered to be at high risk, had been highlighted and managed to ensure they were safe. However, they agreed to review these examples to ensure information was updated in people's care records.

People and relatives we spoke with confirmed that appropriate care had been provided and that potential risks to them had been well managed. One relative advised us, "I am very happy with the service. (Person's name) is well cared for here. Even though (person's name) is at the end of life they couldn't have had better care than they have had here. (Person's name) is a much contented user." Staff on duty told us about the risk assessments of named individuals and the care they were expected to provide; this was in line with guidance in care plans.

We also found evidence at the inspection in August 2015 which demonstrated a breach to regulations with regard to staffing. This was with regard to ensuring sufficient numbers of suitably qualified and experienced staff had been provided. We issued a requirement notice in respect of the identified breach and we asked the provider to take action to make improvements where required. The provider sent us an action plan which advised how they would ensure sufficient numbers of staff would be provided to keep people safe.

At this inspection we found evidence which demonstrated that improvements had been made and that the breach had been met. At this inspection 38 people were accommodated at Regency Court Care Centre. We were advised, from 8am until 8pm there were usually seven care assistants on duty led by two registered nurses. However, on the day we visited, from 8am until 2pm there were six care assistants, and from 2pm until 8pm there were eight care assistants. At night, between 8pm and 8am, a registered nurse supported by

four care assistants were awake and on duty. Other tasks, such as cooking and cleaning, were carried out by separate catering and domestic staff. We were provided with rotas which covered a period from 26 August 2016 to 15 September 2016. They confirmed staffing levels had been maintained throughout this period. Although the staffing numbers had not changed significantly since our last inspection, the number of people living at Regency Court had reduced by six.

People and relatives confirmed there were enough staff on duty. Staff on duty also told us they believed staffing levels were sufficient. Our own observations confirmed, on the day of our inspection, there were enough staff on duty. People did not have to wait before they were attended to. Nursing and care staff did not appear to be rushed when providing care. Calls bells were not left unanswered for long periods.

The registered manager provided us with two documents which demonstrated how staffing levels had been calculated. One document calculated the number of care and nurse hours each person needed each day. The other documented calculated how many hours per week that was required to cover the rota. It also divided this between each floor of the home, depending on the requirements of the people who were accommodated on each floor. The number of hours provided was in excess of the hours required. The registered manager advised us this was to account for the layout of the premises and that accommodation was provided over three floors. They also provided documentary evidence which demonstrated that staffing levels had been reviewed each week to ensure they were sufficient to meet people's needs.

People and relatives also confirmed they believed that they were safe. They told us they had never been badly treated and had never witnessed this happening to anyone who lived at Regency Court Care Home. Comments we received from visiting health care professionals also confirmed they had no concerns about the safety of people.

People's safety had been promoted because staff understood how to identify and report abuse. Staff were aware of their responsibilities in relation to keeping people safe. They were able to tell us the different types of abuse that people might be at risk of and the signs that might indicate potential abuse. Staff also explained they were expected to report any concerns to the registered manager or a senior member of staff. This was in line with the provider's procedures and local authority guidelines.

The provider's PIR advised us, 'We ensure that residents are protected in line with national and local safeguarding policies and procedures. We use the local multi agency policies and procedures for reporting and collaboratively working with partner agencies to safeguard our residents.' We have received notifications from the registered manager about allegations of abuse as required. We have also received confirmation from the local authority that, where necessary, the registered manager has worked collaboratively with them to investigate allegations and to take appropriate action to ensure people have been protected from potential abuse.

There were effective staff recruitment and selection processes in place. Applicants were expected to complete and return an application form and to attend an interview. In addition, appropriate checks and references were sought to ensure any potential candidate was fit to work with people at risk. Recruitment records showed that, before new members of staff were allowed to start work, checks were made on their previous employment history and with the Disclosure and Barring Service (DBS). The DBS provides criminal records checks and helps employers make safer recruitment decisions. When nurses had been recruited, appropriate checks had been carried out to ensure they were registered with the National Midwifery Council (NMC) and that their registration was in date and valid.

The nurse in charge informed us only registered nurses were responsible for administering medicines to

people. They informed us they were expected to check that the medicines to be administered were in accordance with the prescribing directions recorded on the Medication Administration Records (MAR). They also informed us they would observe that the person had taken their medicine before recording this. If the person did not wish to take their medicine, this would also be recorded. We observed the nurse on duty administer medicines at lunch time. We observed that practices were in line with the provider's policy and current guidance to ensure medicines had been administered safely. MAR sheets were up to date, with no gaps or errors, which documented people received their medicines as prescribed.

Is the service effective?

Our findings

We found evidence at the inspection in August 2015 which demonstrated a breach of regulations with regard to meeting nutritional and hydration needs. People had not always been protected from the risk of inadequate nutrition and hydration. We issued a requirement notice in respect of the identified breach and we asked the provider to take action to make improvements where required. The provider sent us an action plan which advised the improvements to be made to meet requirements.

At this inspection we found evidence which demonstrated that improvements had been made and that the breach had been met. People who were at risk of dehydration and malnutrition had been identified clearly within care records and had fluid and food charts in place so that intake and output could be monitored for any changes. Fluid and food charts examined were up to date and had been consistently completed. The support and interventions required for each had been appropriately recorded and were in line with advice and guidance provided by healthcare professionals. Care records also enabled individual people's weights to be monitored. Where people were at risk of losing a significant amount of weight there was evidence this had been quickly addressed, and the trend reversed. Where people were at risk of choking there was evidence which demonstrated the local Speech and Language Therapy (SALT) team had been contacted for advice on how to ensure risks were minimised for each individual.

People and relatives told us they were very happy with the food provided. One relative said, "(Person's name) has been eating everything they have been given!" The provider's PIR stated, 'Nutritional risk assessments are in place and reviewed monthly. Residents' weight is monitored and actions taken when any increase or loss. Those at risk of malnutrition and weight loss are referred to the GP and dietician via 'One Call,' weighed weekly and a food diary commenced.' Our own observations indicated people were given enough time to ensure they had eaten and drunk sufficiently to meet their needs.

People and relatives confirmed staff were appropriately trained. A relative told us, "The staff are very kind and caring. The younger staff have lot to learn, but, on the whole the staff are competent." From our observations nursing staff and care staff conducted themselves professionally and courteously when providing care to people. Staff on duty confirmed the training and induction training they had received. This included moving and handling, first aid, fire safety, health and safety and infection control. In addition they had been awarded the Diploma in Health and Social Care at Level 2 or Level 3. This is a nationally recognised award for staff who worked in registered care services. Staff also confirmed that the training provided enabled them to understand what was expected of them and how they should provide the care and support people required. Training records we looked at confirmed staff had received this training. When we asked about their role, one care assistant told us, "We assist people with their day to day personal needs. We help them with washing, dressing and eating their food. We are there for what they can't do for themselves." Another care assistant said, "We care for the residents. We make them safe, comfortable and happy." A trained nurse told us, "I am fully responsible for the residents' care." All staff also demonstrated they were knowledgeable about the needs of individual people, their wishes and preferences with regard to how care was to be delivered.

All staff confirmed they received individual supervision from the registered manager or a more senior member of staff. They found this provided them with the support and guidance they needed to carry out the work that was required of them. A care assistant advised us, "We get supervision every three months. I feel well supported."

The CQC has responsibility for monitoring services to ensure they have been working within the principles of the Mental Capacity Act 2005 (MCA), and whether any conditions on authorisations to deprive a person of their liberty were being met. The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

People we spoke with confirmed they had capacity to give consent to the care they received. They also advised us they had been involved with planning their care and making decisions about how it should be delivered. There was clear documentary evidence of this in care plans we examined. The registered manager told us that nobody had been assessed as lacking capacity to give consent for themselves. We were also advised 15 people had granted Power of Attorney (POA) to a relative or to a close friend. This meant that, should it be necessary, the named relative or friend had legal authority for making decisions and for giving consent on the person's behalf. Staff we spoke with demonstrated they understood the principles of the MCA, and were able to describe how they related to the needs of people accommodated. They also told us they had received training to ensure they understood the principles of the MCA 2005 and how DoLS should be applied. The provider's PIR advised, 'Best interest meetings are held when capacity is variable and are decision specific.'

People and relatives told us they had been supported to maintain good health by having regular access to health care services. A relative told us, "The staff are brilliant. When I asked about my mother seeing a GP this was acted on very quickly." The nurse on duty advised us they would contact the GP on each person's behalf if they needed an appointment when they were unwell. Arrangements would be made for GPs to visit the person at Regency Court Care Home, or, if the person wished, appointments would be made to visit the GP at their surgery. The registered manager confirmed arrangements would be made to accompany the person if this was required. We saw that visits made by the GP to people had been recorded together with any treatment prescribed to ensure any support or assistance necessary could be provided by staff.

Is the service caring?

Our findings

People we spoke with told us they were well cared for. One person explained, "I feel well looked after. It's very good here." A relative said, "(Relative's name) is not usually good at relationships. But other people and the staff do take time to engage with her. They talk with (relative's name) and I have even seen the staff make her laugh." There was a warm and relaxed atmosphere in the home. We observed staff being caring and attentive during our visit. Staff were observed smiling and talking with people as they went about their work.

We asked staff how they were expected to develop positive relationships with people. One member of staff told us, "I ask people how they are. I will ask about their family and about their background. I would also be happy to answer personal questions about myself. That is how relationship building works." I always make sure I communicate with people. I will always ask for their permission before I do anything for them." The provider's PIR commented, 'Staff build up close supportive relationships with the residents they provide care for, and their family and friends.'

The registered manager demonstrated how people had been supported to express their views in order to be actively involved in making decisions about their care, treatment and support. There was evidence in care records of discussions with the person, where possible, or their relatives with regard to their care needs and their wishes. For example, records we looked at demonstrated the person, or their relative had been involved in discussions with regard to personal choices about their daily routine. This included their preferred time for getting up and going to bed.

People confirmed they had been treated with dignity and respect. Members of staff were able to explain what they were expected to do to ensure people's privacy and dignity had been maintained. This included shutting the bedroom or bathroom door when helping someone to undress. From our observations we found all staff were polite and respectful when speaking to people. They also knocked on people's doors and waited to be invited in. Doors were kept shut when personal care was being provided.

Is the service responsive?

Our findings

We found evidence at the inspection in August 2015 which demonstrated a breach of regulations with regard to person-centred care. The care and treatment provided to service users had not always been appropriate, and did not consistently meet their needs or reflect their preferences. We issued a requirement notice in respect of the identified breach and we asked the provider to take action to make improvements where required. The provider sent us an action plan which advised the improvements they would make to ensure compliance.

At this inspection we found evidence which demonstrated that improvements had been made and that the breach had been met. The registered manager advised us the provider had developed a scheme known as "Resident of the Day." According to guidance issued by the provider, 'Resident of the Day ensures that every individual resident's choices and requests are taken into account and reviewed on an on going basis when care is planned and delivered for the entire time that the resident is in our home. 'Resident of the Day' ensures that every department in the care home is aware of the resident as an individual and is able to deliver a personalised service to meet their specific needs on an on going basis.' The guidance also described how it was expected to work, 'On the day a member of the senior management team and a member of the nursing team would commit to visiting the resident to discuss the care and services they are receiving, to review their care plan and to agree on any changes or follow up actions that should be made. The resident's relatives, friends or advocates will also be invited to attend the review, if this is in accordance with the resident's wishes.'

The majority of people we spoke with confirmed they had been 'Resident of the Day' and had been consulted about how they wanted their care to be delivered. A relative advised us they would like a review of their mother's care but they were not aware of the scheme. When we discussed this with the registered manager they explained this person had yet to be included. They also showed us the plan they had of future 'Resident of the Day' events to ensure every person was included, including the relative's family member we spoke with. Paperwork we looked at demonstrated how the registered manager had implemented and kept under review the scheme at Regency Court Care Home.

The registered manager demonstrated how they sought feedback from people or their relatives when evaluating the services provided. We were given a copy of the minutes of meetings which took place on 10 March and 14 June 2016 between the registered manager, people and their relatives. They demonstrated the meetings had been designed to give people, and the relatives, opportunities to express their views about the services provided. For example, subjects discussed at the meeting in March included staffing levels, meals, security of the home, housekeeping matters and activities. In addition, we were provided with a copy of an analysis of a satisfaction questionnaire that had been sent out to people in May 2015. In line with the provider's policy, the service quality at Regency Court Care Home had been rated as 94%. Where shortfalls had been identified, we saw action plans which evidenced that the registered manager had taken appropriate steps to address them.

People confirmed that a range of activities and entertainment had been provided for them to enjoy. We

observed a group of people taking part in a bingo session during the afternoon. We were given a copy of the activities programme week commencing 5 September 2016. Activities listed included arts and crafts, bingo, crosswords, TV, Films and games. We were also given a copy of a list of activities planned throughout the month of September. They included visiting musicians, outings, exercise sessions and church services.

People confirmed they knew how to make a complaint if necessary. They also confirmed they were confident that they would be listened to and their concerns taken seriously. A copy of the provider's complaint procedure was on display in the front hall way of the service. We saw a record of complaints that had been kept, which indicated complaints received had been appropriately dealt with and to the satisfaction of the person who made the complaint.

Is the service well-led?

Our findings

We found evidence at the inspection in August 2015 which demonstrated the systems and processes which were in place to enable the assessment, monitoring and improvement of the quality and safety of the service were not sufficiently robust. We recommended that the provider reviewed its governance and auditing systems to ensure compliance with regulations

At this inspection we found evidence which demonstrated that improvements had been made. The registered manager provided us with documentary evidence that demonstrated how the quality of the service had been monitored. They included routine health and safety checks and maintenance of the environment, the management of medicines and infection control. There were also regular audits of complaints, accidents and incidents in order to determine if there were patterns or factors that could be learnt from. Each audit included an action plan which identified when the work needed to be done by, and by whom to ensure compliance. As a result a number of improvements to the service have been made and sustained since concerns were raised at our last inspection.

People and relatives we spoke with were very complimentary about the service. One relative said, "We chose Regency Court Care Home because it is near to my mother's flat. But, since she has been here we feel she has been well looked after." Another relative told us, "The home has a caring culture and a cheeriness about it. The staff know the residents; they treat each person differently according to their needs." People told us the registered manager, and deputy, made themselves available to them and were very approachable. A visitor told us, "(Registered manager) spends a lot of time with residents. She is a good captain of the ship." Our observations confirmed what we had been told. Interactions between people, their relatives and visitors, the staff and the management were very warm and welcoming.

The staff informed us they felt well led and well supported in their work. They were able to describe their role and explain to us what was expected of them. They also advised us they received supervision on a one to one basis where they were able to talk about any concerns they had and to request training to improve their performance. When we asked about the culture of the service, one member of staff told us, "I always feel I can talk with the nurses, with the manager or the deputy manager." Another member of staff said, "It's like a family – we look out for one another. We work as a team – there is a good bond."

We asked the visiting health care professionals about their views of the leadership of the service. They told us they found the service was well led. One professional said, "(Registered manager) has always been helpful in arranging assessments at short notice, and has always made sure she is available for me when I have visited customers to carry out visits or reviews. I have found she has a good understanding of my customers, and this is comforting due to the fact the service is a large home." A visiting physiotherapist commented, "In terms of being well led I can only comment how professional the manager has been when liaising with us in terms of the patient we are supporting for rehabilitation which is very important."