Braemar RCH Limited

Regency Nursing Home

Inspection report

13 St Helens Parade
Southsea
PO4 0QJ
Tel: 02392 820722
Website: www.regencynursinghome.co.uk

Date of inspection visit: 15 June 2015 and 29 July 2015
Date of publication: 21/09/2015

Ratings

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

Overall summary

We carried out an unannounced inspection of this home on 15 June 2015 and 29 July 2015. Regency Nursing Home provides accommodation and nursing care for up to 30 people over the age of 18. The home provides accommodation over five floors with passenger lifts to all floors, stair lift access to some floors and external wheelchair access to the grounds. The lower floor of the home provides areas for staff, kitchen area and laundry facilities.

The service had a registered manager. 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.

People felt safe at the home. Staff knew them well and people felt confident any concerns they raised with staff would be addressed. The registered provider and staff had a good awareness of how to safeguard people from abuse. Policies and procedures were in place to support staff in the management of safeguarding issues. Staff

Summary of findings

were confident to raise any issues with the management team and said these would be addressed promptly and efficiently. Safe recruitment practices in place meant staff were suitable to work with people in a care setting.

Whilst there were sufficient staff available on the day of our visits, we have made a recommendation to the provider with regards to the monitoring of staffing levels within the home and the dependency of people who live there.

Risk assessments in place informed care plans and records, to ensure people received individualised, safe and specific care based on their needs. Incidents and accidents were recorded, monitored and reported in a way which ensured the safety and welfare of people. Medicines were stored securely and people received their medicines in a safe and effective way.

Staff at the home were guided by the principles of the Mental Capacity Act 2005 MCA when working with people who lacked capacity to make decisions. The Care Quality Commission monitors the operation of Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The DoLS requires providers to submit applications to the local authority where people may need to be legally deprived of their liberty in some circumstances in order to receive safe care and treatment. These had been implemented appropriately to ensure the safety and welfare of people.

Staff knew people very well and interacted with them in calm, encouraging and positive manner at all times. They ensured people were offered choice and demonstrated good communication skills. Staff received training to support them in their role and received supervision in line with the registered provider's policy.

Nutritious food was provided for people and dietary requirements were recognised and recorded. People had access to external health and social care professionals for support and treatment as was required.

People felt valued, happy and content in their home. They enjoyed living at the home and found staff very caring and compassionate. Their privacy and dignity was respected at all times and they felt able to express their views and have them respected and acted upon.

Assessments of people's needs had been completed on admission to the home. Care plans were developed, reviewed and updated in accordance with people's needs.

Relatives and health and social care professionals found the management team to be responsive to and effective in meeting the needs of people.

An activities coordinator was available to support people with a wide range of activities which encouraged people's independence and reflected their choices.

People and their relatives felt the managers of the service were visible and available to speak with them when required. They said the manager and senior staff were easy to talk to, open to suggestions for improvements or new ways of supporting people, and always responded to them positively and with encouragement.

The registered provider had an effective system of quality audit in place to monitor the health and safety of people who used and visited the home. This included audits on incidents and accidents, complaints, infection control, equipment used in the home and the environment.

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 not always safe.

People told us there were not always enough staff to meet their needs. We have made a recommendation with regards to staffing levels in the home in relation to the dependency of people who live there.

Medicines were stored, recorded and administered safely.

Risks for people had been assessed and people were supported by staff who had a good understanding of how to safeguard people from harm.

Requires improvement

Is the service effective?
The service was effective.

People said staff knew them well. Staff had received training and support to ensure they could meet the needs of people.

People were supported to make decisions in line with the principles of the Mental Capacity Act 2005. They were supported by staff who had the necessary skills, training and support to meet their needs.

People enjoyed a wide variety of foods available including specific dietary needs.

Good

Is the service caring?
The service was caring.

People felt valued and respected as individuals. Staff knew people very well and were caring and supportive of their needs whilst respecting their privacy and dignity.

People were able to express their views and were actively involved in their care planning.

Good

Is the service responsive?
The service was responsive.

Care plans and risk assessments in place ensured people received personalised care which was responsive to their needs.

People were encouraged to remain as independent as possible and were offered choice and support as needed.

The home's complaints policy was visible for all to see and people felt sure any concerns they raised would be dealt with in a prompt and efficient way.

Good

Is the service well-led?
The service was well led.

Good

Summary of findings

There was a registered manager in post and people and their relatives were regularly asked their opinions of the service. Feedback was acted upon promptly and efficiently to improve the service.

Staff felt supported and had a good understanding of their roles and responsibilities within the home.

Audits in place were efficient and effective. Incidents accidents and complaints were all dealt with effectively and monitored for any emerging patterns.

Regency Nursing 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.

The inspection took place on 15 June 2015 and 29 July 2015. The inspection team consisted of two inspectors, a specialist advisor in nursing care and an expert by experience in the care of older people. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection we reviewed the information we held about the home, including previous inspection reports. We reviewed notifications of incidents the provider had sent to us since the last inspection. A notification is information about important events which the service is required to send us by law.

We spoke with eight people who lived at the home and five visiting relatives to gain their views of the home. We observed care and support being delivered by staff in communal areas of the home. We spoke with the registered provider and registered manager, nine members of staff, including two team leaders, three registered nurses, two administrators, care staff, an activities coordinator and kitchen staff. We spoke with four external health and social care professionals who support people who live at the home.

We looked at the care plans and associated records for nine people. We looked at a range of records relating to the management of the service including records of complaints, accidents and incidents, quality assurance documents, five staff recruitment files and policies and procedures.

Requires improvement

Is the service safe?

Our findings

People felt safe at the home. Most people told us there were enough staff to meet their needs and they were encouraged to discuss with staff any concerns they may have. One person told us, "I definitely feel safe here," and another told us, "It's [the home's] got a good reputation. Yes I feel safe". However another person told us "There are definitely not enough staff." A relative told us, "It gets busy…, but I think [relative] is safe here and well cared for". People felt the environment was safe and medicines were given promptly and safely. Health and social care professionals who visited the home felt people were safe.

On the days of our visit there were sufficient staff available to keep people safe and meet their needs. The layout of the home made it difficult at times for people to see members of staff who were present during each shift, particularly during busy spells in the morning and at mealtimes. People in their rooms told us they often had to wait to be supported with care or with meals as there were not always enough staff. One person who sat in the communal area of the home told us they had to wait to go to bed as, "When they're short staffed they can't do much about it." Another person, who had not received their breakfast in their room at 8:50am said, "I feel peckish but you have to be patient." A member of staff told us, "We could really do with more staff in the morning to help get people up and again at night time to help people to bed. I know the manager has looked at this for early shifts and twilight shifts." During the mornings of our visit we saw staff were extremely busy and people did not always get out of bed when they wanted to as staff were busy. Staff were often out of sight as they were assisting people in their rooms; however call bells were answered promptly and a member of staff was always available in the communal area of the home.

Staff rotas showed there was a consistent number of care staff available each day to meet the needs of people. However, there was no tool in place to identify what people's needs were and how staffing levels were adapted to meet people's increased or decreased needs. The registered provider told us should any person in the service become unwell and require additional support they would review the staffing levels available and attempt to provide appropriate cover for this. They told us they rarely used agency staff due to the lack of continuity of care for people; however they found the staff who worked at the home were very supportive in assisting to cover any sickness or absence of colleagues. They told us they had tried to recruit staff for an early morning shift and a twilight shift however this had been difficult.

One registered nurse was on duty at any one time to meet the daily nursing needs of people at the home. This included administration of medicines and wound treatment as well as providing nursing support as required for all people who lived at the home. Two registered nurses told us there was a high demand for their skills throughout the day and particularly during the very busy morning medicines round. The registered provider and registered manager told us of their constant drive and difficulties to recruit registered nurses to the home. Whilst recognising the necessity for the registered nurse to lead the nursing care within the home and the skills a registered nurse brought to the home, the registered provider had looked to address the workload for registered nurses by considering how some of their duties could be delegated to other members of staff. An administrator was available during weekdays and a senior nurse was available most weekdays to support the management of people's care at the home, including the coordination of appointments, receiving and storage of medicines and interactions with external health and social care professionals.

We recommend the registered provider seeks guidance on identifying the numbers of care and nursing staff required to meet the needs and dependency of people in their home.

We had been made aware by a member of the public of concerns with regard to the employment of staff without the appropriate checks having been completed. We found the registered provider had safe and efficient methods of recruiting staff. Recruitment records included proof of identity, two references and an application form. Criminal Record Bureau (CRB) checks and Disclosure and Barring Service (DBS) checks were in place for all staff. These help employers make safer recruitment decisions to minimise the risk of unsuitable people working with people who use care and support services. Staff did not start work until all recruitment checks had been completed.

Risks associated with people's care needs had been assessed and informed plans of care to ensure the safety of people. For people who displayed behaviours that might present a risk to the person or others, the behaviours and triggers to these had been identified. Staff knew people

Requires improvement

Is the service safe?

very well and demonstrated a good understanding of their needs and how to support them. Care records reflected actions staff had taken to support people should they become distressed or agitated and care plans had been updated when required to reflect changes in people's needs. For people who were at risk of falls, risk assessments had been completed and informed care plans on their mobility and to avoid the risks of falling around the home.

Safeguarding policies and procedures were in place to protect people from abuse and avoidable harm. Staff had received training on safeguarding and had a good understanding of these policies, types of abuse they may witness and how to report this both in the service and externally to the local authority and CQC. Staff were aware of the registered provider's whistleblowing policy and how they could also report any concerns they may have to their immediate line manager or other manager in the service.

Registered nurses administered all medicines at the home. Medicines were stored and handled safely. People received their medicines in a safe and effective way. There were no gaps in the recordings of medicines given on the medicines administration records.

Personal evacuation plans were up to date and kept in people's care plans. We saw that these contained clear information on how people could be evacuated from the building in the event of an emergency.

Good

Is the service effective?

Our findings

Staff interacted with people in a calm, encouraging and positive manner. People responded to staff warmly and enjoyed their company. One person said, “This is my home and I have everything I need here, they help me when I need it.” Another said, “The staff are lovely and really know what they are doing.” A relative told us the food provided for their loved one was very good and, “They give balanced meals and record it.” Another relative told us,” They always get a choice of food; there is always something he likes. “

People were cared for by staff that were supported to gain the appropriate skills and knowledge to deliver care based on best practice. A program of supervision sessions, training, and meetings for staff ensured people received care and support from staff with the appropriate training and skills to meet their needs. Staff felt supported by this to provide safe and effective care for people.

The provider supported staff to obtain recognised qualifications such as Care Diplomas. These are work based awards that are achieved through assessment and training. To achieve these awards candidates must prove that they have the ability to carry out their job to the required standard.

The registered provider had employed a training and development coordinator to work with staff and introduce training in line with the new Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. It gives everyone the confidence that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support.

The training and development coordinator was working to monitor and sustain a new scheme of delegation in the home. Team leaders received additional training to enhance their skills in some areas and support these lead roles in the home; it was hoped this would reduce the workload for the registered nurse on duty and enable other staff to develop enhanced skills. This included roles in; moving and handling, falls prevention, infection control, dementia care, diet and nutrition, and continence. We spoke with two team leaders who told us that whilst this work was in its infancy they were embracing new skills in their role which was allowing them to develop new skills.

The registered provider was working with staff to develop efficient and effective ways of working with the workforce available, whilst striving to recruit more registered nurses to work in the home.

Staff had a good understanding of their role in the home and told us the team leader and registered nurse were always available to support them as needed. Team leaders took charge of each daily shift under the guidance of the registered nurse and provided support and guidance for all staff. They undertook enhanced roles such as lead for moving and handling and safeguarding. Staff said they felt supported by their peers and senior staff although sometimes there were not enough staff to meet the needs of people in a timely way.

Where people had the mental capacity to consent to their treatment, staff sought their consent before care or treatment was offered and encouraged people to remain independent. People were encouraged to take their time to make a decision and staff supported people patiently whilst they decided. For example, an activities coordinator sat with one person and offered to manicure their nails for them. They gave them time to respond to this offer, choose the colour of their nail varnish and patiently waited whilst the person made themselves comfortable. Another person was supported to move from the toilet area to the communal lounge. They moved slowly and deliberately with encouragement and support from a member of staff. Once seated they decided to move closer to another person and staff patiently encouraged them as they stood and moved to another area of the home. This person told us, “Sometimes I just fancy doing something different and they will always help me - even if I change my mind.”

Where people lacked the mental capacity to make decisions the home was guided by the principles of the Mental Capacity Act 2005 to ensure any decisions were made in the person’s best interests. Care records held information on the processes which had been followed to ensure the appropriate people were involved in making decisions about people’s care and welfare.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people using services by ensuring if there are any restrictions to their freedom and liberty, these have been authorised by the local authority to protect the person from harm. Several people who lived at the home were

Good

Is the service effective?

subject to a DoLS; we found that the manager understood when an application should be made and how to submit one and was aware of a recent Supreme Court judgement which widened and clarified the definition of a deprivation of liberty. We found the home to be meeting the requirements of the Deprivation of Liberty Safeguards. The registered manager was in the process of notifying CQC of all DoLS in place at the home when we visited.

People received a wide variety of homemade meals and fresh fruit and vegetables were available each day. The chef was provided with daily records of people's choice and needs from staff. Care plans in place identified specific needs, likes and dislikes of people and the chef was aware of these. The dining areas of the home were busy and interactive areas where some staff were available to support people with their meals, whilst others supported people who remained in bed to have their meals. People were assisted to manage their meals in a quiet, dignified and respectful way. The kitchen area was clean and well managed with foods and utensils stored appropriately.

Records showed people had regular access to external health and social care professionals as they were required. The registered manager told us they worked well with community services staff to meet the needs of people. Documentation was shared with visiting professionals and they followed their guidance and recommendations. This included specialist nurses, community nurses and therapists, speech and language therapists and community psychiatric nurses. We saw records had been completed by visiting health and social care professionals and were used to inform care planning for people. Feedback we received from external health and social care providers was positive. They told us the home strived to work closely with all services and ensure they met the needs of people for whom they were caring. Professionals told us the home was responsive to suggestions and always requested support when this was requir

Good

Is the service caring?

Our findings

People were valued and respected as individuals and said they were happy and content in the home. Staff showed kindness and compassion whilst supporting people with their needs and respecting people's views. One person said, "They're [Staff] so patient with people who keep going on and on; they come and comfort them. They are so caring." Another person told us how staff were always kind and caring when they were feeling low. A relative told us how caring staff had been to their loved one when they had required admission to hospital. Another relative told us, "It's the crème de la crème of nursing homes." A visiting health care professional told us staff were always very caring and knew people well.

Staff knew people well and demonstrated a regard for each person as an individual. They addressed people by their preferred name and took time to recognise how people were feeling when they spoke with them. For example, one member of staff offered to take a person for a walk on the seafront when they expressed comments about the lovely weather outside. Another person told us they were feeling a little bit low but that, "The staff brighten the day for me and I love to see them around. They are all lovely." Staff spoke calmly and slowly with the people, encouraging them to express themselves. They encouraged them to interact with each other in communal areas and converse with others.

Throughout the day staff spent time with people chatting and laughing whilst supporting people with their needs. At mealtimes, staff were seen to engage positively and cheerfully with people in the communal area of the home. They offered support with managing meals, cutting up food and offering drinks to people. Staff encouraged people to remain independent. People in the communal area of the home were positively engaged in conversation with all staff including the registered manager and the atmosphere was friendly.

People's privacy and dignity was maintained and staff had a good understanding of the need to ensure people were treated with respect at all times. For example, staff ensured doors were closed when supporting people with their personal care.

People's cultural and religious requirements were recorded and respected. A church service was held once per month for those who wished to attend and one person told us of a minister who visited them every fortnight in the home at their request. Staff were clear about the provider's equality and diversity policy and the need to treat and respect people as individuals.

Staff had worked with people and their representatives to ensure their care reflected their preferences, choices and needs. People had been involved in the planning of their care and review of their care. People were able to express their views and be actively involved in making decisions about their care. They told us they could speak with the registered manager, nurses or care staff at any time and they felt their concerns would be listened to. People told us they had regular 'Resident meetings' with the registered provider and registered manager. Minutes of these meetings showed people were able to express any matter at these meetings and actions were followed up from these meetings. For example, one person had highlighted they sometimes did not have enough food to eat and they were reassured that at any time they should request more food, this would be provided.

Good

Is the service responsive?

Our findings

People were able to express their views and be actively involved in making decisions about their care. People felt able to raise any concerns they may have about the service with staff, the registered manager or the registered provider. People told us staff were very approachable and responded to any requests or concerns in a prompt and efficient manner. Relatives told us staff were very approachable and always happy to have suggestions in support of their relative's care and welfare. One person told us they had received a very prompt response to a concern they had raised with the registered manager. Healthcare professionals we spoke with told us staff responded to people's needs and requested support from them when this was required.

A preadmission assessment was completed for all people who moved into the home. This included people's preferences, their personal history and any specific nursing needs they may have. This allowed all staff to have a clear understanding of the person's needs and how they wanted to be cared for. Information was available in each person's care records to identify specific likes and dislikes, hobbies, and the personal abilities of people to manage their own care. It also noted people who were important to them and who needed to be involved in their lives. From this information care plans were written with the person and their relatives to identify their needs. Care plans clearly identified how staff could support people.

Some care records and plans had been reviewed and reorganised to incorporate a comprehensive menu of care records in one place. These had been reviewed by people and their relatives with registered nurses; this work was being completed for all care records. The registered manager told us a key worker system was being updated to, "enable our staff to have a more direct responsibility for the day to day care of our clients and encouraging them to go the extra mile, to help us deliver a more fulfilled home life to our clients…"

A registered nurse was always available to meet the clinical needs of people in the home and ensure staff were provided with the information they required to care for people with nursing needs. People with specific health care needs such as diabetes, epilepsy, skin conditions and problems with their heart were monitored and supported to meet their needs. Care plans in place reflected these needs. For example, some people had wounds which required regular dressing and monitoring. Care plans in place were up to date and records held centrally on a noticeboard in the staff office alerted staff as to when these required review. Staff were aware of the need to promote the skin integrity of people through the use of good moving and handling techniques, the use of appropriate pressure relieving equipment and the regular movement of people. For another person, a registered nurse spoke of the need for staff to monitor them closely as their mobility had been particularly poor since their admission to the home. They had worked with the community therapist to support this person and their mobility was improving. Care plans in place reflected these needs and the support they required.

People said they were very happy to speak with staff if anything in their care needed to be changed. One relative told us of concerns they had about their relative's poor mobility and the confusion about the appropriate support for them. They had spoken with staff and a meeting of all professionals involved in their care was being held to address their concerns.

Relatives said they were involved in the review of any care needs their loved one may have and the home kept them actively informed of any changes in their care needs.

People were encouraged and supported to develop and maintain relationships with people that mattered to them. One person was encouraged and supported to maintain links with their family by mobile phone and staff regularly supported them to visit their family. Visitors spoke of the warm welcome they received at the home and how they were encouraged to be involved in activities at the home with their relatives such as a recent cheese and wine party and parties on special occasions throughout the year.

An activities coordinator worked at the home for two days in one week and three days the following week. They said a wide variety of opportunities were available for people which varied and reflected people's requests and preferences. They included manicures, board games, reminiscing, crafts, quizzes, puzzles and sensory sessions for those less able to participate in group sessions. The activities coordinator told us they supported people to participate in a range of activities when a planned activity was not organised and then supported them to maintain this. For example, one lady enjoyed hand sewing and they would support them to begin this and then allow them to independently manage this activity. A musician visited

Good

Is the service responsive?

every two weeks and people told us they enjoyed this session. There were opportunities for people to go on outings with allocated members of staff to accompany them. These included walks to the seafront and to the local shops. The activities coordinator supported people in their rooms with one to one activities such as hand massage, supporting with reading and sensory activities. One person said, “I loved the harp,” following an activity session with a musician. Two relatives told us there were lots of activities for people to be involved with if they chose to.

The complaints policy was displayed where it could be seen by people. The home had received one formal complaint since our last inspection which had been dealt with in a timely manner. The registered provider worked closely with people to enable concerns to be addressed promptly and effectively. The registered provider had effective systems in place to monitor and evaluate any concerns or complaints and ensure learning outcomes or improvements were identified from these. They encouraged staff to have a proactive approach to dealing with concerns before they became complaints. For example, staff were encouraged to interact with people and their relatives, whilst maintaining their privacy, to ensure their needs were being met. Staff met visitors in a warm and friendly way and encouraged them to express any views about the service their relatives received. People said they felt able to express their views or concerns and knew that these would be dealt with effectively.

People told us the staff responded to any concern they may have in a prompt and effective manner. Relatives and health and social care professionals said staff were responsive to people’s needs.

Good

Is the service well-led?

Our findings

People knew who the registered manager and provider were and recognised they were in the home often. They were happy the home ran smoothly whether the registered manager was present or not. One person said, “They [the registered manager] have got a team of staff who are really great.” People felt staff worked very well together as a team. One relative told us “The owners/managers are here every day and stop and ask if we have any concerns.” A health care professional we spoke with said staff were settled and worked well together to support people’s needs, requesting support from external professionals when it was needed.

People, their relatives and staff were actively involved in the delivery of the service at the home. The registered provider completed regular satisfaction questionnaires for people and their families and relatives. We saw actions from these questionnaires had been followed up. For example feedback from a recent questionnaire in July 2015 highlighted a request from people to have more external trips for them to participate in. As a response the provider had set an action to discuss with service users and family members how expectations of accessing the community could be met.

The registered provider told us they promoted an open and transparent work place for people and worked hard to deliver the service people needed and requested. Staff were keen to tell us how the home was a friendly and happy place to work in where people were respected and valued for themselves. One said, “We are busy but this is a lovely home to work in and the managers are great. We can talk to them anytime. One relative told us, “I can’t fault this place…the owners are so caring.” They went on to tell us how staff always welcomed them and were very easy to talk to about any concerns they have.

Staff recognised the management team as a support network for them in addressing their own needs at work as well as in meeting the needs of people for whom they cared. Supervision and appraisals were completed in line with the registered provider’s policy and staff said these sessions gave them the opportunity to discuss any concerns they may have and explore further training opportunities. They felt supported in their role at the service. Management responsibilities had been delegated across the staff group including the role of key worker for care staff.

Whilst registered nurses led the management of people’s care in the home there was an active team of other staff who supported the running and management of the home. An administrator supported administrative duties in the home. The registered provider, registered manager and senior nurse supported all management duties such as audits, recruitment and management of staff. They reviewed and addressed any issues of concern raised during the reporting of incidents and accidents, complaints and planned audits.

The registered provider had a system in place to monitor patterns or trends of incidents and accidents which were investigated to identify learning outcomes to prevent their recurrence. A recent incident when the home’s internal lift had broken down had caused a strain on the service as people were unable to freely access all areas of the home. The registered provider told us of the lessons they had learned from this event and actions they had taken to reduce the impact any further incident may have on people. A person who had fallen several times had care plans which reflected updated actions following the review of the incident and accident forms completed.

Audits to ensure the safety and welfare of people were completed by the management team and included health and safety, health related equipment, fire safety and medicines. Audits in place contained action plans to ensure any identified areas which required attention were addressed.