

Mrs B J Owens

Regent House

Inspection report

Regent House
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Clacton On Sea
Essex
CO15 3PP

Tel: 01255421122

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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 

Summary of findings

Overall summary

Regent House provides accommodation without nursing for up to 23 people with mental health needs whose primary needs are for emotional support and care.

Our previous inspection of 7 June 2016 found that the service required improvement. Improvements were required to ensure that all risks to people were assessed and guidance was provided to staff about how the risks were reduced. Improvements were also required around the auditing of medicines and 'as and when required' medicines (PRN) to ensure that people received their medicines safely. Some staff had not had any recent training in the Mental Capacity Act 2005 (MCA) and lacked awareness of what the Mental Capacity Act meant for people. Improvements were needed to ensure that staff received regular supervision and effective appraisal of their performance.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Regent House on our website at www.cqc.org.uk. This comprehensive inspection was undertaken to check that further improvements had been made.

This was an unannounced inspection. At the time of our inspection there were 18 people living at the service.

Whilst this inspection was carried out to review improvements, it was prompted in part by notification of an incident following which a person using the service was involved in an altercation with another person using the service was injured and later died. The incident is subject to an on-going police investigation.

The Commission made further enquiries into the circumstances leading up to the person's death to consider whether the incident was avoidable and whether it should take further action under its criminal enforcement powers. The Commission has reported to a coroner and considers the incident was not as a result of unsafe care and treatment, avoidable harm or a significant risk of avoidable harm. We are however continuing to liaise with the Coroner, Police and Local Authority on this matter.

A safeguarding investigation was undertaken by the local mental health safeguarding team. The health and welfare of people using the service were reviewed and it was concluded that people were happy and well cared for and Regent House was a comfortable and caring home.

At this inspection we found that although improvements had been made following our last inspection, further improvement was still required in relation to risk assessments to ensure they included sufficient detail to guide staff on how to minimise any identified risk or potential risk.

Appropriate arrangements were in place to ensure people's medicines were obtained and stored safely.

People received care that was personalised to them and met their individual needs and wishes. Staff were

knowledgeable about people's choices, views and preferences and acted on what they said.

Systems were in place which safeguarded people from the potential risk of abuse. Staff understood the various types of abuse and knew who to report any concerns to. Procedures and processes guided staff on how to ensure the safety of people. There were sufficient numbers of staff employed who had the knowledge and skills to meet people's needs.

The service was up to date with the Mental Capacity Act (MCA) 2015 and Deprivation of Liberty Safeguards (DoLS). Staff sought consent from people before supporting them with their care.

People were supported to see, when needed, health and social care professionals to make sure they received appropriate care and treatment. People's nutritional needs were assessed and they were supported to eat and drink sufficiently.

Processes were in place that encouraged feedback from people who used the service, relatives, and visiting professionals. There was a complaints procedure in place and people knew how to make a complaint if they were unhappy with the service.

The management team were approachable and there was an open culture in the service. Quality assurance processes were used to identify shortfalls and address them and as a result the service continued to improve.

We have made a recommendation about the management of medicines.

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 consistently safe.

There were systems in place to minimise risks to people and to keep them safe, however assessments could be more detailed.

There were sufficient staff to meet people's needs.

People were provided with their medicines safely and when they needed them.

Staff knew how to recognise abuse or potential abuse and how to respond and report these concerns appropriately.

Requires Improvement ●

Is the service effective?

The service was effective.

Staff members were trained and supported to meet people's individual needs. The Mental Capacity Act (MCA) 2005 was understood by staff and appropriately implemented.

People were supported to maintain good health and had access to ongoing health care support.

People's nutritional needs were assessed and they were supported to maintain a balanced diet.

Good ●

Is the service caring?

The service was caring.

Staff had a good knowledge of people's individual needs and preferences.

The positive and friendly interactions of the staff promoted people's wellbeing.

People were involved in making decisions about their care.

Good ●

Is the service responsive?

Good ●

The service was responsive.

People were provided with personalised care to meet their assessed needs and preferences.

There was a complaints policy in place.

Is the service well-led?

The service was well-led.

The management team were visible in the service and there was an open and transparent culture. Staff were encouraged, well supported and were clear on their roles and responsibilities.

Quality assurance processes were used to identify shortfalls and address them to ensure that the service continuously improved.

Good ●

Regent House

Detailed findings

Background to this inspection

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

This unannounced inspection took place on the 20 July 2017 and was undertaken by two inspectors.

Before our 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 improvements they plan to make. We reviewed information we had received about the service such as notifications. This is information about important events which the provider is required to send us by law. We also looked at information sent to us from other stakeholders, for example the local authority, the Coroner and members of the public.

We spoke with five people who used the service. We also observed the interaction between people who used the service and the staff. We spoke with the registered manager and three members of care staff including kitchen staff. We spoke with one relative. We looked at records in relation to seven people's care and records relating to the management of the service, staff recruitment and training, and systems for monitoring the quality of the service.

Is the service safe?

Our findings

At our inspection of 7 June 2016, we found that risks to people had not always been identified and thorough assessments were not in place. At this inspection, we found that while some improvements had been made, further improvement was required in some areas.

A risk assessment was now in place for one person who was using a hoist. However, this risk assessment and another for pressure care management still did not cover all of the associated risks or how those risks could be minimised. While there was detailed guidance displayed in the office for staff about correct lifting techniques and pressure care management, this guidance was generic and did not cover how the individual would prefer to be supported or any risks specific to each person as an individual. We discussed the need for risk assessments to be more detailed with the registered manager. Staff at the service knew people very well and knew how to support them to reduce the risk; however the registered manager acknowledged that the risk assessments could be further improved.

Occasionally people became upset or anxious. Risk assessments were in place for people to provide guidance to the staff on how to support people in these situations. For example, when one person became upset it helped to have some one to one time and to discuss how they felt with staff. One person said, "I can talk about my problems." Another person said, "

At our inspection of 7 June 2016, we found that improvements were needed around medicines administration. At this inspection, we saw that some improvements had been made. Audits were now completed to check that systems were working and stock was regularly counted. Where issues were identified, such as missing signatures, action had been taken. For example, the medicines trolley had been moved into a quieter area of the house which had resulted in a reduction in missing signatures as staff had been able to concentrate more effectively on administering the medicines without distractions.

Some people had medicines to be taken 'as required' (PRN). People had the capacity to understand what these medicines were for, when they needed these and requested these independently. People had signed protocols which were in place to provide guidance to staff on when these medicines could be taken, however guidance was not in place for all medicines. The registered manager told us this would be addressed.

The service had a management of medicines policy; however this did not cover the use of PRN medicines and did not reflect current best practice.

We recommend that they explore current guidance from a reputable source, for example, the National Institute of Clinical Excellence, on the safe management of medicines.

Medicines were stored safely in a locked trolley for the protection of people who used the service. Staff recorded that people had taken their medicines on medicine administration records (MAR). Staff had received training in medicines administration and provided people with their medicines respectfully, with

consent and at the person's own pace. People told us they received their medicines when they needed them. One person said, "I take all my medication and staff remind me to do this." Another person said, "Staff do my medication and I get it on time."

Some checks had been made on staff before they were allowed to work in the service. A new staff member confirmed they did not commence employment until the necessary checks such as, proof of identity, references and satisfactory Disclosure and Barring Service (DBS) checks were obtained. However, a review of records showed that two staff members had not got references from their previous employment. The registered manager told us that they had been trying to get the references in place and they would continue to do so.

People told us that they were safe living in the service. One person said, "I feel safe here and the staff do care." Another person commented, "The staff care for me as I get scared sometimes." Following the incident that had occurred, the registered manager spoke to those living at the service to provide reassurance. Where required, referrals were made for additional support for individuals. The registered manager had also identified and was in the process of addressing areas to improve practice which included further development of pre-admission assessments to ensure vital and relevant history sourced to enable any potential risks are identified and strategies put in place to mitigate them, emergency procedures and coping strategies in emergency situations, effective communication with health professionals and following on-call policy. To re-gain staff confidence further training had been undertaken in essential first aid and first response including moving and handling.

There were systems and policies in place to reduce the risk of potential abuse. Staff had received training in safeguarding and had the knowledge and confidence to identify safeguarding concerns and knew how to report any suspicions of abuse to the appropriate professionals. One staff member said, "I had training in safeguarding last year and it is planned again for October." Another staff member said, "I would report any abuse to [owner] and if they didn't do anything about it, then I would go to the police or the mental health team." Staff knew how to escalate any concerns if they felt that action was not taken to deal with any potential abuse by the management of the service.

There was guidance in the service to tell people, visitors and staff how they should evacuate if there was a fire and people's records held information of how people were to be supported to do this. This showed us that people and the staff team were provided with the information required to keep people safe.

People we spoke with told us that they felt that there were enough staff working in the service to provide assistance when they needed it. One person said, "There are enough staff to help me." Although some of the staff that we spoke with felt that there could be more staff. One staff member said, "There are not enough staff, we could do with a cleaner." Another staff member said, "It would be nice to have a cleaner so we could spend more time with people. It can be difficult but we do have quiet days as well." The registered manager told us that cleaning was currently being included in the care worker role due to the ongoing recruitment and that this would be reviewed once new staff were recruited.

Despite what we were told, we saw that staff had time to spend with people and were not rushed in their interactions. We saw that staff were attentive to people's needs and requests for assistance were responded to promptly. The registered manager assessed the staffing levels based on people's needs and records confirmed that the assessed staffing levels were provided.

The service was mostly clean and fresh; however, the flooring in the kitchen was cracked, stained, dirty and in some places crumbling away. This made it difficult to keep clean. The registered manager had already

identified this as an area for improvement and this was to be included within the plans for re-furbishment.

Is the service effective?

Our findings

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so 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 are called the Deprivation of Liberty Safeguards (DoLS).

At our inspection of 7 June 2016, we found that improvements were needed to ensure that the service was complying with the Deprivation of Liberty Safeguards (DoLS) and Mental Capacity Act 2005 (MCA). At this inspection, we saw that improvements had been made. Staff had been provided with training in MCA and DoLS and had a good understanding of MCA. One staff member said, "We always assume that someone has capacity and ask for consent. If they don't have capacity, then we act in their best interests." Staff were booked to attend an MCA champion's course to further develop their knowledge.

People told us that they were not restricted and could do what they wanted to do. One person said, "I can go out whenever I want to." We saw that people were asked for their consent before staff supported them with their care needs, for example assisting them with their medicines. Care records identified how people made day to day decisions in their lives and any assistance that they required, such as with their personal care. People's records showed where their consent was sought and where people refused care or treatment, this was respected. For example, where one person did not want health appointments made for them, this choice had been recorded and respected.

At our inspection of 7 June 2016, improvements were required to ensure that staff supervision and appraisal was effective. At this inspection, we saw that improvements had been made.

Staff told us and records confirmed that regular supervisions and appraisals were held. Staff felt well supported by the management of the service. One staff member told us, "I have supervision every month and had one a couple of weeks ago. We discuss what we are happy or not happy with. I have had an appraisal and I am due another one." Another staff member said, "I just had a supervision. We discuss everything including my performance. I can tell [registered manager] what I think. I had an appraisal recently."

The provider had systems in place to ensure that staff received training, achieved qualifications in care and were supported to improve their practice. This provided staff with the knowledge and skills to understand and meet the needs of the people living in the service. New staff completed the Care Certificate, an induction and shadowed an experienced member of staff before working on their own in the service. One staff member said, "I had an induction and I shadowed someone and didn't do any personal care on my

own for three months until I got to know people."

We saw through staff interaction with people that they were knowledgeable about their work role, people's individual needs and how they were met. One staff member told us about how they had recognised that a person was unwell and had a possible infection. They said, "I noticed [person] was disorientated and was struggling to feed themselves so I reported it." As a result, the person was receiving further treatment.

People were very complimentary about the food and said that they had a choice of what to eat. One person said, "Fantastic food. [Staff member] is a fantastic cook. We get two choices of food and I am having a ploughman's lunch today." Another person said, "We get good food and we get a choice." One relative said, "The food seems good. [Person] is a fussy eater and they [staff] accommodate him."

The dining room was welcoming. At lunchtime, we saw that the meals were nicely presented and the atmosphere was relaxed and calm with people enjoying their food. People had a variety of fresh individual meals and were enjoying the food. One person commented, "The mash was lovely." Another person said, "Dinner was marvellous. I enjoyed the chicken and leek pie."

Tea and coffee were offered throughout the meal and water was available on each table. There was lots of conversation and staff were chatting to people and checking they were happy and enjoying their food. Hot and cold drinks and fruit were available for people to help themselves to throughout the day.

People's records showed that their dietary needs were assessed and met. The cook was knowledgeable about people's specific dietary requirements and how people were supported to maintain a healthy diet. There was a list of the wall of people's likes and dislikes and how they needed their food to be prepared. Where issues had been identified, guidance and support was requested from health professionals, including a dietician and their advice was acted upon. For example, one person had fluctuating weight which had now stabilised and the GP was happy with the progress that had been made.

People's health needs were met and where they required the support of healthcare professionals, this was provided. One person said, "I go across to the doctors and make my own appointments." We saw that the chiroprapist visited the service regularly. Where changes in people's wellbeing were identified, action was taken to seek guidance and treatment from health professionals.

Is the service caring?

Our findings

At our inspection of 7 June 2016, we found that the service was caring. At this inspection, we found that the service continued to be caring.

People said that the staff were caring and respectful. One person told us, "The staff are decent and normal." Another person commented, "I get treated with respect." A third person said, "I get on quite well with the staff, they are nice people." One relative said, "The staff are very pleasant." There was a relaxed atmosphere in the service and people clearly shared positive relationships with the staff. Staff had time to sit with people and chat with them. Staff provided reassurance where needed and when residents asked for attention they were responded to quickly.

People's views were listened to and taken into account when their care was planned and reviewed. People had keyworkers which changed regularly so that each staff member got to know each person and how to care for them. The keyworker was responsible for ensuring that people were involved in the care they received and for keeping care plans up to date. People knew who their keyworker was and said they met with them often. One person said, "[Name] is my keyworker. They remind me to have a shower a couple of times a week. I have a care plan and my keyworker helps me with that." Another person said, "My keyworker asks if I have a problem. They do the care plan and ask if I want to change anything and put that down."

People's views were gathered through surveys which covered specific areas such as activities, personal care and food. The responses had been collated and acted upon to improve the service. For example, where one person had requested a dart board, this had been purchased. Residents meetings had been held, however the staff told us it was difficult to motivate people to be included and people were not always interested in being involved. One relative said, "The staff try and motivate [person] and do their best. Where meetings had been held, the feedback had been positive and people were happy with the service they were receiving. People could also give their views through the feedback box that was in the service. One relative said, "I have been to meetings about [person] and I am asked what I think." □

People's care records identified the areas of their care that they could attend to independently and how this was to be promoted and respected. People told us that staff encouraged them. One person said, "The staff are helpful and they let me do what I can do." Another person said, "I do shower myself but if I need help, they [staff] will help me."

People's religious needs were respected and supported. Care records included information about a person's beliefs and culture and we saw that one person was regularly attending church.

Is the service responsive?

Our findings

At our inspection of 7 June 2016, we found that the service was responsive. At this inspection, we found that the service continued to be responsive.

People told us that they chose what they wanted to do, received care and support specific to their needs and were supported to participate in activities which were important to them. People accessed the community on a regular basis to maintain their interests and, where possible, did so independently. One person said, "I go to college and do art." Another person said, "I can go out whenever I want to and we are going to the zoo soon." A third person said, "I sometimes go into Colchester on the bus."

People felt that there was enough for them to do to keep them active and stimulated. One person said, "There is enough for me to do. I have a TV and CD player in my room. I like classical music." One staff member told us how they were supporting a person to enrol on a college course. We saw people accessing the community on the day of inspection. One person told us, "I am off out to get a coffee."

Care plans had been signed by the person and reflected the support that each person required and preferred to meet their assessed needs. They covered people's likes and dislikes, sleep pattern, communication and their preferred routines. One care plan said, "I like to have showers instead of baths." Care plans were regularly reviewed and showed people were supported to work towards their identified goals and aspirations. One person had a goal of playing snooker and plans were being made to support the person to work towards this goal by using local facilities. .

Occasionally people became upset, anxious or emotional. Plans were in place for people to provide guidance to staff on how to support them at these times. However some of the plans could be more detailed and include possible triggers and proactive measures to support the person to prevent them from becoming upset. The registered manager was already in the process of further developing the care plans to ensure they contained sufficient detail.

There was a complaints process in place and people told us that they knew how to make a complaint, although those people we spoke with said they had not raised any concerns. One relative said, "I have no concerns. I would say something as the staff and manager are approachable." The service had received one formal complaint. This was documented and action had been taken to minimise the risk of the concern re-occurring.

Is the service well-led?

Our findings

At our inspection of 7 June 2016, we found that the service was well led. At this inspection, we found that the service continued to be well led.

The service had a clear vision and positive culture that put people at the centre of the service. People were complimentary about the service. One person said, "Staff are very helpful and it's probably the best home." Another person said, "It's home from home." A staff member told us, "This service is one of the nice ones. It is not run as a business, it is their home."

Staff had confidence in the way the service was managed. They told us that they felt the management team were approachable and that there was a good team. One staff member said, "We are a good team and that helps. Everyone gets on." Another told us, "I think the service is well led. If I ask for something, it will get done" and another said, "The staff are great and the management are fine."

Staff had an awareness of the whistleblowing procedure and who to contact if they had any concerns.

The service had consistent management and the registered manager led by example, was available to staff for guidance and support and was committed to providing good quality care for the people who used the service. The service had a small staff team and any issues or concerns were discussed at the time and dealt with promptly. Staff told us that they felt supported and the service was well led. A staff member said, "I am always supported and this is by far the best care job I have had. If anything needs doing, it is done."

The registered manager was visible in the service and worked some shifts as part of their role. They spoke with staff and people regularly and so they could monitor the service on an on-going basis and make improvements as required. Staff had confidence to question practice and one told us, "I am able to tell [manager] what I think." Formal team meetings were not held as the manager had the opportunity to talk to staff three times a day during handover between shifts. This contributed to the good running of the service.

The service worked in partnership with key organisations such as the community mental health team and consultant psychiatrists to support care provision and joined up care. Following the incident, the registered manager had worked closely with other agencies in difficult circumstances to ensure the well being of those living at the service.

The provider was meeting its responsibilities to ensure that they kept people, relatives and others up to date on the progression of any investigations and incidents in the service. This is called Duty of Candour. In response to the incident that had occurred, the registered manager could demonstrate that they had met the requirements of Duty of Candour and promoted a culture of openness and transparency. These requirements included notification, a meaningful apology, support to relatives, a step by step account of relevant facts, information about on going or pending investigation and any lessons learned.

We saw a compliment that the service had recently received regarding the knowledge of the staff team

which said, "Staff had a great deal of self-awareness and have evolved techniques for responding to any incidents."