

ADA Care Limited

Regency Court

Inspection report

Thwaites House Farm
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Keighley
West Yorkshire
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Tel: 01535606630

Date of inspection visit:
12 September 2017

Date of publication:
05 March 2018

Ratings

Overall rating for this service

Inadequate ●

Is the service safe?

Inadequate ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Inadequate ●

Summary of findings

Overall summary

This inspection took place on 12 September 2017 and was unannounced.

The service is registered to provide accommodation and personal care for up to 20 people. On the day of our inspection 18 people were living at the home. People who use the service are predominantly older people who live with dementia. The home is situated two miles from the town of Keighley.

There was a registered manager in post who was working half their week at Regency Court and the other half at another care home. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

When we inspected the service in November 2015 we identified two breaches of regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These were on-going breaches from our inspection in June 2015. Due to the continuation of these breaches we issued warning notices to the provider and the registered manager in relation to the management of medicines and governance systems and processes.

Another inspection took place in June 2016 when we found some improvements with the management of medicines had been made, but improvements still needed to be made regarding the application and recording of topical creams and lotions. We found the service had made improvements to governance systems. At this inspection in September 2017, we found there were still issues with the management of topical creams and lotions, issues with the environment and once again, issues with the governance systems.

When we looked around the home we found it was in need of general redecoration and refurbishment. Lighting levels were poor and we identified some issues in relation to fire safety. Since our visit the fire officer has visited the home to check the fire safety and has told the provider they must make improvements by 29 January 2018.

Staff were not being recruited safely and the service's own recruitment policy was not being followed.

We saw staff were kind and caring and there were enough of them to keep people safe and to meet their care needs. Staff were receiving appropriate training and they told us the training was good and relevant to their role. Staff told us they felt supported by the registered manager and were receiving formal supervision where they could discuss their on-going development needs.

Staff knew about people's dietary needs and preferences, there was a choice of meals available and people told us the food was good. Appropriate weighing scales needed to be available at the home and we would

recommend records of people's food and fluid intake need to be maintained, for those who are nutritionally at risk.

Activities were on offer to provide people with occupation.

We found the service was working within the principles of the Mental Capacity Act and Deprivation of Liberty. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

All of the people we spoke with spoke highly of the manager and told us they would recommend the service as a place to be cared for or as a place to work.

Quality assurance systems were in place, however, they were not effective in identifying areas which required improvement such as medicines management. The provider had employed the services of some external consultants to help them identify issues and make improvements.

The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'.

Services in special measures will be kept under review and, if we have not taken immediate action to propose to cancel the provider's registration of the service, will be inspected again within six months.

The expectation is that providers found to have been providing inadequate care should have made significant improvements within this timeframe.

If not enough improvement is made within this timeframe so that there is still a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve. This service will continue to be kept under review and, if needed, could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement so there is still a rating of inadequate for any key question or overall, we will take action to prevent the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration.

For adult social care services the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate ●

The service was not always safe.

Although there was a staff recruitment and selection procedure in place it was not followed correctly which could lead to people unsuitable to work in the caring profession being employed.

People's oral medicines were being managed safely; however, improvements were needed to be made around the documentation of topical creams and lotions to show they had been applied as prescribed.

People told us they felt safe living at the home. However, the premises were in need of redecoration and refurbishment.

There were enough staff to support people and to meet their needs.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Staff were inducted, trained and supported to ensure they had the skills and knowledge to meet people's needs.

The legal requirements relating to Deprivation of Liberty Safeguards (DoLS) were being met.

People were supported to access health care services to meet their individual needs.

People told us they liked the food and the menus offered both choice and variety. Better records of people's food and fluid intake needed to be kept, for those people who were nutritionally at risk.

Is the service caring?

Good ●

The service was caring.

We saw staff treated people with kindness and compassion and they knew people well.

Relatives told us they could visit at any time and were always made to feel welcome.

Staff had received information about handling confidential information and on keeping people's personal information safe. All care records were stored securely to maintain people's confidentiality.

Is the service responsive?

Good ●

The service was not always responsive.

Care plans were in place which gave staff information about what care and support they needed to give people and about people's preferences.

There were activities on offer to keep people occupied.

A complaints procedure was in place and people told us they felt able to raise any concerns.

Is the service well-led?

Inadequate ●

The service was not well-led.

We found the service continued to be in breach of one regulation and in breach of two further regulations, which demonstrated their internal auditing systems were not effective in improving the service.

People spoke highly of the registered manager and told us they would recommend the home as a place to live and work.

Regency Court

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 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 took place 12 September 2017 and was carried out by two adult social care inspectors and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. A member of the business services team also supported this inspection.

Before the inspection we reviewed the information we held about the service. This included notifications from the provider and speaking with the local authority contracts and safeguarding teams. The provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We spent time observing care in the lounge and dining room and used the Short Observational Framework for Inspections (SOFI), which is a way of observing care to help us understand the experience of people using the service who could not express their views to us. We looked around the building which included most of the bedrooms, bathrooms and communal areas. We also spent time looking at records, which included four people's care records, two staff recruitment records and records relating to the management of the service.

We spoke with five people who used the service, four relatives, three care workers, the cook, housekeeper, external training assessor, district nurse and registered manager.

Is the service safe?

Our findings

This section has been rated inadequate as adequate action had not been taken to address concerns from the last inspection in relation to medicines management and we identified additional breaches of regulation around staff recruitment and the premises.

At the last inspection in June 2016 we identified the use of creams were not always being documented and identified a breach of Regulation 12 in relation to medicines management. On this visit we found the same issue.

We saw some medicines had been received by staff which required them to handwrite a MAR. We saw only one person had booked these medicines in, which meant there had been no check made to ensure they had entered details of the medicine, dosage and frequency correctly.

We looked at the medication administration policy, which was not dated, and found it was not 'fit for purpose' and did not provide staff with adequate guidance, for example, it gave no detailed guidance about booking in medicines.

We found the recording of the application of topical creams and lotions was poor. On one record the last time staff had signed to confirm application was 3 September 2017. On another, staff had recorded on 4 September 2017 they were awaiting more of the prescribed cream. We asked the senior care assistant if this cream was available and after checking the stocks they told us it was not. On a third chart staff were signing for a cream which had been discontinued and not the latest one which had been prescribed. This meant we could not be assured people were having creams or lotions applied as prescribed.

This was a continued breach of the Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us they received their medicines and that they were administered by staff. One person told us, "Staff give me my tablets." Another said, "The staff give me my medicines, and I usually get them on time." A third person commented, "I have one tablet a day and the staff give it to me."

During our visit we looked at the systems that were in place for the receipt, storage and administration of medicines. We saw a monitored dosage system was used for the majority of medicines with others supplied in boxes or bottles. We found medicines were stored in a safe way.

We saw the MARs had been signed consistently showing oral medicines had been given as prescribed.

When medicines had been prescribed to be taken 'as required' there were detailed instructions for staff to follow. This helped to ensure these medicines were used effectively and consistently.

Some prescription medicines contain drugs controlled under the Misuse of Drugs Act 1971. These medicines are called controlled drugs. We inspected the contents of the controlled drugs cabinet and found stocks

tallied with those in the controlled drug register.

There was a recruitment and selection policy in place. The registered manager told us as part of the recruitment process they obtained two references and carried out Disclosure and Barring Service (DBS) checks before all staff commenced work. These checks identified whether staff had any convictions or cautions which may have prevented them from working with vulnerable people.

We looked at the employment files of two recently employed staff and found the correct procedure was not always followed. This meant we could not be confident only people suitable to work in the caring profession were employed. For example, the application form for one person was poorly completed and the applicant had not recorded the names and contact details of people who could be contacted for a reference. This information was written on a separate piece of paper within the file. However, as the application form was so poorly completed and this information was missing it should have been rejected and returned to the applicant to be completed correctly.

We looked at the references received for the applicant and found both were from unit managers who had been employed at a previous care home they had worked at and not the registered manager or provider. The services recruitment policy required written references to be confirmed by telephone. The registered manager told us this had been done; however, there was no written evidence in the recruitment files to support this.

The application form for the second person was also poorly completed and only one reference had been received. In addition, we saw there was a seven year gap in the person's employment history. The registered manager told us this had been explored; however, nothing had been documented as part of the interview process.

This was a breach of Regulation 19 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

We completed a tour of the premises and inspected most of the bedrooms as well as bathrooms and communal living areas. We found in some areas the premises required refurbishment and old fixtures and fittings needed replacing. These were some examples:

We found lighting levels in most areas of the home were low and some wall lights in bedrooms were not working. Good lighting levels are needed for people for safety reasons, for example, to reduce the risk of falls.

The staff toilet was unlocked and inside the cover for the gas boiler was on the floor, exposing pipes and the gas valve.

There was black mould on the sealant in the ground floor shower.

The lino floor covering in the laundry was damaged. The lino in the upstairs bathroom was ripped and stained around the toilet and the landing carpet had holes in it. We saw furniture which was worn, damaged paint work and damaged surfaces on radiator covers and windowsills. This made these areas difficult to clean effectively.

During our tour of the premises we found a fire escape leading from the first floor of the building exited on to an overgrown and cluttered enclosed area at the rear of the building, with one gate being locked with a combination lock. This meant the escape route was restricted in the event of an emergency evacuation. This

was brought to the attention of the registered manager who immediately arranged for this area to be cleared. However, this matter should have been addressed by the registered manager or provider without it being brought to their attention through the inspection process. In relation to the combination lock the registered manager assured us the code was known by all staff and was shared with any agency staff. They also told us people who used the service, who had the capacity to retain such information and the ability to make their escape independently in the event of an emergency evacuation, were also aware of this code.

We also saw a number of fire doors which were not closing securely into the door frames. This meant the effectiveness of these doors to hold back smoke in the event of a fire had been reduced. We also noted there were no doors on the serving hatch between the kitchen and dining room. In the fire alarm test records we saw there had been an on-going problem with the fire alarm sounder from January 2017 to March 2017 and during this period air horns had been put in place, however, the fire service had not been contacted to make sure this was safe. However, we did note the registered manager had completed a risk assessment regarding this. We raised our concerns in relation to fire safety with the West Yorkshire Fire Service. A fire officer visited the service on 15 September 2017 and served an enforcement notice on them on 9 October 2017. The enforcement notice identified 12 areas which required attention and the provider has been given until 29 January 2018 to carry out the required improvements.

This was a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

People who used the service told us they felt safe at Regency Court. One person told us, "I do feel safe here that is because there are other people here and you are not on your own, which makes me feel safe." Another person said, "Yes I do feel safe as there are always plenty of staff about." A third person commented, "I do feel safe I have my buzzer here at the side of me." A fourth person said, "Yes I think I do feel safe here." Visitors told us the following, "Yes dad is safe here. I have never worried about him from day one." "[Name] is most definitely safe here."

We saw there were safeguarding policies and procedures in place. We spoke with two members of staff about their understanding of safeguarding and what they would do if they thought people who lived at the home were at risk. Both of them told us they would not hesitate to report any concerns to the registered manager, Care Quality Commission or the Adult Protection Unit. We saw the registered manager had made appropriate referrals to the safeguarding team when this had been needed. This meant staff understood how to keep people safe.

We saw the registered manager held money in safekeeping for six people who used the service and transaction sheets were in place showing income, expenditure and a balance. We cross referenced the money held for two people with the transaction sheets and no concerns were raised. However, the registered manager told us the money for three people was dealt with by the Local Authority and their money was held separately by the provider in their business account. We recommend any money held on behalf of individuals is held in their own named accounts so any interest accrued is paid to them.

We asked people who used the service and visitors if they thought there were enough staff on duty to support them. Everyone we spoke with told us they thought there were enough staff. One person said, "There is always plenty of staff." Visitors made the following comments, "There are always plenty of staff when I visit." "There always seems to be enough staff each time you visit." "There are always staff around in the lounge."

The staff rota showed three care staff including a senior care assistant were on day duty between 08:00 and 20:00. Night duty was covered by a senior care assistant and a care assistant supported by a senior staff

member 'on call' from home. The service also employed cleaning, catering and maintenance staff.

The registered manager told us sufficient care staff were employed for operational purposes and we saw there was a dependency tool was in place in individual service users files. The registered manager told us they increased staffing levels based on people's changing needs, for example, if people were on end of life care or on admission if they were found to require additional support. The registered manager told us there was a good skill mix within the staff team and some staff had been employed at the home for a number of years.

The registered manager told us staff had a flexible approach to work practices and wherever possible ensured annual leave and sickness was covered by a permanent staff member. They told us the use of agency staff was kept to a minimum and usually only to cover night shifts. If agency staff were used they always tried to use the same staff member to ensure people received continuity of care. We saw evidence of this on the rotas we looked at.

During our inspection we saw staff were available to promptly respond to people's needs. People who used the service and their relatives did not raise any concerns about staffing levels. People told us staff helped them whenever they needed support.

Care records, for people who used the service, contained identified areas of risk. Risk assessments were in place which covered, for example, moving and handling, nutrition and tissue viability. We saw where risks had been identified, action had been taken to mitigate those risks. For example, one person had been assessed as being at risk of falls. We saw they had a pressure pad by their bed which when stepped on set off the emergency call bell. This meant staff could attend quickly to assist them.

The staff knew people well and we saw their interaction as being supportive and friendly. There was an incident where there was an altercation between two residents. We saw staff come straight away and defused the situation in an appropriate way.

Is the service effective?

Our findings

People's weights were monitored and we saw evidence that if people were losing weight they were referred to a dietician or a speech and language therapist if they had difficulty swallowing. People who were at a higher risk of losing weight were weighed weekly to enable staff to monitor them more closely.

The registered manager told us at the time of inspection only two people needed the assistance of staff to eat their meals and one person required prompting.

We looked at the weight chart for one person and found between the 6 August and the 30 August 2017 they had lost a total of 9lb in weight. We saw the person had been referred to the Speech and Language Therapist, was on a diet supplement and was being weighed weekly. The registered manager told us the person was reluctant to eat and their nutritional care plan stated that they were to be offered extra drinks and snacks if they were not eating meals. However, when we looked at the daily records for the period 6 August 2017 to the 30 August 2017 we found little evidence to show staff had offered them additional snacks in line with the nutritional care plan which was in place. The registered manager told us they were confident that the care plan was being followed but acknowledged staff had failed to accurately record what the person had to eat and drink. We would recommend details of people's food and fluid intake are maintained for people who are nutritionally at risk. This is needed so an assessment can be made to make sure they are getting enough to eat and drink.

We looked at the weight record for another person who appeared to have lost a significant amount of weight between July and September 2017. However, the registered manager confirmed the sit on scales used by the person had required repair and had then been taken to another home. This meant staff had tried to weigh the person on 'stand on' scales which they had difficulty using. This had resulted in the discrepancy in their recorded weight. The registered manager confirmed that this explanation should have been recorded within their care records. They also confirmed new sit on scales would be purchased to ensure people weights could be taken and recorded accurately.

We asked people who used the service about the meals at Regency Court and these were the comments they made. "The food is good. There is always a choice." "The food is very good here." "The food is alright. I am satisfied. It is sausages and corned beef pie today." "I have had a good dinner. I always enjoy my food." "Yes I enjoyed my lunch. The food here is alright." A relative told us, "Dad mentions the food as he likes the food here. They do cater for him. They make him what he likes to eat, such as if they do chicken in a white wine sauce they will make him egg and chips as he doesn't like anything in sauce. They also buy white bread for him as he won't eat brown bread."

We observed both breakfast and lunch and saw if people required assistance or prompting to eat their meals staff sat with them and encouraged people to take an adequate diet.

We spoke with the cook who had worked at the home a number of years and they were aware of individual people's dietary needs and preferences. They confirmed that people could have either a cooked or

continental breakfast and there was always a choice of two courses at main meal times. We saw the menus rotated on a four weekly basis and were changed seasonally.

The registered manager told us they were in the process of recruiting a weekend cook but were finding it difficult to fill the post. They confirmed that until a cook was appointed a senior staff member with a food hygiene certificate cooked at the weekend, supernumerary to the care staff on duty.

When we inspected the service in June 2016 we found staff training was not up to date and the service was in breach of regulation 18 [Staffing]. On this visit we found they had made improvements and were compliant with the regulation.

The registered manager told us the service still used their own induction programme for new staff members. However, they confirmed that in the future all new staff with no previous experience in the caring profession would be required to complete the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life.

We spoke with the external training provider who was visiting the home at the time of inspection and they told us the training matrix was not up to date. This was discussed with the registered manager who confirmed some training had not been recorded on the matrix. Following the inspection visit the registered manager emailed us an updated training matrix. This showed staff were mostly up to date with the training the service required as mandatory and additional training had been completed in relation to, for example, dementia and diabetes.

The staff we spoke with told the training provided was good and said the registered manager encouraged them to take up training opportunities. Staff also told us the majority of training provided was face to face training which they preferred.

The registered manager told us staff received formal one to one supervision on a regular basis and also had an annual appraisal.

Supervision meetings should provide a regular formal opportunity for staff to reflect on their practice, share information about any observed changes in people's needs and to discuss personal training and development opportunities.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The service was acting within the Mental Capacity Act. People's capacity to consent to their care and support arrangements was assessed.

Where people lacked capacity and it had been assessed that the accumulation of restrictions amounted to a deprivation of liberty, appropriate DoLS applications had been made. There was one authorised DoLS in place, which had expired, with other applications awaiting assessment by the local authority. The

authorised DoLS had one condition attached to it which had been enacted.

People were asked consent before care and support was provided. Where people lacked capacity best interest decisions had been made involving families and healthcare professionals.

We asked the registered manager if any relatives or representatives had Lasting Power of Attorney (LPA) orders in place. A LPA is a legal document that allows someone to make decisions for you, or act on your behalf, if you're no longer able to or if you no longer want to make your own decisions. LPA's can be put in place for property and financial affairs or health and welfare. They told us there was one that was in progress, but had not been authorised yet. They understood they needed to have sight of the authorised documentation which showed us they understood their responsibilities to act within the legislation.

We asked people who used the service about their healthcare. One person told us, "If I am not well they [staff] get the doctor." A relative said staff were vigilant regarding people's healthcare needs and, for example, urinary tract infections were spotted quickly.

In the four care records we looked at we saw people had been seen by a range of health care professionals, including GPs, district nurses, audiologists, opticians and podiatrists. We spoke with a visiting district nurse who told us staff were pro-active in contacting them if they had any concerns or for advice. They also said they were confident people's healthcare needs were being met.

Is the service caring?

Our findings

Everyone we spoke with told us they thought that the staff were caring and treated them with respect. These were the comments from people who used the service. "On the whole, they [staff] are all pretty good." "The staff here are very good. I wouldn't go anywhere else." "I could not find any better home. I am well looked after. They [staff] always knock on my door. All of the girls are very nice." "They [staff] are OK. They are all nice." Visitors told us, "My Dad has settled here immediately. He got on well with [name of manager] when she came to do his assessment. All the staff I know are lovely. There are always plenty of staff around and they always make me a drink." "The staff are very caring and excellent with [Name]. It is more like 'home' here staff know you personally and understand." "He [relative] has settled here. They [staff] always make me feel welcome. I couldn't have picked a better place. The staff are brilliant. Nothing is too much trouble for them. They go over and beyond."

The same relative went on to tell us how their relative had become unwell on a bank holiday and had to be taken to hospital. They said staff were really helpful and organised and paid for a taxi home for them because it had been such a long day.

People who used the service told us that staff always knocked on their bedroom doors before being asked to enter. We observed throughout the day that staff did knock on doors and waited to be asked to enter the room.

There were good interactions between people who lived at Regency Court and the staff. We saw people were relaxed and enjoyed chatting to staff.

We observed that staff demonstrated a kind, caring and compassionate attitude towards people who used the service. Staff crouched down when speaking to people so that they were at eye level and provided reassurance to people when they became upset or distressed. We found staff had a good knowledge of each person's needs and previous lifestyle and their knowledge corresponded with the life history information in their care records.

Care plans contained information about what people who used the service could do independently. For example, to wash and dress themselves. This meant staff knew how to support people's independence.

We saw the service had policies and procedures in relation to protecting people's confidential information. We saw staff had received information about handling confidential information and on keeping people's personal information safe. All care records were stored securely to maintain people's confidentiality.

People we spoke with all confirmed that their friends and relatives could visit at any time and there were no restrictions. One person who used the service said, "There are no restrictions for visiting. People can visit anytime." Relatives we spoke with also confirmed that they were able to visit at any time. One visitor told us, "I am always made to feel welcome and asked if I want a drink. All of the staff speak to you."

We spoke with a visiting care assessor who was there to assess one member of staff's practice and they commented, "This is a good home. The staff here are very caring as I do visit regularly. They [staff] do care about the residents."

We looked at whether the service complied with the Equality Act 2010 and in particular how the service ensured people were not treated unfairly because of any characteristics that are protected under the legislation. Our observations of care, review of records and discussion with the registered manager, staff, people and visitors demonstrated that discrimination was not a feature of the service.

Is the service responsive?

Our findings

Anyone thinking of moving into Regency Court could visit to see if they thought it would suit them. If they then decided they wished to move in, the registered manager made sure an assessment of their needs was undertaken, prior to admission, to make sure the service could offer the care and support they required.

We asked people how they had chosen Regency Court. One relative told us, "I went to look at a few services and I wanted somewhere a bit lively. [Name] came for a meal and we liked what we saw. [Name] has settled well."

We inadvertently set off the emergency call bell on two occasions. Both times staff responded promptly. This demonstrated staff were able to respond to people's needs in an appropriate timeframe.

People who used the service told us they were able to follow their own routines. One person said, "I can get up and go to bed as I want to. I usually go to bed around 10:00pm." Another person said, "I go to bed at 8:00pm as I like to get up at 6:00am, as I have always got up early." A third person commented, "They [staff] help me get washed and dressed and undressed at night."

We looked at four care plans and found they provided staff with information about them, their likes and dislikes and how they liked to be supported. One visitor told us they had been fully involved in the development of their relative's care plan and that staff kept them informed about any changes.

The registered manager told us they were in the process of introducing a new care planning format which would reflect a more person centred approach to care. They confirmed the new format would be used both at Regency Court and a second home operated by the same provider.

The four care plans we looked at provided sufficient information to enable staff to meet people's needs. Staff told us they used the care plans as working documents and we saw they were reviewed on a monthly basis.

There was a complaints procedure in place. We saw since the last inspection the service had only received one complaint which had been investigated and dealt with appropriately.

We asked the registered manager how they dealt with low level concerns and complaints. They told us they had a proactive approach to managing complaints and was always available to talk to people and deal with any concerns as soon as they arose. This meant action was taken quickly to resolve any issues raised.

People who used the service knew who to speak to if they had a complaint or any concerns. One person told us, "I would speak with [name of registered manager] if I had a complaint." Another person said, "I would speak to staff if I had any concerns." A third person said, "I would speak to any of the staff, but I am quite satisfied with everything. I would not want to move."

Relatives we spoke with told us that they knew who to speak with if they had any concerns about the care

their relatives received. One person said, "I would speak with [name of manager] or [name of staff] or to any of them if I did have any concerns." Another person told us, "I would speak to any of the staff if I had a complaint."

The registered manager told us they did not employ an activities organiser and care workers provided ad-hoc activities. They also explained outside entertainers visited once every week. For example, Music for Health, Pulse Health and Well-being, Dance for Life and input from Age Concern and the Alzheimer's Society. They said everyone joined in with the activities involving music.

We did not see any activities taking place in the morning during our visit. We saw most people were either sat in the lounge or in the dining room in the morning. We observed one person in the dining room doing crossword puzzles which they told us they enjoyed. When asked about activities in the home, one person said, "There are some activities like doing exercise, but it can be boring as there is not much going on."

We saw later after lunch a member of staff put some music on and was dancing with one person which they appeared to enjoy as they were laughing with the member of staff. We also heard staff asking people if they wanted to do a quiz.

The service had two goats in the back garden and we saw one person going outside frequently to see them. We also saw care workers sitting and talking to people on a one to one basis.

Is the service well-led?

Our findings

We found there were a number of audits taking place to monitor the quality of the service. However, we found these were not effective as they had not identified the issues we found during the inspection.

At the last inspection in June 2016 we identified a breach of Regulation 12 in relation to the management of medicines, specifically about recording the application of creams and lotions. We saw mini medicines audits were undertaken weekly and full audits were completed every month. These had not identified issues around the poor recording of the application of creams and lotions or issues with the booking in of medicines. This meant the service remained in breach of this Regulation.

A bedroom audit had taken place on 28 August 2017 and no issues had been identified. However, when we looked at the bedrooms we identified a number of issues such as chairs which were worn and needed replacing, ripped and dirty wall covering and dirty and ripped carpet. One bedroom had no mirror and we were told subsequently there was a specific reason for this.

The audit of the laundry had not identified the ripped flooring needed to be replaced, so it could be cleaned effectively.

The environmental audits had not identified the ripped and stained floorcovering in the bathroom needed to be replaced.

No audits of equipment service records or of electrical and gas systems took place. It was not easy to locate these records quickly and the service records for the stair lift could not be found on the day of the inspection. We asked the registered manager to send us a copy of the stair lift service certificate, however, this was not provided until November 2017.

Audits of staff recruitment files were taking place, however, these were not effective. For example, one staff member had started working at the service in September 2016. An audit of their file in June 2017 had identified there was only one reference on file. If effective audits had been in place this should have been picked up much sooner and the additional reference obtained.

We found some of the documentation to be poor or inconsistent. These were some examples; When we looked at the supervision records completed by senior staff members we found they lacked detail and were poorly completed. This was discussed with the registered manager who confirmed they were currently looking at providing the senior staff team with training on 'Effective supervision' to ensure the meetings were more structured and beneficial to staff.

We could not find documentary evidence of one person being offered extra drinks and snacks in line with their care plan.

If audits of these documents had been completed, the poor documentation could have been addressed.

The 'sit on' weighing scales had needed repair and had then been taken to another service. This meant staff were using the 'stand on' scales which one person had difficulty using. Their weight records indicated they had lost a significant amount of weight between July and September 2017. If weight audits had been taking place this should have been picked up and investigated to see if there had actually been weight loss or if it was a problem with the weighing scales.

Overall, the inspection team described the environment as 'shabby' and staff we spoke with identified the home was in need of redecoration. We asked the registered manager if there was a redecoration and refurbishment plan in place. They told us there was not which meant we could not be assured the provider was looking at improving the environment for people in a planned way.

We saw the provider was making visits to the service; however, there were no written reports available about their findings or any actions which needed to be taken. This meant we could not be assured they were identifying issues and taking appropriate action.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There was a registered manager in post who was working half their time at Regency Court and the other half at another care home. We found them open and transparent in their responses and this was reflected throughout the service. The registered manager told us the provider had employed the services of external consultants to advise and assist them and these consultants were present on the day of inspection.

People using the service told us they thought the home was well run. One person said, "I would recommend people to come and live here." Another person told us, "I would definitely recommend the home to people. If they did not like it then they are funny people – what's not to like. I am happy here. They are all my sort of people. I am quite satisfied. I would not want to move." Relatives we spoke with told us they were satisfied with the overall care at the home. One person said, "Overall, I do think the home is well run. I would and I have recommended the home to people." Another person told us, "I looked around several homes before choosing this one. I couldn't have picked a better place. I have no qualms of [name] being here. I am easier in my mind that he is here. Overall, I would recommend it – in fact I have recommended the home to others."

Staff told us, "[Name] is the best manager I have ever worked for and things have improved over the last 12 months," "I would definitely recommend it as a place of work for the right person. I would also recommend it as a place to receive care."

The registered manager told us staff meetings were held every two to three months. We looked at the minutes from the staff meeting which had been held in March 2017. We saw discussions had taken place regarding, for example, personal care, documentation and the need to sign the charts each time a cream was applied. At the staff meeting in June 2017 improvements in the completion of 'cream signing charts' had been noted. However, we found documentation of the application of creams and lotions remained poor.

The registered manager told us as part of the quality assurance monitoring process the service sent out annual survey questionnaires to people who used the service and their family and friends to seek their views and opinions of the care and support they received.

The registered manager confirmed the information provided was collated and an action plan formulated to address any concerns or suggestions made. The registered manager told us the last survey questionnaires

had been sent out in August 2017 and at the time of inspection they had not received all the questionnaires back.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Improvements were needed to ensure the proper and safe management of medicines. Regulation 12 (1) (d) and (2) (f) (g).
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems and processes were not established or operated effectively to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. Regulation 17 (1) (2) (a) (b)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Recruitment procedures were not being operated effectively and required documentation was not available. Regulation 19 (3) (a) and (b)