

ADA Care Limited

Regency Court

Inspection report

Thwaites House Farm
Thwaites Village
Keighley
West Yorkshire
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Tel: 01535606630

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Regency Court is a residential care home providing personal care for up to 22 people in one adapted building. At the time of the inspection there were 17 older people and people living with dementia using the service.

People's experience of using this service and what we found

Staff understood how to keep people in their care safe from harm. Where risks to individuals had been identified measures had been put in place to reduce or eliminate those risks. Safe systems were in place to ensure people got their medicines at the right times. The home was clean and checks were in place to ensure the environment was safe. Staff had been recruited safely and there were enough staff to provide people with timely care and support.

Staff were trained and were supported by the manager. Improvements to the environment were ongoing. People liked their rooms and they had easy access to a safe outside patio area. Staff made sure people's nutrition, hydration and healthcare needs were met. People said the meals were good.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff were kind and caring and feedback from people using the service and relatives was very positive. Staff were warm and welcoming, and visitors were able to visit at any time.

People's care needs were assessed before a place at the home was offered, to make sure staff would be able to meet their needs. Care plans were developed to make sure staff knew what they needed to do to meet those needs. This meant people received person centred care. Activities were on offer to keep people occupied and stimulated. Trips out were also organised on a group and individual basis. The manager had an 'open door' policy and people were encouraged to bring any concerns to their attention. Any concerns which had been raised had been dealt with and resolved.

A new manager had been recruited since the last inspection. They were held in high regard by people using the service, relatives and staff. This was because the changes they had implemented had made Regency Court a better place to live, visit and work. The audits and quality checks which were in place were effective in identifying areas for improvement. The manager acted upon advice from other agencies to continually improve the service. People told us they would now recommend the home as a place to live or work.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (report published 16 August 2018) and there was one breach of regulation identified. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

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 safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Regency Court

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection team consisted of two 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.

Service and service type

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

The service had a manager who was in the process of registering with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with six people who used the service and two relatives about their experience of the care provided. We spoke with seven members of staff including the manager, deputy manager, senior care workers, care workers and the chef. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. We found the security of the premises was poor and improvements needed to be made to the environment. This was a breach of regulation 15 (premises and equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made. This key question has now improved to good.

This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- The home was secure and improvements to the environment had been made.
- Risks associated with people's health and care were assessed and guidance was in place for staff to keep people safe. Risks assessed included, skin integrity, eating and drinking, falls and moving and handling.
- Each person had a Personal Emergency Evacuation Plan (PEEP). A PEEP is for individuals who may not be able to reach a place of safety unaided in the event of any emergency.
- The required risk assessments and maintenance checks related to the buildings and environment were completed and documented.

Systems and processes to safeguard people from the risk of abuse

- Visitors told us their relatives were safe at Regency Court.
- The manager and staff understood their responsibilities to safeguard people from abuse.
- Concerns and allegations were acted on to make sure people were protected from harm.
- The manager held money on behalf of some people for safekeeping. Checks were in place to make sure people were protected from any financial abuse.

Staffing and recruitment

- Staff were recruited safely, and appropriate checks were carried out to protect people from the employment of unsuitable staff.
- The service was adequately staffed which meant staff provided a person-centred approach to care delivery.
- The manager kept staffing levels under review to ensure there were enough staff on duty to meet people's needs and keep them safe.

Using medicines safely

- People were supported to take their medicines by staff who had been trained to do this safely.
- Medicines systems were well organised, and people were receiving their medicines when they should. The provider was following safe protocols for the receipt, storage, administration and disposal of medicines.

Preventing and controlling infection

- The home was clean and odour free.
- Staff had recently completed infection control training and gloves and aprons were readily available.

Learning lessons when things go wrong

- Incidents and accidents were reviewed to identify any learning which helped to prevent a reoccurrence.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed to ensure the service could provide appropriate care and support.
- People visited the service and could stay for a meal to help them decide if they wanted to live at Regency Court.
- People's care and support needs were discussed with them and a care plan put in place before they moved in.

Staff support: induction, training, skills and experience

- People were supported by staff who had ongoing training. Staff told us the training on offer was good and relevant to their role.
- Staff were given opportunities to review their individual work and development needs.
- Staff induction procedures ensured they were trained in the areas the provider identified as relevant to their roles.

Adapting service, design, decoration to meet people's needs

- The accommodation at Regency Court had been adapted to provide the current accommodation. People had the option of spending time in their rooms, lounge, dining room or conservatory. People's comments included, "My room is OK, it is clean and I'm alright in there." "My room is nice."
- People were consulted and involved in changes made to the environment, for example, in the decoration of the home.
- People had easy access to the garden and one person had planted potatoes and various plants to brighten up the patio area.
- There were pictures on people's bedroom doors which were relevant to their interests, to help them identify their room.

Supporting people to eat and drink enough to maintain a balanced diet

- People were provided with a choice of food and drinks which met their needs and preferences.
- People liked the food and said there was always a choice available. Comments included, "I am asked what I want to eat and I tell them [staff]. I like the food and I can have a cup of tea when I want." "I like the food, I get it brought up to my room."
- The chef had a good understanding of people's dietary needs and menus showed a choice and variety of

meals. People were offered a choice of drinks and snacks throughout the day.

- High calorie smoothies were also on offer to boost people's calorie intake.
- People's weight was monitored for any changes and healthcare professionals were involved when necessary.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The manager had established good links with local authority staff and a range of healthcare professionals.
- Everyone had been registered with a dentist to ensure checks were made on their oral health.
- People's healthcare needs were assessed by the service and their health was monitored by staff on a daily basis. Any changes in their health were communicated through staff handover.
- Systems were in place to ensure any changes in people's health were reported to other professionals such as district nurses and general practitioners.

Ensuring consent to care and treatment in line with law and guidance

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. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- Appropriate DoLS referrals had been made for those who lacked capacity and the service suspected were being deprived of their liberty. One DoLS authorisation had a condition attached to it, which had been complied with.
- Where people lacked capacity, we saw evidence best interest processes had been followed to ensure restrictive practices were only done as a last resort and in people's best interests. This helped protect people's rights.
- Unless relatives had the appropriate legal authority to be involved in the decision-making process. The best interest decision making process had been used.
- Staff spoke with people before any care and support was delivered to get their consent.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People looked comfortable and relaxed in the presence of staff. One person told us, "The staff are lovely, kind and caring and will chat when they have time. The staff do come and check on me a lot to make sure I am ok."
- People told us they were happy living at Regency Court. Relatives said they visited at different times and always found staff caring and compassionate.
- Staff knew people well and engaged with them at every opportunity. Staff were caring and considerate and listened to what people had to say. One person described one of the carer's as their "best friend."

Ensuring people are well treated and supported; respecting equality and diversity

- Through talking to people, staff and reviewing people's care records, we were satisfied care and support was delivered in a non-discriminatory way and the rights of people with a protected characteristic were respected. Protected characteristics are a set of nine characteristics that are protected by law to prevent discrimination. For example, discrimination based on age, disability, race, religion or belief and sexuality.

Supporting people to express their views and be involved in making decisions about their care

- Staff supported people to make decisions about their care. People's views had been recorded in their care plans.
- People were consulted on a daily basis about the care and support they would like. For example, having a shower in the mornings or afternoons.

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with dignity and respect. Staff knew people well, their individual likes, dislikes, life history and interests. One person said, "The staff help me in and out of bed, and with my personal care they are very respectful and listen to what I am saying."
- People looked well cared for and staff offered appropriate support to make sure people were well presented. One care worker complimented one person on how their hair style and continued to have a conversation about their preferences.
- Staff supported people in a caring way to promote their independence. For example, at mealtimes and with mobility.
- People were supported to maintain relationships with friends and relatives, who were welcome to visit at

any time.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

At the last inspection this key question was rated as requires improvement as we found care plans were not always up to date. At this inspection we found improvements had been made. At this inspection this key question has now improved to good.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People were supported in a personalised way from staff who knew them well.
- Care plans were detailed, person centred and reflected the level of support people required from staff in areas such as physical health support, eating and drinking, personal care, activities and living with dementia.
- Care plans were reviewed on a regular basis and relatives' involvement in reviews was evident.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were addressed through the care planning process and information had been provided in a suitable form.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- A range of in-house activities were organised by staff during the day, either individually or in small groups. One care worker facilitated some interesting discussions using old photographs.
- People also came into the home to provide exercise sessions and music.
- There was a resident dog at the home who was well liked by the people living there.
- The manager had introduced a 'make a wish' initiative. Each person using the service had been asked what they would like to do. Suggestions included Blackpool, somewhere for fish and chips and a trip to Southport. These trips are arranged on a one to one basis, unless people wanted to go in small groups. The aim is to make it a special day out.
- A Catholic priest visited every week. If people wanted a different religious denomination to visit this would be made arranged.
- People were encouraged to keep in touch with relatives and friends either by visits, telephone or Skype calls.

Improving care quality in response to complaints or concerns

- The complaints procedure was on display in reception.
- The manager had an 'open door' policy and people were encouraged to bring any concerns to their attention. One person told us, "I tell [name of manager] if I have any concerns and they sort it out for me straight away."
- Complaints which had been received had been recorded and responded to appropriately.

End of life care and support

- People's end of life care needs were planned for. We saw end of life care plans had been completed. These detailed any specific requests or wishes. The service had achieved accreditation with the Gold Standards Framework (GSF) for End of Life Care. This meant the service had arrangements in place to ensure people received compassionate and good quality end of life care.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. We found the systems and processes for monitoring the quality of the service needed further development and needed to be fully imbedded. At this inspection we found improvements had been made and this key question has improved to good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There was a manager in post who was in the process of registering with CQC.
- People who used the service, relatives and staff all spoke highly of the manager and commented on the many positive changes they had made. Comments included, "[Name of manager] seems to have turned things around and I am a lot happier with everything now. The place has been decorated and is being done bit by bit, it has made a complete change it is so much better, there are also much better staff." "[Name of manager] is brilliant and has worked so hard."
- Audits and quality checks were in place which were effective in identifying areas for improvement. Action plans were then put in place to make sure improvements were made. For example, there was a detailed refurbishment and maintenance plan for the home. This identified the date work needed to be actioned by and the date work had been completed.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was an open and friendly culture in the home and staff told us the manager was approachable and supportive. Staff told us the service felt like a large family.
- Staff were keen to speak with inspectors to tell them about all of the improvements.
- The service was caring and focused on ensuring people received person-centred care. It was evident staff knew people well and put these values into practice.
- Staff said they would recommend Regency Court as a place to live and work, adding the resident's always come first.
- The atmosphere created by staff was homely, warm and welcoming.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The service had a manager who was supported by a deputy manager and team of care workers.
- The management and staff team were committed to providing the best possible service to the people they cared for and their relatives.

- The management team understood their legal responsibilities including the duty of candour, which sets out how providers should explain and apologise when things have gone wrong.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People who used the service were involved in day to day decision about what they wanted to eat and what social activities they wanted to take part in.
- Meetings were held to discuss what people wanted from the service and these were responded to.
- Staff meetings were held and staff were also consulted during handovers between shifts.
- The manager made themselves available to people using the service, relatives and staff.

Continuous learning and improving care

- The manager understood their legal requirements. They were open to change and were committed to providing the best service possible.
- The manager demonstrated an open and positive approach to learning and development. They also used reflective practice to identify if they could have dealt with issues in a different way.
- The manager was also working with a care consultant looking at ways to further improve the service.

Working in partnership with others

- The manager had links with the local authority safeguarding, commissioning, infection control and mental capacity act teams. Advise the manager had been offered had been implemented.
- The manager attended meetings held by Bradford Council, this enabled them to keep up with best practice issues.