

Sandylane Limited

Regent Hotel

Inspection report

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Bridlington
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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Regent Hotel is a care home providing personal care and accommodation to 22 older people who may be living with dementia at the time of our inspection. The service can support up to 29 people across three floors and has lift access and bathroom facilities located on each floor.

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

People did not always receive their medicines as prescribed and there was a lack of guidance to help staff determine when people needed their medicines.

Staff were knowledgeable about risks to people's safety and wellbeing, though records were not always reviewed and updated following accidents, incidents or changes to people's needs.

Quality assurance systems continued to be ineffective and all issues from the previous inspection had not been addressed. Audits had not identified shortfalls found during this inspection. Feedback from people and staff was sought but action was not always taken to improve the service.

The provider had improved the environment which supported effective cleaning and infection prevention and control. Staff recruitment was safe and staffing levels were monitored. Staff were trained in safeguarding and understood how to report concerns.

People were cared for by kind and attentive staff. 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.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 26 February 2021). The service remains rated requires improvement. This service has been rated requires improvement for the last two consecutive inspections. The provider did not complete an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found the provider remained in breach of regulations.

Why we inspected

We undertook this targeted inspection to check whether the Warning Notices we previously served in relation to Regulations 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been met.

We use targeted inspections to follow up on Warning Notices or to check concerns. They do not look at an

entire key question, only the part of the key question we are specifically concerned about. Targeted inspections do not change the rating from the previous inspection. This is because they do not assess all areas of a key question.

We inspected and found there was a concern with medicines and assessing of risk, so we widened the scope of the inspection to become a focused inspection which included the key questions of Safe and Well-led.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has not changed following this focused inspection and remains requires improvement.

Enforcement and recommendations.

We have identified breaches in relation to medicines, assessing and monitoring risk and governance of the service at this inspection. We have made a recommendation about action plans following receipt of people's feedback.

Please see the action we have told the provider to take at the end of this report and full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Regent Hotel

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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was completed by 2 inspectors on the first day and 1 inspector on the second day.

Service and service type

Regent Hotel is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Regent Hotel is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager. However, they no longer worked at the service. A manager was in place at the time of the inspection, but they had not applied to register.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We looked at information sent to us since the last inspection, such as notifications about accidents and safeguarding alerts. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 7 members of staff including kitchen staff, care staff, senior staff, the manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also spoke with 1 person who used the service, 2 relatives and observed staff interactions. 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 looked around the home to review the facilities available for people and the infection prevention and control procedures in place. We also looked at a range of documentation including care files, daily records and medication administration records for 4 people. We looked at 3 staff recruitment files and reviewed documentation relating to the management and running of the service such as staff rotas, training and audits.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. The rating for this key question remains requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

At our last inspection the provider had failed to ensure the proper and safe management of medicines. This was a breach of regulation 12 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12.

- People's medicines were not always administered safely and as prescribed or in line with best practice guidance.
- Staff did not record the reason or time when they administered medicines. This meant they did not know when the last dose was administered and placed people at risk of their next dose being administered too soon.
- Protocols to administer 'as and when required' (PRN) medicines were not always in place which meant staff did not have guidance required to help them determine when someone needed their medicine.
- Bottled medicines were not consistently or accurately recorded with an opening date, which meant staff could not be assured the medicines were still in date and safe to administer.

Whilst we found no evidence people had been harmed, people were placed at risk of harm by the failure to ensure the proper and safe management of medicines. This was a continued breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

At our last inspection the provider had failed to ensure risks were effectively assessed, monitored or managed. This was a breach of regulation 12 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection in this area and the provider was no longer in breach of this section of regulation 12.

- Staff were knowledgeable about people's needs and risks to their safety and wellbeing. However, records were not always closely monitored and regularly reviewed. We have reported on this in the well-led question.
- Care plans and risk assessments were not always updated following accidents and incidents which meant

it was difficult for staff to effectively monitor and manage risks.

- Systems were in place to monitor accidents and incidents. The provider and the manager analysed information on a regular basis to identify patterns and trends and recorded actions taken. However, systems had failed to identify care plans and risk assessments were not updated
- Regular fire drills were held. However, there was a lack of oversight to ensure all staff had participated and had required skills and knowledge. We have addressed this shortfall in the well-led domain of this report.

Preventing and controlling infection

At our last inspection the provider had failed to effectively manage infection control risks. This was a breach of Regulation 12 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of this section of regulation 12.

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- People were supported to have visits from their families and friends. In the event of an infection outbreak, alternative arrangements were in place to support people to maintain their important relationships.

We have also signposted the provider to resources to develop their approach.

Staffing and recruitment

At our last inspection the provider had failed to ensure appropriate staff were employed. This was a breach of Regulation 19 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19.

- Recruitment processes were safe. Appropriate checks and risk assessments were completed to ensure staff were safe to work with vulnerable people.
- The provider used a tool to help determine safe staffing levels and were reviewing this to ensure it continued to support safe staffing levels.

Systems and processes to safeguard people from the risk of abuse

- Staff were trained in safeguarding and understood how to report concerns internally and to external agencies.
- Safeguarding systems were in place and concerns were shared with relevant professionals. However, monitoring systems continued to need further work to support appropriate monitoring, analysis and learning from safeguarding concerns. We have addressed this shortfall in the well-led domain.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Though care records were not always updated to show when DoLS had been applied for.

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 our last inspection we rated this key question requires improvement. The rating for this key question remains requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection the provider had failed to ensure systems and processes were established and operated effectively to manage risks to the health, safety and welfare of people. This was a breach of regulation 17 (1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- The provider continued to fail to fully understand their responsibilities and understand the importance of effectively managing risk. They had not fully addressed all issues found at the previous inspection.
- Quality assurance systems had been implemented but were not effectively operated to identify quality shortfalls. Medicines audits were regularly completed. However, they had not identified people's medicines had not been administered safely, the lack of PRN guidance and ineffective monitoring of use by dates.
- There was a lack of robust oversight to identify and address fire safety issues. The provider's fire safety policy had not been followed, as fire door checks were not completed monthly and not all staff had participated in fire drills. Systems had failed to identify these safety issues.
- Audits of people's care plans had not identified shortfalls in care plans and records. Care plans and risk assessments were not always reviewed and updated following changes to people's needs and complete records were not always kept.
- Safeguarding monitoring systems were not robust and did not allow for effective monitoring, analysis and learning from safeguarding concerns.

Whilst we found no evidence people had been harmed, people were placed at risk of harm by the failure to ensure systems and processes were established and operated effectively to manage risks to the health, safety and welfare of people. This was a continued breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People's views were sought to help develop the service. People had completed questionnaires about their

experience of the service and gave positive responses about the food and the manager. An action plan was created which included more activities, although there were no activities provided during the inspection. A staff member said, "We used to have a lot of activities, but it has never picked up again since COVID-19."

- Staff meetings were held to update staff with any changes and to address issues. Their views had also been gathered through questionnaires. However, there was no analysis or action plan created to improve the service.

We recommend the provider reviews and analyses questionnaire responses and takes action to implement people's and staff's views.

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 provider had a policy in place to promote the duty of candour and the manager understood the need to be open and honest.
- The manager notified CQC about incidents that affected people's safety and welfare.

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

- Staff were caring. We observed positive interactions between people and staff.
- We received positive feedback from relatives about the service. Relatives told us, "I think it's brilliant. The staff are lovely, they really try to understand the residents" and "Whenever we are there, staff are attentive, pleasant and welcoming."
- Staff told us they received regular support from the manager who was approachable. A staff member said, "The manager is really supportive, and I know I can go to them with anything."

Working in partnership with others

- Referrals were made to relevant professionals and staff sought advice when required.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had failed to ensure the proper and safe management of medicines Regulation 12 (2)(g)

The enforcement action we took:

We have proposed to impose conditions on the provider's registration due to the lack of improvements to the service and delivering a poor-quality service.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to ensure systems and processes were established and operated effectively to manage risks to the health, safety and welfare of people. Regulation 17 (1)(2)(a)(b)(c)

The enforcement action we took:

We have proposed to impose conditions on the provider's registration due to the lack of improvements to the service and delivering a poor-quality service.