

Regal Care (Worcester) Limited

# South Hayes Care Home

## Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

South Hayes Care Home is registered to provide accommodation and personal care for up to 39 older people; the home does not provide nursing care. Accommodation is provided over two floors with lift access. At the time of the inspection 18 people were using the service.

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

The provider had made improvements since our last inspection and had mitigated risks to people, the environment and improved their governance systems.

The provider had systems and processes in place to protect people from the risk of abuse. Staff had received training and shared good knowledge of how to raise concerns. People and relatives told us they felt safe and would be listened to if they raised concerns.

People were supported by caring and compassionate staff who knew them well. Staff were recruited safely into the service and had received the relevant recruitment checks.

Medicines were managed and stored safely. Accidents and incidents were monitored, with lessons learned and action taken to mitigate further risks to people.

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.

The provider had a consistent management team and governance systems were in place to provide regular oversight of the service. Internal audits were completed by the provider, registered manager and deputy manager.

Effective systems were in place to gather feedback from people, relatives and staff which was used to drive improvements and positive outcomes.

### Rating at last inspection and update

The last rating for this service was Inadequate.

### Why we inspected

This inspection was carried out to follow up on actions we had told the provider to take at the last inspection.

In our previous inspection we identified ongoing breaches, and the provider was not working within their current registration conditions. At this inspection the provider had completed the actions after the last inspection and improved their environmental monitoring and governance systems.

We undertook a focused inspection to review the key questions of safe and well-led only. 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 changed from inadequate to good based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for South Hayes Care Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Enforcement

At the last inspection we identified the provider had failed to meet their conditions. This was a breach of regulation and we issued fixed penalty notice. The provider accepted a fixed penalty and paid this in full.

#### Follow Up

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.

<p><b>Is the service safe?</b></p> <p>The service was safe.</p> <p>Details are in our safe findings below.</p>	<p><b>Good</b> ●</p>
<p><b>Is the service well-led?</b></p> <p>The service was well-led.</p> <p>Details are in our well-led findings below.</p>	<p><b>Good</b> ●</p>

# South Hayes Care Home

## 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.

#### Inspection team

The inspection was carried out by 2 inspectors.

#### Service and service type

South Hayes Care Home 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. South Hayes Care Home 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 in post.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection, including notifications of significant events. We contacted the local authority to ask for feedback. We also requested feedback from Healthwatch to obtain their views of the service. Healthwatch is an independent consumer champion that

gathers and represents the views of the public about health and social care services in England. We used all this information to plan our inspection.

#### During the inspection

We spoke with 4 people using the service and 4 family members. We spoke with 8 staff members including the activities co-ordinator, the deputy manager, and the registered manager. We reviewed 4 people's records, including medication and care records. We also reviewed a range of records held by the service including, staff training and rotas, 3 recruitment records, handover documents and environmental checks.

# 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 inadequate. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12(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 12.

- At our last inspection the provider had failed to ensure the environment was safe for people living at the service. The provider was now assessing environmental risks to ensure people were safe. Risks to people had been identified, assessed, and reviewed and reflected within people's care plans.
- The provider had made improvements to the environment since our last inspection. For example, fire equipment was situated throughout the building and fire evacuation demonstrations had been completed on a regular basis.
- Equipment housed on the top floor had been secured safely and new flooring had been laid.
- Window restrictors had been replaced with the correct fittings and radiator pipes had been covered securely.
- Staff safely stored items potentially hazardous to health.
- Regular environment checks were being completed and reviewed by the registered manager.
- Further development was needed with monitoring bowel records, whilst people's care plans were detailed and gave a good description of individual support needs, a more detailed overview was required to ensure timely action could be taken if people required further assistance. This was discussed with the registered manager who made changes to the monitoring system during the inspection.

### Using medicines safely

- People were supported to receive their medicines safely. Staff received regular medication training and had their competency assessed.
- Medicines were stored safely. Each person had a medication file which had a photo of each person on front page and a description of their medication. Audits were completed monthly to ensure people received their medicines as prescribed.
- People had "as and when" required protocols and pain rotation patch charts which were detailed and in line with current guidance.

### Systems and processes to safeguard people from the risk of abuse and avoidable harm

- People were safeguarded from abuse and avoidable harm. The provider had systems and processes in place to protect people from harm.
- People told us they felt safe living at the home, 1 person told us, "I feel safe here, if I need anything I press my buzzer and staff come to help me".
- All care staff had received safeguarding training and understood the process to follow if they suspected abuse. One staff member told us, "I would speak with the manager or deputy if I had any concerns, and they would act upon it". Another staff member told us, "If saw anything wrong, I would report it, I wouldn't hesitate". Staff were aware of where to access the homes safeguarding policy.
- Relatives told us their loved ones were safe, 1 relative told us, "This is a safe place, [relative] the home is much safer when they used to live in their own home, they have always treated them very nice here".

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguarding (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.

#### Staffing and recruitment

- The provider ensured there were sufficient numbers of suitable staff and operated safe recruitment processes. We observed staff had adequate time to complete care for people and people did not have to wait if they pressed their call bell.
- The provider carried out the relevant recruitment checks before employing new staff. These checks included proof of identification, references, the right to work in the UK and Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Relatives told us they felt there were enough staff who were friendly and caring. One relative told us, "I love it there, staff make you feel at home. [person] has a really good relationship with staff, they check their needs regularly, especially if they have not called the bell, they visit their room to check they are ok".

#### Preventing and controlling infection

- 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 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.



### Visiting in care homes

- People were able to receive visitors without restrictions in line with best practice guidance, relatives told us they were able to visit their loved ones without restrictions and felt welcomed by the staff team.

### Learning lessons when things go wrong

- The provider learned lessons when things had gone wrong.
- The provider had addressed the issues highlighted in our previous inspection report. This resulted in positive changes and improved quality of care provided to people.
- The provider followed a procedure for reporting accidents and incidents, this was reviewed regularly, and actions had been taken. For example, a relative told us their family member had recently had some falls, their care plan had been updated with the family and additional support had been provided to the person.

# 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 Inadequate. At this inspection the rating has changed 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; Continuous learning and improving care

At our last inspection the provider did not have effective systems in place to support good governance of the service. This was a breach of regulation 17 (Governance) 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 17.

- At our last inspection the provider's systems and processes had failed to identify good governance and they were not operating within the conditions of their registration. At this inspection we found there were effective governance systems in place to monitor the quality of care and the safety of the environment. The provider was working within their conditions of registration.
- The provider had made improvements with internal governance audits which demonstrated managers and staff were clear about their roles and regulatory requirements. The provider was now completing audits of the service and sharing their findings with the management team in order to identify any concerns and drive improvements.
- People and staff all told us the management team were very kind, caring and approachable. One person's relative told us, "I know (registered manager) well, the managers here are really nice and kind". A relative told us, "I know the manager, they keep me updated regularly".
- It is a legal requirement for the overall rating from our last inspection is displayed within the service and on the provider's website. We saw the rating was displayed within the home. This meant people, relatives and visitors were kept informed of the rating we had given.

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

- There was a positive and open culture at the service. The provider had systems to provide person-centred care which achieved good outcomes for people. The registered manager was promoting an inclusive culture of care which was valued by people, staff and relatives.
- We observed people interacting well with staff. People told us they were happy living there and staff were "wonderful".
- People, relatives and staff told us they felt the service was managed well and had the opportunity to raise any suggestions and concerns. For example, 1 relative told us they had worked together with staff to support

their loved one's mental health support needs.

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 understood their responsibilities under the duty of candour.
- The registered manager had systems in place to monitor when things went wrong and follow up any actions or learning required by staff. This was shared in staff meetings.
- The registered manager had kept the CQC informed of incidents which had taken place in the service.

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

- People, their relatives and staff were involved in the running of the service and fully understood and took into account people's protected characteristics.
- The provider sought feedback from people and relatives, the information gathered was used to help drive improvements at the service. For example, residents' surveys had identified they would like a new menu. Both resident and relative surveys had concluded they were very satisfied or quite satisfied with the care being provided at the home.
- Staff told us there have been improvements at the home since our last inspection. One staff member told us, "Things are more organised now, we have new systems in place and managers have ensured we have stuck to it".
- Staff received regular supervisions and told us they were able to share any ideas or suggestions with managers to help drive improvement at the service.
- The activities co-ordinator liaised with local schools and nurseries and arranged regular visits for children to come to the home and complete craft sessions with the residents. Additionally, the local vicar visits to complete services for the residents.
- Relatives told us there was good communication between themselves and the management team. One relative told us, "Staff always keep me updated with any changes, and explain if any medicines may have changed or been suggested". Another relative told us, "Staff are extremely communitive, they tell me everything I need to know". "We are also involved in activities with our family members".

Working in partnership with others

- The service worked collaboratively with the local authority and healthcare professionals to promote the well-being of people living at the service.
- The provider worked with the local authority on an action plan to make improvements at the service. We saw the action plan had been completed and actions had been met.
- Care plans evidenced where external professionals had been contacted for referrals. For example, advocacy services, district nurses, community mental health team and opticians.
- The registered manager had enrolled in a management course to develop their knowledge and skills. They had also worked alongside other managers to gather ideas and resources to make improvements. For example, devising a lessons learnt log for the home which was recently implemented.