Shafa Medical Services Limited

Regent House Nursing Home

Inspection report

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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?	Requires Improvement
Is the service well-led?	Good

Summary of findings

Overall summary

Regent House Nursing Home provides accommodation and nursing care for up to 30 people with age related conditions including dementia. The inspection took place on 31August 2016 and was unannounced. There were 24 people living at the home on the day of the inspection. Accommodation was provided over three floors with stairs and a passenger lift connecting all floors. The home is situated in a residential area of Hove, with a park in close proximity.

A registered manager was not in post at the time of the inspection however the person in charge had applied to be registered and was awaiting completion of the registration process. A registered manager is a person who has registered with the Care Quality Commission 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. Staff spoke highly of the person in charge.

People's care plans were not always personalised and did not give a clear sense of the person as an individual. This meant that staff did not have clear guidance about people's wishes and preferences regarding how they wanted their care to be provided. We identified this as an area of practice that needed to improve. The person in charge told us that staff had been working with the dementia in- reach team and would be amending care plans to make them more person centred.

The provider employed an activity co-ordinator and people spoke highly of them, their comments included, "They're marvellous," and "They are amazing." Not everyone was able to join in with the organised activities and we noted that some people living with dementia had little to occupy themselves. We have made a recommendation that the provider seek information about providing meaningful occupation, based upon current best practice in relation to the specialist needs of people living with dementia.

People told us they were happy with the care provided at Regent House and that they felt safe. One person said, "There is always someone around if I need help, I just push the button and someone comes." There were enough staff on duty to keep people safe and meet their needs. Staff had a clear understanding of how to keep people safe and risks to people were assessed and managed effectively. People's medicines were managed safely and they told us that they received the medicines they needed on time.

Staff received the training and support they needed to care for people effectively. People told us they had confidence in the skills of the staff. One person said, "I fell very well looked after, I have no complaints about the staff at all." Staff understood their responsibilities with regard to the Mental Capacity Act 2005 (MCA) and conditions or authorisations to deprive people of their liberty were being met.

People told us they enjoyed the food at Regent House. One person said, "The food is wonderful," and another said, "There is a great choice, the food is very well cooked and presented." Risks of malnutrition and dehydration were identified and managed effectively and people were supported to have enough to eat and

drink. Referrals to health care services were made quickly when people's health needs changed and staff sought advice from health care professionals in how to support people to remain in good health.

People spoke highly of the caring nature of the staff. People's comments included, "They are absolutely first class here," and "They are all very good." Staff knew the people they were caring for well. One staff member said, "It really helps if you know about someone's background because you can encourage them to talk and help them to feel comfortable when they're being assisted with care." People were treated with respect and their dignity was maintained. One person told us, "The staff are very careful to be respectful, I have never felt uncomfortable with them."

The provider had an effective complaints system in place. People and their relatives knew how to make complaints and said they would feel comfortable to raise any issues with the staff. A relative told us they had raised some concerns previously and the issues had all been resolved quickly.

People, their relatives and staff spoke highly of the leadership at Regent House. One person said, "It is well-run, they know what they are doing. I have no complaints." There were effective systems in place to provide oversight of the care provided at the home. This included quality monitoring to gather the views of people their relatives. The person in charge had developed an action plan to drive improvements based upon findings from quality assurance monitoring, a range of audits and analysis of incidents and accidents. Staff and people were able to contribute to the development of the service and regular staff meetings and resident and relatives meetings were held. Staff understood the vision for the service was to provide more person centred care. Although this was not yet fully embedded within the practice at the home staff were positive about developing a more personalised culture at the home.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People received their medicines safely, when they needed them.

Staff recruitment was robust and ensured staff were suitable to work with people. There were enough staff on duty to keep people safe and meet their needs.

Staff had a clear understanding about how to keep people safe from harm and abuse. Risks to people were identified and managed.

Is the service effective?

Good

The service was effective.

Staff had the support and training they needed to care for people at the home effectively.

People were supported to have enough to eat and drink.

People were supported to access health care services when they needed to.

Is the service caring?

Good

The staff were caring.

Staff knew the people they were caring for well and had developed positive relationships with them.

People's privacy was respected and staff maintained confidentiality.

People were able to express their views about their care and their dignity was respected.

Is the service responsive?

Requires Improvement

The service was not consistently responsive

Care plans were not always personalised and lacked information about what was important to the person.

People were not always supported to follow their interests or to have meaningful activities to occupy them .

People knew how to complain and felt comfortable to do so.

Is the service well-led?

Good

The service was well-led.

Management arrangements were clear and staff understood their responsibilities.

Systems were in place to monitor the quality of the service and to drive improvements.

Staff understood the vision for the service to become more person centred.

Regent House Nursing Home

Detailed findings

Background to this inspection

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

This inspection took place on 31 August 2016 and was unannounced. The inspection team consisted of one inspector 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 service.

Before the inspection we reviewed information we held about the service including previous inspection reports, any notifications (a notification is information about important events which the service is required to send to us by law) and any complaints that we had received. The provider had submitted a Provider Information Return (PIR) prior to the inspection. A PIR asks the provider to give some key information about the service, what the service does well and any improvements they plan to make. This enabled us to ensure we were addressing relevant areas at the inspection.

We spoke with 13 people who use the service and two relatives. We spoke with six members of staff and the person in charge. We looked at a range of documents including policies and procedures, care records for six people and other documents such as safeguarding, incident and accident records, medication records and quality assurance information. We reviewed staff information including recruitment, supervision and training information as well as team meeting minutes.

The last inspection of Regent House Nursing Home was in July 2014 when there were no concerns.

Good

Is the service safe?

Our findings

People told us they felt safe living at Regent House. One person said, "There is always someone around if I need help, I just push the button and someone comes." Another person said, "They (staff) make me feel safe."

Staff had a firm understanding of how to keep people safe from avoidable harm and abuse. One staff member said, "It's our duty to keep people safe. If I suspected any sort of abuse I would report it straight away." Records confirmed that staff followed the provider's safeguarding policy in line with the local pan-Sussex multi-agency arrangements. Staff knew where to find this policy if they needed to refer to it. Staff also understood their responsibilities with regard to the provider's whistleblowing policy and told us that they felt confident to report any concerns.

People had appropriate risk assessments in place. For example, one person had mobility difficulties which required the use of a hoist for all transfers. The risk assessment contained clear information for staff including the type of hoist and the appropriate size and type of sling to be used. Another person had been identified as being at risk of falling from their bed and bed rails were in place to protect them. An appropriate risk assessment had been completed together with a mental capacity assessment. The best interest decision making process had been documented as the person was not able to give their consent to the bed rails. The risk assessment was reviewed on a regular basis to check if a less restrictive option could be implemented. We asked staff to tell us how people were supported to take positive risks so that their freedom was supported and protected. One staff member said, "If people want to try things we will do a risk assessment but we will try and support them. For example we encourage people to do as much personal care as they can for themselves to maintain their independence." Another staff member said, "One person prefers to use a hair dryer to get dry after they wash instead of a towel. We completed a risk assessment and made sure they understood the possible risks. It's their choice."

Incidents and accidents were recorded and monitored by the person in charge. They told us that they checked to ensure that actions had been taken to prevent further incidents. For example, following a choking incident, one person was referred to a Speech and Language Therapist (SALT) for a swallowing assessment. Their risk assessment and care plan were subsequently updated according to the instructions of the SALT.

Environmental risks in the home were also identified and monitored to keep people safe. A cleaning schedule ensured that rooms were cleaned regularly. People told us they were happy with standards of cleanliness around the home and that their bedrooms were cleaned daily.

People told us that there were enough staff on duty. One person said, "There are enough staff but they do get busy especially in the mornings," another person said, "If I push the button someone comes. They always come straight away." Another person said, "There are enough staff on but they do use agency staff to cover sometimes." Rotas showed that some sickness and planned absences were covered with the use of casual staff and agency cover. The majority of shifts were covered by regular care workers. Staff told us that

there were enough staff on duty to care for people safely. Some staff said that they would like to have more time to spend just being with people or being more involved in activities. One staff member said, "We have enough time to provide care but I would like to do more with people on an individual basis, it would be nice to take them out sometimes." Another staff member told us "I know the manager is trying to recruit but in the meantime we rely on agency staff and if we can't get them people sometimes have to wait longer than usual." We asked people if they had to wait for their care need to be met. One person said, "Occasionally we have to wait but it's not a problem." Another person said, "I haven't had to wait but some people do, I don't think it happens often." The person in charge told us that they were actively trying to recruit to vacant posts. One staff member said, "If we are short of staff on a shift we just pull together, the nurses help us out and we work as a team to get everything done."

There were robust recruitment procedures in place. Prior to their employment commencing staff's suitability to work in the health and social care sector had been checked with the Disclosure and Barring Service (DBS) and their employment history gained. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with groups of people.

People's medicines were stored, disposed of and administered safely. We observed people receiving their medicines and noted that the staff member was respectful and patient. They ensured that people had a drink to take their medicines and checked that they had taken them before signing the Medicine Administration Record (MAR).Any allergies were clearly noted on the front of people's files. Some people had been prescribed PRN medicines. PRN medicines are given 'when required' and should be administered when symptoms are exhibited. There was clear guidance in people's records to guide staff when PRN medicines should be offered. For example, staff were heard to ask one person, discreetly, if they required their PRN pain killers. When they replied that they did the staff member administered the appropriate medicine. MAR charts were found to have no gaps and staff knew the procedure if they should notice a gap in recording. Some medicines needed to be kept in a refrigerator. The temperature was checked on a daily basis to ensure the efficacy of the medicines was maintained. People told us that they received their medicines when they needed them. One person said, "If I need a pain killer I can ask the staff and they will bring it straight away."

Good

Is the service effective?

Our findings

People and their relatives told us that they had confidence in the skills of the staff. One person said, "The staff know what they are doing." Another person told us, "I have confidence in all of them, even the agency staff are alright." A third person said, "One staff member is very, very good." They told us that agency staff were sometimes less effective but they said "Regular staff do it properly, they are very good." Another person said, "I fell very well looked after, I have no complaints about the staff at all."

Staff told us they had access to training and were supported to gain the knowledge and skills that they needed to care for people. One staff member spoke highly of their induction period, saying, "I had a buddy who was an experienced member of staff and I was able to get to know the residents before caring for them." Another staff member had a less positive experience, saying that they had only received a week's induction, however they explained that they had raised this issue with the nurse on duty who had helped to resolve the matter. Staff who were new to care work were supported to complete the care certificate. The care certificate is a set of standards for health and social care professionals, which gives everyone the confidence that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. Care staff and nursing staff had access to training in a range of subjects relevant to the needs of the people they were caring for. A training matrix showed when they were due to refresh their knowledge.

Records showed that staff were receiving supervision. Supervision is a formal meeting where training needs, objectives and progress for the year are discussed. These meetings provided staff with the opportunity to raise any concerns or discuss practice issues. Staff told us that they found supervision useful. One staff member said, "It's a chance to speak about what I'm doing and ask for any training." Some staff were not clear about how often they should receive supervision but they all said that they could speak to their manager if they had any concerns. One staff member said, "I know I don't need to wait for supervision, they have an open door policy." The person in charge told us that some supervision sessions had been missed due to changes with the management. However they explained that they were now catching up with all supervisions. Records confirmed that this was the case.

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. We checked whether the service was working within the principles of the MCA.

Staff had a clear understanding of their responsibilities with regard to MCA and DoLS. Where people were unable to make decisions for themselves staff had considered the person's capacity under the Mental Capacity Act 2005, and had taken appropriate action to arrange meetings to make a decision within their best interests. Referrals had been made for Deprivation of Liberty Safeguards (DoLS) and we could see that

staff understood how these were implemented. One staff member explained, "If we think someone may lack capacity to make a decision we make sure they have information in a way they will understand it. We can't assume that they haven't got capacity, we have to assess it carefully." Another staff member said, "Just because someone lacks capacity doesn't mean they can't make any decisions, so we still have to ask people all the time." Staff demonstrated that they understood the importance of gaining consent from people prior to assisting them with care. One staff member said "If we ask and they say no, we can't force people. I have to leave them and try again later." Another staff member said, "Some people here can't speak for themselves, we have to make decisions for them. We consider what will be in their best interest. Depending upon how important the decision is we might have to include their family and GP in the process." Throughout the inspection we observed staff seeking to gain consent from people. For example, a staff member asked one person, "Would you like me to get your tablets now?" another was heard to say, "Would you like some help with cutting that?" Another staff member asked, "Would you like me to help you now or after lunch?"

People told us that they liked the food at Regent House and that they had enough to eat. One person said, "I like the meals, they are very good. They are varied and beautiful." Another person said, "The food is wonderful," and a third said, "There is a great choice, the food is very well cooked and presented." We observed the lunchtime meal. Most people were eating in the main dining- room, some had lunch in their rooms. People told us that this was their choice. One person said, "I usually go to the dining room at lunchtime but I could eat in my room if I wanted to, some people prefer that." Staff were on hand throughout the meal to support people and ensure they had all they needed. Some people were supported to eat their food. We noted that one person was not happy with their meal and complained to staff. After sometime the person was offered an alternative. Most people appeared to enjoy their food which was well presented and looked appetising. Drinks were available on each table and staff ensured that people were able to manage their food.

Some people were assessed as being at risk of malnutrition or dehydration. Staff used food and fluid charts to monitor what they were eating and drinking and recorded changes to people's weight. One care record showed that the total amount of fluids taken by the person had been added up each day. Where there was a concern that the person had not had enough to drink staff were reminded to encourage them. A staff member told us this information would be discussed at handover meetings to ensure all staff were aware that they needed to actively encourage fluids. We observed that this was happening with one person who was unwell on the day of the inspection, with staff regular checking the person and offering drinks.

The chef was knowledgeable about the special dietary needs and preferences of people. For example, milkshakes were prepared for those who needed to increase their calorific intake. Some people had their food pureed or required their drinks to be thickened. If people had particular preferences or requirements such as vegetarian options this was provided. People were offered two options for a main hot meal every day but if they preferred to have something different they could request it. The menu was changed twice a year but the chef described plans to revise the menu to make it more seasonal.

Staff supported people to access health care services when they needed to. For example, when someone was unwell the nurse would call the GP if they were concerned. We observed this happening on the day of the inspection. Records confirmed that appropriate support was sought for people and referrals had been made when people's needs changed. For example, when someone began to have difficulty with swallowing a referral was made for a SALT assessment. Another person with mental health problems had been supported to access their Community Psychiatric Nurse. A visiting health care professional told us that contact with them had been appropriate.

Changes in people's health needs were managed effectively. For example, records for one person showed that they had developed a pressure sore. A care plan had been put in place to manage the risk and this included grading the wound and specifying pressure relieving equipment together with regular position changes. The care plan clearly identified progress towards healing and had been end- dated when the wound was seen to have healed. This demonstrated how the care for this person had been adjusted to ensure the change in their needs was effectively managed.

Good

Is the service caring?

Our findings

People and their relatives told us that staff were caring. People's comments included, "They are all very good," and, "I'm quite happy with the way I am treated," and "They are absolutely first class here. The carers are wonderful, and the nurses, and the cleaners." Staff had developed positive relationships with people and knew them well. One person said, "I'd say the staff have become friends. I couldn't hope for a better place." Staff spoke positively about the people they cared for and also about the care provided at Regent House. One staff member said, "I would be happy for a relative of mine to live here, the staff all care, we work really hard and really care about the people here."

Staff were able to tell us about the people they cared for and demonstrated their knowledge of individuals. For example, one staff member described a person's background, their family and previous occupation. They went on to tell us about their interests and a number of their likes and dislikes. The staff member said, "It really helps if you know about someone's background because you can encourage them to talk and help them to feel comfortable when they're being assisted with care." Another staff member said, You get to know people and how they like things to be done. Small things matter, for example how someone likes things arranged on their bedside table or the order that they like things done in the mornings."

People told us that they were able to express their views about their care. One person said, "They are always checking how I would like things done." A number of people said they didn't know that they had a care plan- one person said, "Now I keep hearing about it, but I don't know what it is." Staff told us that some people didn't always remember that they had a care plan. They told us people were involved in making decisions about their care and where appropriate, the views of family members were sought. Records confirmed that people had been consulted, for example, notes from a review meeting included the stated views expressed by the person about their care.

One person told us that they felt they had choice and control in how their day was planned. They said, "Staff know the routine I like and they stick to it unless I decide I want to do something different. I am content here and I do feel that I am in control of my life." We noted that the care plan for this person reflected their routine accurately and we saw that they were supported according to the care plan throughout the day.

People told us that they felt their dignity was respected. One person said, "The staff are very careful to be respectful, I have never felt uncomfortable with them." Another person told us, "The staff make sure I maintain my self- respect, I wouldn't want to be unkempt or grubby." Staff explained how they maintained people's privacy when providing support with personal care. People were being supported to remain as independent as possible. One staff member said "I think about what the person can do for themselves, make sure they have everything they need and that the door is closed so they have privacy." Another staff member said, "I always talk to people and say what I am going to do next, I encourage them to do whatever they can themselves." Staff understood the importance of maintaining confidentiality and told us that they only pass on information if it is needed. People's personal information was kept securely. We noted that staff were discreet when talking to each other about people and when talking to people in communal areas.

A relative spoke about the caring nature of staff towards their loved one who had passed away saying, "They did everything they could, I can't fault them." Another relative told us that there were no restrictions on visitors and that they came when they wanted to. One person said staff were always welcoming when their family visited.

Requires Improvement

Is the service responsive?

Our findings

The service was not consistently responsive. People's needs were assessed prior to coming to live at Regent House. Care plans reflected people's assessed needs, the information was functional and assisted staff to know what tasks were needed. However, the care plans were not always personalised and did not give a clear sense of the person as an individual. This meant that staff did not have clear guidance about people's wishes and preferences regarding how they wanted their care to be provided.

Many care plans had information about people's background and history but some lacked this detail. We saw some good examples of personalised care planning, such as dates that were significant to a person, including their wedding anniversary and family member's birthdays. Another care plan included details of someone's favourite musicians. However, this person- centred approach was not embedded and details about people's likes and dislikes, their interests and aspirations were often not included in the care plan. This meant that staff did not always have the information they needed to provide responsive care. Whilst we did not assess that any harm had occurred as a result of this shortfall it is an area of practice we identified as needing improvement.

The registered manager said, "The care plans are not very well personalised but we are going to change them." They told us that they had been working with the dementia in- reach team to look at how they could make care planning more personalised and holistic. A staff member told us "Although care plans are not particularly personalised staff are already working in a more person centred way." They gave an example to illustrate this saying, "One person decided they wanted to have a regular 'day off' so we have accommodated that. Now, once a week, they spend all day in bed." Another staff member said, "We are spending more time with people so their care can be personalised according to how they want things done." People told us they were happy with the way care was provided, one person said, "They can't do enough for you," and another said, "Very often they go out of their way."

People told us they were happy with the activities provided at Regent House. People spoke very highly of the activity co-ordinator. Their comments included, "They're marvellous," and " They are amazing." We observed an activity happening in the afternoon with a number of residents playing a game in the lounge area. People were encouraged to join in and assisted when needed. The atmosphere was cheerful with people clearly engaged and enjoying the game. Some people were not taking part and preferred to be in their bedrooms. One person said, "I can come down if I want to but I prefer to watch my TV." Some people said they would like to go out in the garden but the garden was not well equipped with umbrellas and seating. The person in charge told us of plans to improve the garden and invest in new furniture. One person said, "I would like to go out more but there are not enough staff to do take us." The activity co-ordinator had a small budget and could accompany some people to go out occasionally using a taxi or going for a walk. However staff told us this happened rarely due to lack of staff availability. This is an area of practice that needs to improve.

One visiting relative said, "The activities are good but not suitable for everyone." People's care plans did not contain information about their interests or hobbies and it was not clear how they were supported to follow

their interests. Some people told us they were bored and didn't have enough to do. One person said, "I would like to do a bit of dusting or housework sometimes but I've been told it's not safe. I don't want to just sit on my bum and eat and sleep." We observed that there was little to occupy people who were living with dementia or who were not able to join in with organised activities. This is an area of practice that needs to improve. We recommend that the provider finds out more about providing meaningful occupation, based upon current best practice in relation to the specialist needs of people living with dementia.

The provider had a complaints procedure that was included in the documents given to people of admission to the home. People told us they would feel comfortable to raise any concerns with staff. One person said, "I've never had to complain but I would speak to the staff if I needed to. It wouldn't worry me." A relative said they had raised some concerns previously and the issues had all been resolved quickly. They said, "Any concerns and I speak to the manager, any questions I ask, and I'm told." Staff told us that they received few complaints but when people did have concerns they were addressed quickly. Staff kept a log of complaints received. We noted that one complaint had been received earlier in the year and an appropriate written response had been sent to the complainant.

Good

Is the service well-led?

Our findings

People and their relatives told us that they felt the home was well-led. Their comments included, "It is a very good home and it's certainly well managed, I am very lucky to be here." Another person said, "I've never met the manager but I am 100% satisfied." A third person told us, "It is well- run, they know what they are doing. I have no complaints." A relative said, "I keep a close eye on things and I think it is pretty good."

Staff spoke well of the person in charge saying, "They are very approachable, I can talk to them about anything, any worries or any ideas about how to do things differently." Another staff member said, "It's very well- led, I think they are the best manager I have had," and "The manager is lovely, I can speak to them about anything . They treat people really fairly too. I am very happy working here." Some people told us that they weren't sure who the manager was, one person said, "We don't know who precisely the manager is." Other people were aware of the person in charge and spoke highly of them saying, "They are lovely, very easy to talk to," and " They are always around, checking we are all ok."

The person in charge told us that they were trying to develop a more person-centred culture at Regent House. They said, "We are working with the staff to look at offering more choice to people, making sure we don't make assumptions, particularly if people have dementia." They explained that this was work in progress following support from the Dementia In-Reach team and that staff were receiving training to support the changes. For example, staff had received training to make them more aware of the type of language that was appropriate to ensure people's dignity was maintained. The person in charge said, "We need to change some of the language used when recording to make it more appropriate and support a person centred approach." Staff told us that they were aware of the person centred approach and felt this was a positive development. One staff member said, "I understand the changes and why it's important," another said, "We need to become less task-led. It's good to question practice. We welcome the input from other teams to help us improve."

Staff told us that they felt able to contribute to the development of the service. One staff member said, "We are encouraged to share our views, we can add things to staff meeting agendas or talk to the manager." Another staff member said, " The culture has changed, it is more open here now and staff meetings have improved too." Staff had made good links with the local community including a range of health care professionals. The person in charge told us that they regularly attended the care home forum arranged by the service commissioners. This enabled them to keep up to date with changes and developments in the care industry.

The provider undertook a quality assurance questionnaire with people who lived at Regent House and their relatives. This had last been completed in September 2015 and the results were mainly positive. The person in charge said that another questionnaire was due soon. They explained that the questions were being revised to enable more meaningful information to be collected. The person in charge said this information would be used to develop the service. A service development plan included some actions identified in the previous survey for example, introducing comments cards for visitors to the home.

There were systems in place to monitor records and audit quality standards within the home. The person in charge had oversight of this information and used it to review and improve quality. For example, a regular cleaning audit had identified issues with decoration in some areas of the home. This resulted in a programme of redecoration included in the action plan.