

Luxurycare Regency Manor Limited

# Regency Manor Care 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?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Regency Manor Care Home is a residential care home providing care and support for up to 69 people in Poole, Dorset. The service provides support to older people, some of whom are living with dementia. At the time of our inspection there were 60 people using the service.

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

People told us they were happy living at Regency Manor Care Home. People had risk assessments and care plans in place, these were not always detailed, and person centred. People received their medicines as prescribed. However, some documentation was not always completed in line with the providers policy. The nominated individual took immediate action to correct the shortfalls during the inspection and we were assured by their prompt response.

The home undertook various audits and monitoring, these had not always identified the findings within the inspection. The nominated individual started a full review of management oversight within the home during the inspection. We have made a recommendation about strengthening governance systems within the home to support the good work which had been started.

Staff knew how to keep people safe; they were confident if they raised concerns they would be acted upon. There were enough staff on duty to meet the needs of people. Recruitment procedures were safe, staff received a comprehensive induction and ongoing training and support. People told us staff were kind and caring, relatives had peace of mind their loved ones were safe. Communication within the home was good, this extended to both family member and external professionals.

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. Infection prevention and control was managed within the home. People were supported and encouraged to live their lives the way they wanted; the culture of the home was to appreciate people's differences.

People had access to healthcare as needed and were supported to maintain a healthy diet. People were supported to continue hobbies and interests. People's individuality was respected. They had access to a wide range of activities which contributed to them feeling included, reducing risk of social isolation. The home and staff culture were built on inclusivity, this included religious and spiritual beliefs, everyone was accepted at Regency Manor Care Home.

Complaints to the service had been dealt with in line with the providers policy. The home sought feedback from people on the service it provided. The home worked well with external health and social care professionals. People, their relatives and staff were complimentary about the approach and conduct of the registered manager.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for the service under the previous provider was good, published on 3 January 2020.

#### Why we inspected

This inspection was prompted by a review of the information we held about this service. The provider had re-registered the service under a new legal entity. When this happens, we need to inspect to award a rating under this new legal entity.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

#### 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.

### Is the service safe?

This service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

This service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

This service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

This service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

This service was well led.

Details are in our well led findings below.

Good ●

# Regency Manor 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.

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 carried out by 2 inspectors, a pharmacist, 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 Manor 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. Regency Manor 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. However, they were on leave during the inspection. The nominated individual and operations director supported the inspection. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

## Notice of inspection

This inspection was unannounced.

## What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority service improvement and safeguarding teams who work with the service. 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 12 people who used the service and 7 relatives about their experience of the care provided. We spoke with 16 members of staff including the nominated individual, operations director, and care workers.

We received feedback from 3 health and social care professionals who work with the home. 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 8 people's care records and 15 people's medicine records. We looked at 2 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 our last inspection we rated this key question good. At this inspection the rating has remained the same. This meant people were safe and protected from avoidable harm.

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

- People had risk assessments in place for their care and support needs. However, they were not always detailed enough to ensure they were robust. We were given assurances by the nominated individual a full review would take place and this action started during the inspection.
- Risk assessments were reviewed monthly or in response to a change in a person's condition, for example, following a fall or injury. Staff knew people well and their support needs in relation to risks were discussed in handovers.
- Risk assessments were held on an electronic care planning system. This meant updates could be made instantly, and the system sent alerts to staff to ensure they had the information needed.
- Environmental safety and equipment checks were robust. This meant people were safe from the environment and equipment they needed to support their care. Any outcome actions from assessments and checks were addressed promptly, for example, with fire safety.
- People had personal emergency evacuation plans in place. These gave staff and the emergency services information about the support people would need to evacuate in the event of an emergency within the home.
- There was an open culture within the home to learn from accidents and incidents. Accidents were recorded and analysed, the outcomes were used to reduce the likelihood of the accident or incident happening again. Opportunities for learning from events were shared across the providers locations.

Using medicines safely

- When medicines were prescribed to be given 'when required' there were person centred protocols to guide staff when these might be needed. There were some occasions when staff were not recording full details of times of administration of these medicines. The senior deputy manager took immediate action to address this shortfall. We were fully assured by the action taken.
- Medicines administration records were clear and showed that people received their medicines in the way prescribed for them.
- There were suitable arrangements for storage, recording and disposal of medicines, including those needing cold storage or extra security.
- Staff who gave medicines received training, and had regular competency checks to make sure they were giving medicines safely.
- If there were any medicines incidents or errors, these were reported and investigated appropriately. Regular medicines audits were completed to help identify any areas for improvement.

Systems and processes to safeguard people from the risk of abuse

- People, their relatives and staff told us Regency Manor Care Home was a safe place to be. Some comments we received were: "I am pleased we found Regency Manor I like the security, they check in on them", "My loved one [name] is safe and it's a happy place there", "I have never had a concern in relation to their safety", "I have no concerns or reason to suspect people are unsafe living there", "I have lot of contentment knowing my relative [name] is safe."
- Staff told us they knew how to recognise the signs that someone may be at risk of harm or abuse. They knew who to report their concerns to both inside the home and externally.
- There were clear communication channels for raising concerns within the home, the organisation and outside of the home.
- Staff had received training in safeguarding and were confident any concerns they raised would be taken seriously and acted upon. Safeguarding concerns were reviewed, and records showed all necessary actions had been taken. A health and social care professional told us, "I have never had cause to be concerned regarding the care provided to the person."

#### Staffing and recruitment

- There were enough staff on duty. People and their relatives told us staff were available when they needed them.
- The home had a robust recruitment procedure in place and checks the service made demonstrated staff had the necessary skills and knowledge to carry out their role.
- Staff were welcomed to the home by a comprehensive induction which was blended learning of classroom and practical training. This meant staff were confident in their role before working alone.
- Staff files contained appropriate checks, such as references, health screening and a Disclosure and Barring Service (DBS) check. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

#### 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.
- Visits to the home were supported in line with good practice and government guidance.

# 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 our last inspection we rated this key question good. At this inspection the rating has 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 before they moved into the home. This information formed the basis of their care plan. Where appropriate relatives had been involved.
- People's outcomes were identified during the care planning process; guidance for staff on how to meet these were in their plans. Staff training and knowledge about dementia and moving and handling demonstrated the plans had been created with evidence-based practices in mind.
- Care plans and assessments included any specialist equipment needed, such as pressure relieving mattresses and moving and handling equipment.

Staff support: induction, training, skills, and experience

- Staff had the necessary skills and training to support people with their care, emotional and support needs.
- Staff induction was comprehensive and included a programme of both online learning and face to face practical sessions. During induction, staff had training in subjects such as safeguarding, dementia awareness and fire safety, as well as shadow shifts in the home. Staff new to care undertook, The Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- The providers dedicated team of trainers delivered both core and specialist subjects as well as advising on individual concerns. For example, with moving and handling. The home had been fortunate to have staff members join them from overseas. They had created a training package called, 'British values training' this had welcomed people to the UK and highlighted some of the traditions, language, food, and cultural differences. The training had been useful and had supported staff confidence.
- Staff were positive about the training they received. Some of their comments were: "We get plenty of training to cover a wide variety of areas and training is always accessible and informative", "We have a great training team, always very helpful, and always improving themselves so they can give us the best training", "Yes, we do get enough training."
- Staff received regular supervisions and support. We noted these were a two-way conversation which enabled the staff member to reflect on their work and raise any concerns. A staff member said, "All of the team get regular supervisions from allocated supervisors."

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

- People had enough to eat and drink. People were given a choice of meals and there were alternatives and lighter meals available for them. People's comments about the food included: "The food is excellent, they

make fantastic cakes", "The food here is great as we have a fantastic chef", "The birthday cakes are amazing, and the residents love them."

- The nominated individual told us the registered manager has 'taster plates' of the meals on the menu each day. This made sure they tried the food, were aware of the taste, presentation and quality of the meals served within the home.
- People were given the opportunity to discuss their likes and dislikes.
- People's preferences and dietary needs were recorded in their care plans, and in the kitchen. Input from dietary specialists was included where required. Dietary needs were assessed and recorded which included cultural, allergies and where there may be a risk of choking.
- We observed the mealtime to be a relaxed social occasion with people having various discussions between themselves and with staff. Where people were supported to eat, this was carried out in a respectful way.
- People were able to contribute their views regarding the food. Feedback was sought through meetings and individually with the person.

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

- Each area of the home had its own identity, theming and people could choose quieter spaces to sit or spend time with family. These included a ladies area and a garden room where there were safe spaces for visitors with children.
- Maintenance, re-decoration, and refurbishments were ongoing. The nominated individual told us, planned refurbishments would improve the living environment for people.
- People were encouraged and supported to have their furniture, belongings, personal effects, and treasures, in their bedrooms.
- Signage was displayed around the home, helping people to orientate themselves.
- The home was accessible by stairs and a lift. There was level access to gardens and outside spaces.

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

- People were supported to receive health care services when they needed them. Referrals were made from the home to a variety of professionals, such as therapists and nurses.
- The deputy manager said they worked well with all professionals and were comfortable seeking their input when needed. A health professional told us, "We have a good professional rapport that allows openness and discussion which ultimately benefits the people we support."
- Instructions from medical professionals were recorded in people's care plans and communicated to staff through handovers and the electronic system. This meant that people were receiving the most up to date support to meet their health needs. A relative told us, "They get medical help, they call me, they do things."
- Health and social care professionals were positive about how care was sought for people in a timely manner. A health and social care professional told us, "The care home is good at supporting people but when they have concerns or questions, they contact us immediately."

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 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 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The home met the requirements of the MCA. MCA assessments had been carried out where necessary in relation to people's care and support needs. This meant that people's rights were fully protected.
- People and their relatives told us staff asked for their consent before supporting them and providing their care. We overheard staff seeking consent and offering choices during the inspection.
- Where the home had found that a person lacked the capacity to make a specific decision it was followed up with best interest's meetings. The meetings or discussions involved the person, those closest to them and where appropriate the professionals involved in their care. Where family members were legally able to support decisions for people, the home had checked the necessary documentation was in place.
- Staff had received training on the MCA and were confident about consent and involving people in decisions. One staff member told us, "It is important to give people the opportunity to consent to their care, to show respect for an individual's choices and allow them their dignity. It is also a legal requirement."
- The registered manager had identified where people needed to be deprived of their liberty. They had applied for this to be authorised under the DoLS.

# 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 our last inspection we rated this key question good. At this inspection the rating has remained the same. This meant People were supported and treated with dignity and respect; and involved as partners in their care.

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

- People and their relatives were involved in their care. Relatives told us communication was good and they always felt welcomed into the home. One relative said, "They [staff] listen to what we have to say."
- Staff told us they always gave people choices throughout the day with all their care and support needs. Communication was important. A member of staff said, "It is important to offer choices as to not do so may upset or scare the person as they will not know what is going on if there is no communication."

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

- People and their relatives told us staff were kind and caring. Comments included: "Staff are good, they are lovely. They have been brilliant here", "Staff have been wonderful to my loved one [name], they know them well", "I am very impressed, staff are attentive", "Staff are genuinely compassionate people", "I am so cared for", "I love the kind people [staff]."
- Staff had received training in equality and diversity. Staff told us they would support people from any background with their care needs. Understanding and appreciating people's differences was important to them.
- People were supported to observe their faith if they chose to, and details were recorded in care plans. The home had a chaplain who led and provided services for people. They had made links with worship and churches in the local community to support people's faith.
- The home had a spiritual champion who supported people to access their faith and promoted spirituality within the home. A member of staff told us people were able to access a spiritual needs pack which contained hymns, poems, colouring pages, and daily prayers. These were available in each area of the home.

Respecting and promoting people's privacy, dignity, and independence

- People's right to privacy was protected. Confidential documents were kept securely locked away when not in use. Staff were aware of the correct procedures for handling sensitive information within the home. Electronic systems were password protected.
- People and their relatives told us staff treated them with dignity and ensured their privacy was respected. People had access to hair and nail care. The home had a visiting hairdresser and people were able to receive visits from their own choice of professionals if they wished.
- Staff understood the importance of supporting people to maintain their independence. We observed staff supporting and encouraging people to walk, ensuring they were safe and offering encouragement along the way.

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has remained the same. 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; End of life care and support

- People had care plans in place for their care and support. However, they were not always detailed enough to ensure they were person centred. We were given assurances by the nominated individual a full review would take place and this action started during the inspection.
- Staff knew people well and understood their preferences. Care delivery was recorded on an electronic system, this sent alerts when care was due and where delayed. Staff completed their notes on the system, and these could be referred to which supported continuity.
- Developments were being made to the end of life care planning, led by the home's chaplain. Working with people and their relatives to help them to make their final wishes known including their spiritual and cultural needs. The home had worked in partnership with healthcare professionals to ensure people received dignified and comfortable care at the end of their life.
- People continued to be treated with kindness and compassion when they left the home, this was extended to people's loved ones. The home had received compliments on its care for people at the end of their life. We read, 'Over the last few days of our loved one's life you let me stay by their side, and your kindness and support touched my heart.'

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were included in their care plans. These needs were shared with external professionals when needed.
- Where people were living with dementia, the home had used pictorial messaging to support understanding. For example, the events board used pictures to show what activities were available to them.
- Staff supported people in ways they preferred and met their communication needs.

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

- People had access to a wide range of activities which included group activities, one to one sessions, outside entertainers, and weekly outings in the minibus. Staff carried out a social isolation assessment for each person, the wellbeing lead told us they were proud to say nobody living at the home was at high risk of social isolation. The home was supported by the kindness of volunteers who visited the home.

- The home had a wellbeing lead who arranged the activity schedule for people and a newsletter. The newsletter was sent to people and their relatives, showing pictures of the month's events and reminders of upcoming activities. Each person living at Regency Manor Care Home was assigned a member of staff from the wellbeing team who would oversee their social activities and devise their 'lifestyle passport'.
- Activities ranged from arts, crafts, music, animals, films to trips out and breakfast clubs. We saw people enjoying activities and socialising during our inspection. One person said, "I have made lots of friends here." Relatives were encouraged to join in, and a relative's group had been held to support loved ones of those who were living with dementia.
- Games, arts, and puzzles, known as, 'busy boxes' were available to people in each area of the home for people to pick and choose when they wanted. The wellbeing lead arranged larger home events such as summer fayres and Christmas parties. Where people were living with dementia there were many sensory items for them to use as well as items, they found comforting, such as different textures and puzzles. The home told us they engaged with charities and fundraising.
- Developments were planned for activities and social inclusion within the home. This included the use of smart technology and interactive equipment.

#### Improving care quality in response to complaints or concerns

- People and their relatives knew how to make a complaint and who to speak to if they had any concerns. They felt confident that the registered manager would address any issues they had promptly.
- Information on how to make a complaint or raise a concern was displayed within the home and communicated through meetings.
- The provider had a complaints policy and procedure in place. Records showed complaints had been addressed in line with the providers policy and to the complainant's satisfaction.

# 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 good. At this inspection the rating has remained the same. 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

- Quality assurance systems in place to monitor and improve the standard of the service were not always robust. There was a range of audits in place, however, these had not been comprehensive enough to identify the shortfalls found during the inspection. For example, in person centred care planning and medicines documentation. The nominated individual took immediate action to improve their systems and oversight. We were fully assured by the action taken.
- People and their relatives were asked for the views on the care provided by Regency Manor Care Home. However, collectively the information was not always used to drive improvements in the home. We did receive assurances, individual requests and concerns were addressed in a timely manner.

We recommend the provider continues to strengthen their governance systems to ensure they are always operating effectively; they seek to continually improve, and feedback is always used to shape the service.

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

- The nominated individual told us they had created an open culture where people, relatives and staff felt included, and welcomed into the home. Regency Manor Care Home had a diverse staff team from different backgrounds, cultures, and preferences, where individuality was respected.
- Staff were proud to work at Regency Manor Care Home, their comments included: "What makes Regency different is we all work as a team and support each other all the time", "I feel proud, every department in the home, works together to provide a safe and caring environment", "I am proud to work with the registered manager [name]."
- People, their relatives, professionals and staff were complimentary about the leadership of Regency Manor Care Home. Some of their comments included: "Our home manager is always available for us", "We get huge amount of support in every area from the registered manager [name] whenever we need", "The registered manager [name] is one of the best managers I have ever had, they have been really supportive and the way they treat the residents is amazing no matter how tough her day is going, they always smile their way through the day"
- The provider had recognition schemes in place to show staff appreciation, such as, 'Employee of the month' and practical support such as, paid for counselling services. The nominated individual told us it was important to celebrate success of the staff and they would be ensuring this continued within the home.
- Staff were able to access support and key staff had undertaken, 'mental health first aid' training to be the

first point of contact for staff if they needed.

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 registered manager and management team understood the requirements of the duty of candour, that is, their duty to be honest, open and apologise for any accident or incident that had caused or placed a person at risk of harm.
- The registered manager understood CQC requirements, to notify us, and where appropriate the local safeguarding team, of incidents including potential safeguarding issues, disruption to the service and serious injury. This is a legal requirement.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Regency Manor Care Home is in a residential area in Poole, Dorset. The home had made good links within the local area including community groups, churches, and other organisations. This included several volunteers who visited the home.
- Staff felt included and welcomed in the home. One member of staff had created a questionnaire for overseas staff which focused on working and living in the UK. From the results they had created a presentation which had been included in the training for staff around cultural differences. The member of staff was awarded the role of 'cultural champion' within the home. They told us they were very proud of the work which had been part of their university submission.
- Weekly meetings were held across the providers locations, called, 'speed meetings', it was an opportunity to communicate any challenges and create forward planning. Staff had access to regular updates.
- People were offered the opportunity to be involved in the home by attending meetings. The home issued a newsletter and used social media and messaging to keep in touch.
- The home undertook satisfaction surveys for people. The most recent survey showed positive results. Relatives were encouraged to complete online reviews of the home, we saw these were positive, all of them scoring five out of five stars.
- The home worked and communicated well with health and social care professionals to support people. One health professional commented on the standard of their partnership with Regency Manor, they said, "I believe Regency Manor to be a person centred, holistic and caring environment whose staff provide a good level of care." Another said, "They communicate openly and always welcome visits."