

Sandylane Limited

Regent Hotel

Inspection report

11 North Marine Drive
Bridlington
Humberside
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Tel: 01262673338

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10 November 2021

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

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

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

Risks to people's wellbeing and safety had not been appropriately assessed or monitored. People's medicines were not always safely managed. Some areas of the service and equipment were not appropriately cleaned, and during the inspection areas were found to be dirty, which placed people at risk of infection.

Safe recruitment processes had not always been followed. This meant the provider could not be assured staff were suitable to work with vulnerable people. Opportunities to learn from accidents, incidents and safeguarding concerns had been missed, as there was a lack of appropriate monitoring systems in place.

Quality assurance systems were not always completed and where they were, systems had not identified shortfalls found during the inspection.

Staff were updated about changes to people's needs and any changes to the service. The provider had sought some feedback from staff and people who used the service, although there was no analysis of the information or records of changes made in response.

People and their relatives were happy with the service. Staff worked hard and supported people in a caring manner. Staff were supported by the management team and worked closely with healthcare professionals to meet people's needs.

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

Rating at last inspection

The last rating for this service was good (published 18 October 2018).

Why we inspected

We received concerns in relation to medicines, staffing levels and access to healthcare professionals. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection.

We have found evidence that the provider needs to make improvement. Please see the safe and well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Regent Hotel on our website at www.cqc.org.uk.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to safety, recruitment, and oversight of the service at this inspection.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Regent Hotel

Detailed findings

Background to this inspection

The inspection

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

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

Inspection team

The inspection was completed by two inspectors on both days.

Service and service type

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

The service had two managers registered with CQC. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. However, the registered managers no longer worked at the service. A newly appointed manager was in place and was being supported by the area manager. At the time of the inspection, they had not submitted an application to register with CQC.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We contacted the local authority safeguarding and commissioning teams for feedback and looked at information sent to us since the last inspection. This included information the provider is required to send

about incidents at the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with two people who used the service and one relative. We also spoke with the manager, three senior carers, three care staff and a member of staff from the laundry.

We looked around the home to review the facilities available for people and the cleanliness of the service. We also looked at a range of documentation including five people's care files and medication administration records for six people. We looked at four staff files and reviewed documentation relating to the management and running of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, quality assurance and infection control records.



Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- Medicines were not managed safely.
- Records did not show the date bottled medicines were opened which meant staff could not be assured the medicines were still in date and safe to administer.
- Staff did not record the reason or time when they administered 'as and when required' (PRN) medicines. This meant staff did not know when the last dose was administered and placed people at risk of their next dose being administered too soon.
- Protocols to administer PRN medicines were not always in place, and those that were, lacked detailed guidance to enable staff to consistently identify when people needed their medicines and at what dose.
- Processes to ensure medicines were stored at the correct temperature were not always followed. Daily temperature checks of the medication fridge were not always completed.

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

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

- Risks to people's health and wellbeing were not always identified, monitored and managed. Risk assessments were not always in place. Those that were, were generic and had not been adapted to people's circumstances or regularly reviewed. For example, one person had lost weight since January 2021. However, there was no risk assessment in place and the care plan did not detail how often they should be weighed, which meant staff could not effectively monitor and manage this risk.
- Systems did not ensure people's safety or wellbeing following accidents and incidents. Monitoring forms were in place but staff did not complete them for the required duration which meant they could not effectively monitor any changes to people's wellbeing.
- Lessons were not learnt following accidents and incidents. Care plan and risk assessment reviews did not include information regarding accidents and incidents. This meant it was difficult for staff to learn from them and increased the risk of them happening again.

Whilst we found no evidence people had been harmed, people had been placed at risk of harm as risks were not effectively assessed, monitored or managed. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider maintained the safety of the building and equipment through regular checks, servicing and

maintenance. However, during the inspection we found a radiator cover was not securely in place and one person's window restrictor had broken. We raised this with the manager who followed this up during the inspection.

Preventing and controlling infection

- Areas of the service were dirty which increased the risk of infection. We found mobility equipment, a shower chair and a bath cushion were dirty.
- Not all areas of the service could be effectively cleaned which posed an infection control risk. We found damaged equipment and furniture such as a ripped pressure cushion and not all chairs had appropriate covers on which meant cushions were stained. There was also poor fitting or damaged flooring in several areas.
- Records did not evidence the service was cleaned regularly during the day. A daily cleaning schedule was in place, which included cleaning frequently touched areas, but records were not always completed.
- Personal protective equipment (PPE) was in place and being used by staff. However, on one occasion we observed a member of staff not changing their PPE in between helping two different people which placed people at risk of cross contamination.

Whilst we found no evidence people had been harmed, people had been placed at risk of harm by the failure to effectively manage infection control risks. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We raised the infection control issues found with the manager, who started to address them during the inspection, by arranging cleaning and ordering new furniture and flooring.

Staffing and recruitment

- Recruitment processes were not safe. One member of staff had started working with people at the service before all appropriate employment checks had been completed. This meant the provider could not be assured they were appropriate to work with vulnerable people.
- Records to show employed staff were of suitable character was not always readily available. Two staff files did not have evidence of interview records and one staff file did not show their reference had been verified.

Whilst we found no evidence people had been harmed, people had been placed at risk of harm by the failure to ensure appropriate staff were employed. This was a breach of Regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There were enough staff to meet people's needs. Though one person told us they had to wait longer in an evening for staff to support them.
- During the inspection, the manager informed us that they were actively trying to recruit new staff, though they acknowledged this was difficult due to the lack of appropriate applicants.
- The provider advised people's needs were assessed on a regular basis and staffing levels adjusted if people need extra support. However, there was no recorded system in place to ensure the service had safe staffing levels to meet people's needs.

Systems and processes to safeguard people from the risk of abuse

- Improvements were needed to make safeguarding systems more robust. Required actions from safeguarding investigations were not always completed. One action was for care plans and risk assessments to be kept up to date. However, we found this had not always happened.
- The manager had identified there was a lack of appropriate monitoring of safeguarding incidents and had implemented a monitoring system. However, this needed further work to ensure it supported appropriate

monitoring, analysis and learning from safeguarding concerns.

- Staff were trained in safeguarding and understood how to report concerns.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Quality assurance systems were in place but had not identified or addressed all the shortfalls found during the inspection. These included risk assessments, medicines, infection prevention and control issues and recruitment records.
- Governance systems were not always completed, which meant the provider could not effectively monitor the service. For example, the accident audit had not been completed since August 2021.
- There was a lack of appropriate systems to support learning from accidents, incidents and safeguarding outcomes. Information was not always analysed, and systems were not robust to enable analysis of information to identify patterns and trends. Records did not clearly show actions taken to reduce the risk of reoccurrence.

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

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

- Staff were engaged in the running of the service. Staff meetings were held to ensure staff were updated of any changes and to address any issues.
- Some systems were in place to gather feedback from people using the service and staff, though they were not always robust. One person who used the service had completed a questionnaire and provided positive feedback. We found several staff questionnaires had been completed. However, there was no analysis of the information or what had changed as a result of the responses.

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 manager understood the need to be open and honest but was not fully aware of their responsibilities in relation to the duty of candour. We signposted the manager to CQC guidance, to ensure they understood what was required.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Working in partnership with others

- People and their relatives were happy with the service. One person told us, "It's brilliant. I love it here. The staff are very nice. I couldn't be happier with it" and a relative told us, "I've talked to many carers who all seem lovely people and I have no complaints. They have gone above and beyond."
- There was a caring culture at the service. Staff knew people well and worked hard to support them. We observed positive interactions between staff and people who used the service. A staff member told us, "We give people the best care we can and every shift we do, we do something that makes a difference to someone."
- Staff were supported by the management team. Staff told us they were supported by the manager and the area manager who were both approachable.
- The management team and staff engaged with healthcare professionals about people's needs to promote good outcomes.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The provider had failed to ensure recruitment systems were effectively operated to ensure appropriate staff were employed at the service. Regulation 19(2)(3)(a)

This section is primarily information for the provider

Enforcement actions

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had failed to ensure the proper and safe management of medicines, effectively assess and monitor risks to people's safety and wellbeing including infection control risks.</p> <p>Regulation 12 (1)(2)(a)(b)(g)(h)</p>

The enforcement action we took:

Warning notice.

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

The enforcement action we took:

Warning notice.