

Manor Care Home Limited

Regents Court Care Home

Inspection report

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Worcestershire
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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

We carried out an unannounced comprehensive inspection of this service on 13 October 2016.

The home is registered to provide accommodation and personal care for adults. A maximum of 37 people can live at the home. There were 34 people living at home on the day of the inspection. At the time of our inspection there was manager in post who had recently been appointed and since the inspection has been registered with us. 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.

At the last inspection on 10 August 2015, the provider needed to make improvements in supporting staff knowledge of the Mental Capacity Act 2005 (MCA) and to the home environment and this action has been completed.

People told us that they felt safe in the home and felt the staff helped to keep them safe. People were confident about the care staff and care staff told us about how they kept people safe. During our inspection staff were available for people and were able to support them by offering guidance or care when needed. People told us they received their medicines and senior care staff looked after people's medicines and administered them as needed. People told us there were enough staff to support them and they did not have to wait for care to be provided.

People told us care staff knew them and their care needs and looked after them well. Staff felt their training reflected the needs of people who lived at the home. Care staff had supervision which they said supported and helped them in providing care to people who lived at the home. People's rights and freedoms were respected by staff who listened and responded to people's decisions. People were supported to eat and drink enough to keep them healthy. We found that people's health care needs were assessed, and care planned and delivered to meet those needs. People had access to other healthcare professionals that provided treatment, advice and guidance to support their health needs.

People told us that care staff made sure they remained independent and they were encouraged to be involved in their care. People knew the care staff well and had developed positive relationships with them. Care staff were considerate when talking about people and knew it was important to maintain a person's privacy and dignity when in their home providing personal care.

Where people had not been able to be involved in the planning of their care due to their capacity to make decisions, relatives and care staff were involved and asked for their opinions and input. People told us they had limited abilities and chose not to maintain their hobbies and interests. However, staff offered encouragement and supported people to read or join in group activities and outings. People we spoke with told us they were confident to approach the manager if they were not happy with their care. The manager

had reviewed and responded to all concerns raised.

People felt involved in their home and had opportunities to make suggestions that were listened to and actioned with the regular meetings held. Management and staff had implemented recent improvements and these were regularly reviewed to ensure people's care and support needs continued to be met. The management team were approachable and visible within the home which people liked.

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 care and treatment from staff that understood how to keep them safe and free from the risk of potential abuse.

People told us they felt there were enough staff to meet their care and social needs and manage risks. People received their medicines where needed and were supported by staff that meet their care and welfare needs.

Is the service effective?

Good ●

The service was effective.

People's needs and preferences were supported by trained staff that understood their care needs. People made or were supported in decisions about their care and support.

People told us that they enjoyed the meals that were made for them and it was what they wanted. People had accessed other health professionals when required to meet their health needs with staff support.

Is the service caring?

Good ●

The service was caring.

People received care that met their needs. Staff provided care that met people's needs whilst being respectful of their privacy and dignity and took account of people's individual preferences.

Is the service responsive?

Good ●

The service was responsive.

People were supported to make choices and be involved in planning their care. Care plans were in place that showed the care and support people needed.

People who used the service were confident to raise any concerns. These were responded to and action taken if required.

Is the service well-led?

The service was well led.

People knew who the manager was and had been asked for their opinion on the quality of the service that they had received. The provider had checks in place to monitor the quality of the service.

Good 

Regents Court Care Home

Detailed findings

Background to this inspection

We carried out an unannounced comprehensive inspection of this service on 10 August 2015. Following this inspection an overall rating of 'Requires Improvement' was given, with the Effective and Well-Led question rated as 'Requires Improvement'.

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 13 October 2016 and was completed by one inspector.

The provider completed a provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. As part of the inspection we reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us by law. We also contacted the local authority who is responsible for funding some people's care for information.

During the inspection, we spoke with nine people who lived at the home. We also 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 also spoke with four care staff, the chef, a visiting GP and the manager. We looked at two records about people's care, one complaint, falls and incidents reports and audits completed by the manager.

Is the service safe?

Our findings

All people we spoke with felt the home offered a safe environment and had no concerns with the staff in the home. One person said care staff, "Keep me and others safe". One member of care staff told us, "We monitor how safe people are all the time", and said this was different for each person and reflected their situation. For example, making sure people were regularly checked if they were unable to leave their room.

Care staff we spoke with were able to tell us what they understood by keeping people safe and when they would report concerns to the manager. One member of care staff said, "I feel the team work well together to keep people safe". All care staff we spoke with said they would not leave a person if they saw something of concern and would intervene to ensure the person was safe. Where needed Individual plans were in place to support people which showed staff possible areas of risks and ways to support people.

People managed their risks with support from staff if needed and care staff we spoke knew the type and level of assistance each person required. For example, where people required the use of lifting aids or assistance with eating and drinking. In each person's care plan it detailed their individual risks, which had been reviewed and updated regularly. All care staff we spoke with told us that any concerns about a person's risks or safety was recorded and reported to the management team for action and review.

All people we spoke told us care staff were always around and attentive. We saw that care staff were able to spend time with people and responded in an appropriate manner to them. For example, care staff spent time ensuring people were comfortable as well as responding to requests and call bells that people used when they wanted care staff.

We saw staff remained present and available for people in the communal areas, with only short periods where staff left to assist elsewhere in the home. Care staff told us there were days where the care staff levels would decrease due to staff sickness. When needed the care staff told us that the deputy manager and manager would cover shifts. The manager had reviewed staffing numbers and were recruiting to ensure consistency of permanent staff were available to meet people's needs and wishes. Agency staff were used to fill any shortfalls in staff and where possible people told us they were the same agency staff to ensure consistency in care provision.

People were supported by senior care staff to take their medicines when needed during the day. One person said, "I get my medicines at 6.30". Another person also said that if they needed pain relief medicines they were given on request.

Senior staff on duty who administered medicines told us how they ensured people received their medicines at particular times of the day or when required to manage their health. People's medicines records were checked weekly by staff and monthly by the management team to ensure people had their medicines as prescribed. Senior care staff told us they checked the medicines when they were delivered to the home to ensure they were as expected. The medicines were stored in a locked room and unused medicines were recorded and disposed through the local pharmacy.

Is the service effective?

Our findings

At the last inspection in August 2015 we found improvements were needed in supporting care staff knowledge of the Mental Capacity Act 2005 (MCA). During this visit we saw that improvements had been made. Care staff we spoke with understood where people lacked capacity and decisions had been made in a person's best interests. The manager told us they were reviewing records to reflect an accurate account of where people had a nominated person appointed to make legal decision on their behalf.

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.

All people we spoke with said that care staff provided them with choice and listened to their request or decisions. All care staff we spoke with understood people's right to choose or refuse care and would respect their rights. They told us that where they had concerns over people's choices or decisions these would be passed to the management team for assistance. Care staff told us that they were involved in decisions about people's care if they had been assessed as lacking capacity to make a decision on their own. Further training had been booked for all care staff to ensure their knowledge stayed current.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

The manager told us that they currently had six people living at the home who were being deprived of the liberty. The manager provided examples of how people were supported to live with having their liberty restricted and told us they would talk to external professionals in the first instance if they were concerned that a person safety was at risk. The manager had also submitted application to the local authority for all other people living at the home as they had identified that current restriction were potentiality depriving people of their liberty.

All people we spoke with said the care staff knew how to look after them and provided the level of care they needed. Care staff demonstrated that they understood the needs of people they supported and had responded accordingly. All of the care staff we spoke with told us about the training courses they had completed and what this meant for people who lived in the home. For example, they felt confident and knowledgeable in how to provide care for people who lived with dementia.

Care staff felt supported in their role and had regular meetings with the manager to talk about their role, responsibilities and people's care needs. Care staff told us they had access to training when needed. For

example, staff told us about the national vocational qualifications (NVQ) or Qualifications and Credit Framework (QCF) they had achieved.

All people that we spoke with told us they enjoyed the food and were always offered two main meal options or a meal they requested. People's food preferences and dietary needs were known by the chef and recorded. Where people required one to one support to eat their meals care staff were attentive and unhurried in their assistance. One person told us, "There is always choice, even at breakfast, I always like the toast".

The chef told us they had also met with care staff and talked about diets and some additional food types that reduced the risk of choking. The chef provided examples of how each person's nutritional needs were considered. For example use of soft foods, finger foods and themed meals from other countries.

People had seen opticians, dentists and were supported to see their GP when they required it. Other professionals had attended to support people with their care needs. For example, external nursing staff to help with wound management and prescription requests. We also saw that where people required a regular blood test to monitor and maintain their condition, these had been arranged and completed as required. Records showed where advice had been sought and implemented to maintain or improve people's health conditions. We spoke with a visiting GP during the inspection who visited the home weekly and as requested. They were confident they were contacted as needed and their advice or medicines changes were always acted on.

Is the service caring?

Our findings

All people we spoke with told us how the care staff were kind, attentive to their needs and friendly. One person told us, "Staff are really nice, always stop and check you're okay". All people we spoke with said they enjoyed living in the home. One person said, "I'd rather be in my own home but I know that's not possible for me, so I'm glad I'm here". People told us when their friends and relatives visited they were always welcomed by staff at the home.

The atmosphere in the communal lounges was quiet, calm and we saw some people had developed friendships with the care staff and other people living at the home. One person told us, "I am perfectly fine". People were comfortable when speaking with care staff who responded in a gentle and unhurried way.

All care staff we spoke with told us they got to know people and what they were interested in by spending time chatting with them. One staff member said, "After lunch is always a good time to spend chatting". Where people were quiet, care staff looked for non-verbal signs to see what people preferred or enjoyed.

People told us that they were able to tell the care staff about what they wanted during their daily care. This included how much assistance they needed and where they wanted to spend their day. One person told us they felt involved and were supported by care staff in discussing their care and support options.

People told us their daily routines and preferences were important to them, such as the time they got up or their morning routines. One person told us, "I like to get up at 7.30 and that's when they come to help me get up". We saw that care staff frequently asked people if they would like anything or required anything. For example, when a person may like a drink or some company.

Care plans we looked at recorded people's likes, dislikes and their daily routine. All staff we spoke with were able to tell us people's preferred care routines or told us they always asked the person first. Care staff respected that people's everyday choices would often change and may reflect on a person's well being. Care staff told us that any changes would be updated in the person's care plan and shared with other care staff when the shift changed.

People told us about how much support they needed from staff and were happy they were able to maintain their independence within in the home. One person said, "I like my own company but they [care staff] always do what I need them to do". We saw that care staff involved people in everyday tasks such as preparing the tables for lunch or washing cups. Care staff would then offer encouragement and guidance if needed. Staff were aware that people's independence varied each day depending on how well people felt.

People received care and support from staff that were respectful and people we spoke with told us they were addressed respectfully by care staff. We saw that care staff were careful to ensure people were assisted to maintain their dignity, for example asking people if they would like to change their clothes after lunch. Care staff were careful to ensure people were covered when using a hoist or when they sat in the communal areas.

Is the service responsive?

Our findings

All people we spoke with told us they got the care and support they wanted. People's health changes had been recognised and acted on by care staff. This included, improving wounds, noticing potential infections and getting medicines prescribed to treat the condition or provide pain relief. People's health matters were addressed by referring to other professionals. One person said, "My general health is fine, but I know they [care staff] can get the doctor".

Care staff told us they would record and report any changes in people's care needs. Senior care staff and the management team would then follow up any concerns and take any necessary action. People's needs were discussed when the care staff changed shifts. The senior care staff leading the shift would share any changes and help manage and direct care staff. All staff we spoke with knew where people required skin care or diabetic care and the changes to look out for that may indicate a concern. People's appointments and reminders were held in a diary, which were available for all staff to refer to if needed.

Care staff we spoke with were able to tell us about the care needs of the people they supported, including their health, emotional and physical requirements. For example, where the support of two care staff was needed or how to help people who became emotional, upset or confused.

We looked at two people's records which detailed people's current care needs which had been regularly reviewed and noted any changes. These showed the way in which people preferred to receive their care and provided guidance for staff on how to support the individual. For example, where people's weight had changed and the expected actions or changes to diets.

Three people we spoke with told us they chose how they spent their days and could choose to stay in their room or the communal areas. One person commented that they liked the group singer that came to play at the home. One person told us they enjoyed watching the television, other people told us they liked to go out on walks with care staff, or to the local shop for personal items. People were supported to achieve these with staff if needed. One member of care staff told us, "I like to spend time looking at their family photos with them, asking who all the people are".

The manager was also reviewing further activity items, especially for people living with dementia. This included tactile wall murals that could be made to reflect a person's interest or memories.

All people we spoke with said they would talk to any of the staff if they had any concerns. They said the manager always asked them how they were or if they wanted to talk about anything. One person said, "You can say anything you want to her, very good". All care staff we spoke with and the manager said where possible they would deal with issues as they arise. This reflected the views and opinions of people and staff.

The manager has recorded verbal feedback from people or their relatives and the actions that had been taken. We saw where a concern had been identified the manager had taken action, for example replacing a towel rail in a bathroom.

Is the service well-led?

Our findings

At the last inspection in August 2015 we found the communal areas environment required improvements. During this visit we saw that improvements had been made. For example, all communal areas were in use and people were able to choose where they spent their time. We saw that people were now encouraged to use these areas with support from care staff if required. Following the inspection the manager has now completed their registration with us and people and staff told us that they felt this was a positive change. The manager was positive about their appointment and wanted to enhance people's experience of living at Regents Court Care Home.

All people we spoke with felt involved in their home and knew the manager. People and relatives also had the opportunity to raise or discuss aspects of the home at meetings the manager held. One person said, "Ten out of ten, it's a lovely place". The manager reviewed the care people had received and the home environment. For example, the manager spoke with people and their relatives, looked at people's care records, staff training, and incidents and accidents. Care staff told us that the results of audits were discussed in staff meetings and all staff were made aware so that any shortfalls were addressed to improve the overall quality of the service. All of the staff we spoke with told us they worked well together to support people at the home.

The manager had a clear understanding of people's care needs. We saw that they were very hands on in providing care and support to people. For example, we saw them out of their office chatting to people. All care staff felt the manager was visible and supportive to ensure they provided a good service. Care staff felt able to offer suggestions for improvements. They told us there were regular staff meetings which provided updates for staff and the opportunity for the manager to ensure staff were confident in caring for people. For example, the staffing team and staff were clear about the standard of care they were expected to provide and for people to be treated as individuals living in their own homes.

Audits were undertaken to monitor how care was provided and how people's safety was protected. All aspects of people's care and the home environment were reviewed and updated. The manager and care staff sought advice from other professionals to ensure they provided good quality care. For example, they had followed advice from district nurses and occupational therapists to ensure that people received the care and support that had been recommended. They felt this supported them to be aware of changes and information that was up to date and relevant.

The manager told us about the support they received in order to understand best practice and knew where and how to access information. They told us their skills and knowledge were supported by news briefings and updates that related to best practice guidance. The manager told us they felt this supported them to be aware of changes and information that was up to date and relevant. The manager told us they also spoke with other home managers within the organisation to share practice and ideas. Resources and support from the provider were available and general maintenance to the home was in progress, which included recent decoration of the communal areas.