

Pendlebury Care Homes Limited

Regency Hall

Inspection report

The Carriage Drive
Hadfield
Glossop
Derbyshire
SK13 1PJ

Date of inspection visit:
03 August 2018

Date of publication:
31 October 2018

Tel: 01457865989

Website: www.regencyhall.co.uk

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

Regency Hall 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. Regency accommodates up to 68 people in one building. On the day of our inspection there were 18 people living in the service.

We inspected the service on 3 August 2018. The inspection was unannounced.

This was a follow up to the inspection carried out in January 2018 where we had concerns about the care of people. At this inspection visit we found the provider had made the improvements we found necessary to care for people safely and effectively.

The service had a registered manager who supported staff and ensured the service was run in the best interests of the people who lived at Regency Hall.

People were kept safe through the use of effective care planning and risk assessment and management. There was sufficient trained staff who were given clear directions on how to care for people and their performance was reviewed and managed.

The service was clean and fresh and there were processes in place to keep the service infection free.

Medicine was stored and administered as prescribed. Accurate records were kept.

People were now consulted on how they wanted their care delivered. Care plans were now inclusive and were up to date and reflected people's needs and wishes. There were communication systems in place to ensure all staff were aware of the current needs and welfare of people.

Staff ensured they had the person's consent to care for them and when people were unable to give consent appropriate actions were taken. Staff had knowledge on how to safeguard people and what to do should they have concerns.

People's dignity and independence was promoted as staff delivered care in a person centred and caring manner. Staff were kind and caring in their interactions with people.

Complaints were investigated and responded to in a timely manner. The service received many compliments.

The provider ensured there was a system in place to inform CQC of incidents. Records were up to date and were stored in a confidential manner.

There was a quality assurance process in place that covered all aspects of the service. Accidents and incidents were recorded and reviewed to reduce the chance of a re-occurrence.

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 caring.

Staff were seen to be kind, respectful and caring in their interactions with people. People's dignity and independence was promoted at all times. People views were included in how the service was managed.

Is the service effective?

Good ●

The service was effective.

People's care plans were up to date and reflective of people's needs and wishes. People's consent was sought. People's health care was promoted through good nutrition and safe working practices and appropriate contact form health and social care professionals.

Is the service caring?

Good ●

The service was caring.

Staff were seen to be kind, respectful and caring in their interactions with people. People's dignity and independence was promoted at all times. People views were included in how the service was managed.

Is the service responsive?

Good ●

The service was responsive.

Care was person centred and people were offered a variety of activities to keep them from being bored. There was a complaints process in place and complaints were investigated and actions taken in needed. The service received many complements.

Is the service well-led?

Good ●

The service was well led.

The provider had addressed our concerns raised at the last inspection. There was a quality assurance process in place to

review all aspects of care provided by the service. Staff were well managed and morale was high. Staff were offered support through the supervision system. The provider had processes in place to ensure CQC was informed of reportable incidents in a timely manner.

Regency Hall

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, to look at concerns we received about the service and to provide.

We inspected the service on 3 August 2018. The inspection was unannounced and was conducted by one inspector and it was a follow up to the inspection carried out in January 2018.

Prior to our inspection visit we reviewed information we held about the service. This included information received from local health and social care organisations and statutory notifications. A notification is information about important events which the provider is required to send us by law, these include allegations of abuse and serious injuries. We also contacted commissioners of the service and asked them for their views.

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.

During our inspection visit we spoke with three people who lived at the service, three relatives, three members of care staff and a consultant who was managing the service in the absence of the registered manager.

To help us assess how people's care needs were being met we reviewed all or part of three people's care records including their risk assessments. We also looked the medicines records of three people, three staff recruitment files, training records and a range of records relating to the running of the service, for example, audits and complaints. We carried out observations of care and support and looked at the interactions between staff and people who used the service.

Is the service safe?

Our findings

At our last inspection on 11 and 24 January 2018 we found a breach of Regulation 12, 13 and 18 relating to protecting, safeguarding and supporting people. The provider did not always do everything practicable to mitigate risks and there was not enough staff to meet people's needs and to keep them safe. We asked the provider to address these issues and to send us an action plan on how they were going to address this.

This inspection was carried out to make sure the provider was now compliant with the warning notice. At this inspection we found the provider had made sufficient progress to meet our requirements and people were now safe.

People's relatives told us, "This is a very safe home." Another said, the staffing levels are good now and all is well." One person we spoke with said they felt safe.

Staff we spoke with knew how to protect people from the risk of abuse and what to do should they have concerns about people's safety. All staff spoken with said they would follow through any concerns they had until they were clear the risk had been addressed.

Risk was recognised and where possible actions taken to mitigate the risk. Staff had clear direction on how to keep people safe. This included how to move people safely and how to protect people from avoidable risk such as the development of pressure areas. Risk was reviewed and monitored on a regular basis, this included when people's health had deteriorated and may have put them at increased risk. Actions were taken to protect people at risk and included referring people to the falls clinic and a review of the use of mobility equipment. Details of incidents were also recorded; this gave the provider an overview of the risks and allowed them to put actions in place to ensure people and staff were protected.

The service was clean and fresh and the provider had introduced a system to ensure the control of the spread of infection. We saw people's clothing was clean and fresh. Protective clothing was available to staff and we saw it was used effectively to protect people from the risk of cross infection. The food preparation area was hygienic and there was a programme in place to ensure the kitchen was deep cleaned on a regular basis.

Most of the people we spoke with said they were taking regular medicines. Few people were able to tell us precisely what medicines they were taking, however people were able to tell us they were offered their medicines that were prescribed as required.

Staff who were responsible for the administration of people's medicines had taken part in appropriate training and had been assessed to ensure they were competent to administer medicines. Accurate records of this were made in the medication administration records (MAR's). We saw staff administer medicines, they gave people enough time to take their medicines and some people were gently coaxed to take their medicines. Following the completion of the medicine round the staff member double checked the MARs to ensure they were properly completed. Medicines were stored appropriately and there were systems in place to ensure unused medicines were returned. There were systems in place to audit medicines within the

service in addition to the double check on the day of administration.

Adequate steps had been taken to ensure people were protected from staff that may not be fit and safe to support them, as a safe recruitment process was in place. Each of the three staff files we viewed had the necessary information on the staff's identity, work history and security checks.

Is the service effective?

Our findings

At our last inspection on 11 and 24 January 2018 we found a breach of Regulation 9 relating to assessing and planning to recognise and meet people's needs. We asked the provider to address these issues and to send us an action plan on how they were going to address this. This inspection was carried out to make sure the provider was now compliant with the warning notice.

At this inspection we found the provider had made sufficient progress to meet our requirements and people's needs were assessed and care plans were drawn up to ensure staff knew what people's needs were and were given direction on how to meet those needs.

Care plans we looked at contained good information on people and gave staff clear directions to staff on how to carry out personal care in a manner that was safe and effective. People's relatives we spoke with said, "[Relative] is well cared for, they are happy and content and that means we can be too."

Staff we spoke with were aware of the need to promote people's rights under the Equality Act and were able to describe how they incorporated these in their day to day practice. This included ensuring the views and wishes of those people who no longer had a voice were offered an equitable service. Relatives we spoke with confirmed this. Staff could ensure their care and support was delivered in line with legislation and nationally recognised evidence based guidance. Steps had been taken by the provider to ensure people were supported to have their varied and diverse needs identified and met. The provider could be sure that people did not experience any discrimination.

They felt there was enough staff on duty to keep people safe and well. A review of records and our observations supported this.

The provider ensured staff were trained to meet people's diverse needs. Some people living at Regency Hall were living with dementia. Staff had been trained in how to respond to people's behaviours and what they represented. This meant they could offer care that was effective in meeting people's needs. Records showed and our observations confirmed staff were trained to meet people's diverse needs and wishes.

Staff were supported and supervised in a manner that ensured they had the opportunity to discuss any problems or issues they may have in the work place. Appraisals of staff had started to identify any personal development plans or for staff to receive feedback on their work. Supervision had been completed at regular intervals to allow staff the time to express their views, to reflect on their practice, their training needs and to discuss their professional development.

Staff felt supported and they said they were now trained to recognise and meet people's needs and wishes.

People told us their general health was supported. One person said, "I just have to ask and the staff will sort me out." People's physical health was promoted as GP's and community nurses visited on a regular basis or when requested. Relatives confirmed they were happy with the health care provided and the

communication was good as they were alerted if their family member was unwell.

Meal planning was inclusive and people said the food was good. We were told people had the opportunity to choose meals which were cooked freshly on the premises. There was an abundance of drinks and snacks available and the provider was aware of the need for additional nutrition for those people who had poor appetites. This included adding cream and other calorie dense foods to enable people with poor appetites to have adequate nutrition. Staff were aware of the need for fluids being always available for people. We saw staff ensured people were offered drinks throughout the day. Staff were able to provide us with an overview of people's nutrition as there were systems in place to record nutrition for those at risk. This included ensuring people maintained their weight. Our observations showed lunch was a social communal activity and we saw people enjoyed their food.

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 the 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation 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.

Staff had a knowledge and understanding of MCA and DoLS. Information available showed that each person who used the service had had their capacity to make specific decisions assessed. Where people lacked mental capacity, appropriate applications had been made to the local authority for DoLS assessments to be considered for approval.

People had access to comfortable communal facilities, comprising of several large lounges and separate dining area. However, while the environment was in good repair and condition the signage was not dementia care friendly. We discussed this with the provider's representative who said they understood our concerns and would address it as soon as possible.

People using the service lived in a safe, clean, well maintained environment. Most bedrooms were personalised to reflect their own interests and preferences. This included people's bedrooms with their personal possessions around them.

Is the service caring?

Our findings

At our last inspection on 11 and 24 January 2018 we found a breach of Regulation 10 relating to ensuring people were supported to express their needs and wishes. Following this inspection, we issued the provider with a warning notice. We asked the provider to address these issues and to send us an action plan on how they were going to address this lapse in service.

This inspection was carried out to make sure the provider was now compliant with the warning notice. At this inspection we found the provider had made sufficient progress to meet our requirements and people were now safe.

We saw that staff were kind and caring and they supported people in a manner that promoted their dignity and independence. For example, we saw staff ensure people had their glasses and hearing aids and had all they needed to be comfortable for the day ahead. People were discretely asked if they needed anything such as using the toilet.

A relative said, "This place is transformed we and the rest of our family love coming here and all we see is kindness and caring from the staff." Another said, "It's really settled down now and we are very happy with the lovely caring atmosphere."

People we spoke with were familiar with care planning and family members also told us there had been involved in drawing up care plans. Our review of care plans showed the provider had endeavoured to, where possible, involve people or their representatives in ensuring care needs were understood, and that care was delivered in a manner that promoted dignity and independence.

Our observations supported this. Throughout the day we saw staff gently encourage people to help themselves, for example when assisting people to move staff allowed people to set the pace and they walked alongside them encouraging them. People were assisted to eat, in pleasant surroundings, in a manner that allowed them to have maximum nutrition.

We saw that the provider had conducted meetings with people to ensure they knew what was happening in the service and to ensure they were recognising and meeting people's needs and wishes. For example, the lunch time experience had been transformed into a relaxed event with the use of small tables rather than the large communal table that people said they didn't like.

Information about local advocacy services was held within the service. An advocate supports a person to have an independent voice and enables them to express their views when they are unable to do so for themselves. We saw that one person was using this service.

Visitors told us they were always welcomed to Regency Hall at any time and on the inspection visit we saw family members come and go all day. In the afternoon there was a party, with a large homemade cake and this was well attended and enjoyed by people and families.

We found staff interactions to be kind and we found they showed they cared. Staff told us they were now confident people are cared for in a caring relaxed environment. Our observations supported this.

Is the service responsive?

Our findings

At our last inspection on 11 and 24 January 2018 we found a breach of Regulation 9 relating to person centred care. The provider did not always do everything practicable to ensure care was person centred. We asked the provider to address these issues and to send us an action plan on how they were going to address this lapse in service.

This inspection was carried out to make sure the provider was now compliant with the warning notice. At this inspection we found the provider had made sufficient progress to meet our requirements and people were now safe.

The service was responsive to people's individual needs and wishes. People received personalised care. Care planning had been reviewed and new care plans had been drawn up to ensure people had and staff understood and delivered personalised care. By this we mean staff concentrating on the person they were caring for rather than the task they were completing. For example, a staff member noticed someone did not have their hearing aid in place and went on to ensure this was done straight away so the person was not isolated through lack of hearing.

Care planning included sufficient information on people's individuality such as their likes, dislikes and hobbies. A person told us, "I am off out (to a family event) and the staff did everything for me to help me get ready."

We saw there were objects and games set out for people so they could engage in activities. There was a party on the day of the inspection visit and there was an outside entertainer to add to the party atmosphere. People told us and we saw they enjoyed the afternoon, including the specially prepared food and the entertainer.

Staff now had time to spend with people. We saw staff knew people well and we saw meaningful interaction that people showed signs of enjoying. Relatives said care was now person centred, for example one relative told us, "There is always something to do now the place is busy and it is a pleasure to visit the home." Activities were both communal and individual. Individual interests, where known, were recorded and we saw staff responded to these. For example, one person who liked to spend time in their room had staff spend time with them to read or chat to them and another person liked to walk about the ground floor we saw staff accommodate this and chatted and walked with them.

The provider had processes in place to ensure people's diversity was recognised and respected. For example people could tell us whether religious needs were considered or met in any way. We were told there was no one with a diverse cultural or dietary need in Regency Hall. Our observations and a review of records supported this. The service was aware of creating a service where people who had diverse needs would be able to live as they choose.

Complaints were responded to and resolved in a timely manner. The complaints process was on display and

people and relatives we spoke with were aware of how to complain. The service received some complements.

The provider complied with the Accessible Information Standard. The Accessible Information Standard (AIS) was introduced to make sure people with a disability or sensory loss are given information in a way they can understand. We saw people were encouraged to communicate in ways which suited them. Staff made sure people has access to their hearing aids and glasses.

Is the service well-led?

Our findings

At our last inspection on 11 and 24 January 2018 we found a breach of Regulation 9, 10,12, 17 and 18 relating to the poor management of the service in relation to safe care and welfare of people who lived at Regency Hall. The provider did not always do everything practicable to ensure the service was well led and responsive to people's needs and wishes in a safe environment while cared for by sufficient numbers of trained staff. Following this inspection, we issued the provider with a warning notice on Regulation 17 Good Governance .

We asked the provider to address these issues and to send us an action plan on how they were going to address this lapse in service. This inspection was carried out to make sure the provider was now compliant with the warning notice. At this inspection we found the provider had made sufficient progress to meet our requirements and people were now safe and well cared for. The service was now well led.

The service is required to have a registered manager. 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. The service had a registered manager.

The provider responded to our concerns by appointing a consultant to oversee the improvement we required while they recruited a permanent manager. The consultant was still visiting the service to ensure the registered manager was supported and ensure the sustainability of the changes and improvements.

The registered manager was not available at the time of the inspection visit. Staff we spoke with told us they now felt supported and were happy with the registered manager. One staff member said, "[Name] is great, she is easy to talk to and has an open door. We feel listened to and coming to work in now a pleasure." Another said, "[Name] finally we have someone who understands."

The registered manager had systems in place to review how the service was meeting people's need while protecting them from avoidable harm. These included reviewing all incidents and accidents to make sure staff understood and had actions in place to keep people safe. For example, if a person had a pattern of falling they were referred to the falls clinic, their mobility aids and their medicines were reviewed. Care planning was reviewed to ensure risk assessments were up to date and represented the current risk to people. Risk reduction actions were in place with clear directions to staff on how best to ensure people's safety and welfare.

The registered manager now ensured people were protected from the risk of infection and subsequently cross infection because they now had robust processes in place to ensure the service was clean and fresh and people had access to clean clothing and bedding. We saw the service had processes in place to respond should there be an outbreak of infection.

The provider ensured the service was now adequately staffed to offer people consistent care. There were systems in place to review staffing levels and new staff had been recruited. This included staff for all areas of

the service including caring for people, a chef, kitchen and domestic staff. All staff were trained to meet people's needs and to keep them safe. Staff morale had improved and staff told us they were now happy working at Regency Hall. All the staff we spoke with were positive about the future and were happy with the care they were now able to give people. Staff had clear direction on how to care for people and staff were deployed appropriately. We saw and records showed care was now person centred and staff said this gave them job satisfaction.

Record keeping had improved and the registered manager now ensured all records were up to date, securely stored and reflective of people's needs and wishes.

Care had been taken to ensure the wishes and needs of people living at Regency Hall were captured and included in how the service was managed and run. The chef spoke with people individually to ensure they were happy with menu planning and the quality of the food. People and relatives told us they were consulted on how they wanted the service managed for example people did not like eating at a large table and this was changed to small tables for four. The provider now had systems in place to inform CQC of events that impact on the running of the service. Our records support this. The provider now had systems in place to investigate and resolve complaints effectively. There had been a reduction in complaints received by the service. The service consulted with the local authority and health support services. A review of records and conversations with the local authority supported this.