Luxurycare (Aranlaw House Care Home) Ltd

Regency Manor Care Home

Inspection report

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Ratings

Overall rating for this service	Outstanding ☆

Is the service safe?	**Good** ●
Is the service effective?	**Outstanding** ☆
Is the service caring?	**Outstanding** ☆
Is the service responsive?	**Outstanding** ☆
Is the service well-led?	**Outstanding** ☆

Summary of findings

Overall summary

The inspection was unannounced on 30 November, 1, 2 and 5 December 2016.

Regency Manor Care Home is a nursing and care home for up to 69 older people some of whom may be living with dementia in Poole. Nursing care is not currently being provided at Regency Manor Care Home. There were 62 people living at the home which is divided in to six separate living units over three floors. Two of the living units, Lilliput and Dolphin were specifically for people living with dementia; Dolphin was a female only unit.

We last inspected Regency Manor Care Home in January 2014 and they met the regulations.

The registered manager has been registered since November 2013. 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.

We saw people received care and support in an exceptionally personalised way. Staff knew people well, understood their needs and the way they communicated if they were living with dementia. Care was focused on people's wishes and preferences. This meant people were able to maintain their independence and achieve a good sense of self-worth and wellbeing. The impact this had on people was outstanding and had resulted in them being settled, content and helped them to lead as full and active lives as they wanted to.

Staff developed exceptionally positive and caring relationships with people and their families. Staff were very motivated and demonstrated a commitment to providing the best quality care to individuals in a compassionate way. People's privacy and dignity was maintained at all times during the inspection. People received outstanding end of life care and people experienced a comfortable and dignified death. Bereaved relatives told us the ongoing care and support both during and following the time of their family member's death had been exceptional.

People's mealtimes were positive and sociable experiences. Staff were innovative in the ways they supported people who were living with dementia to eat and drink and this improved their health and wellbeing. People told us they enjoyed the food and that the catering staff made sure they had food and drinks they liked.

People's independence and wellbeing had been enhanced by improvements made in the internal and external environment of the home. Staff used their knowledge of best practice evidence to make the environment suited to the needs of people including those living with dementia.

People, relatives and professionals consistently told us about the excellent care they received from well

trained staff who demonstrated the correct levels of knowledge and skills required which had a positive impact on people's health and wellbeing. People received outstanding effective care by staff who understood the needs of people living with dementia.

Staff were recruited safely and people were involved in the recruitment of staff. There were enough staff to meet people's needs. Staffing levels were based on people's individual needs and this made sure their personal care, social and emotional wellbeing needs were met.

People were supported to express their views and were involved in decision making about their care and were offered day to day choices. Staff sought people's consent for care and treatment and ensured they were supported to make as many decisions as possible. Staff confidently used the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). Where people lacked capacity, relatives, friends and relevant professionals were involved in best interests decision making.

People received a consistently high standard of care because staff were led by an experienced, and proactive registered manager. The staff team were highly motivated and enthusiastic, and committed to ensuring each person had a good quality of life. There was a clear management structure in place and oversight from the provider. There were systems in place to monitor the safety and drive the continuous improvement of the quality of the service provided.

People told us they felt safe at the home. Some people living with dementia were not able to tell us their experiences. We saw those people sought reassurance from staff and were relaxed with them. This indicated they felt comfortable and safe with staff. Relatives told us they felt their family members were safe at the home. Staff knew how to recognise any signs of abuse and how they could report any allegations.

Risks to people's safety were assessed and managed to minimise risks. Staff followed any risk management plans in place for people. Medicines were managed safely and stored securely. People received their medicines as prescribed by their GP.

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.

Medicines were managed safely.

Staff knew how to recognise and report any allegations of abuse.

Staff were recruited safely and there were enough staff to make sure people had the care and support they needed.

Any risks to people were identified and managed to keep people safe.

Is the service effective?

Outstanding ☆

The service was exceptionally effective.

People were supported by a team of staff who were highly skilled in meeting people's needs and received on-going training and development to enable them to deliver the most effective care to people. Specialist dementia care training was provided and this training was provided to staff in all roles, so that they could all interact with people and understand their needs.

There were staff champions who led and guided staff in best practice.

People received ongoing healthcare support from a range of external healthcare professionals and staff used innovative ways of supporting people to eat enough.

Is the service caring?

Outstanding ☆

The service was exceptionally caring.

People who used the service and their relatives consistently said staff supported them with care and compassion and got to know people exceptionally well.

Staff valued each person as an individual, people mattered and

staff developed exceptionally positive, kind, and compassionate relationships with the people they supported.

People could express their views and make decisions, which staff acted on and people's rights to privacy and dignity were valued.

People receiving end of life care were treated with exceptional care and compassion, as were their relatives and those that mattered to them both during and following the person's death.

Is the service responsive?

Outstanding ☆

The service was very responsive.

People received highly individualised care that was tailored to their needs. The service was creative in enabling people to live as full a life as possible. Activities were based on people's individual interests and abilities. This helped people both maintain and try new hobbies or skills.

Staff were very flexible and responsive to providing person centred care which improved people's wellbeing. Staff knew people as individuals first, and considered all of their needs, including their social, emotional and spiritual needs.

Innovative ways of involving people were used so that people were at the heart of everything. People were part of the local community. They regularly went out in the community and invited the community into the home.

People and relatives were listened to and their comments and complaints acted upon.

Is the service well-led?

Outstanding ☆

People received a consistently high standard of care because the registered manager led by example and set high expectations of staff about the standards of care.

People, relatives and staff expressed high levels of confidence in the management and leadership at the service. Staff worked together as a team to support people and felt valued for their contribution.

The culture was open and honest and focused on each person as an individual. Staff put people first, and were committed to continually improving each person's quality of life.

The provider promoted best practice and people benefited from the skills and knowledge of staff. They had robust quality monitoring arrangements through which they continually reviewed, and evaluated to improve people's care.

Regency Manor Care Home

Detailed findings

Background to this inspection

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

This inspection took place on 30 November, 1, 2 and 5 December 2016 and was unannounced on the first date. There were two inspectors in the inspection team. The lead inspector attended the home on the 30 November, 1, 2 and 5 December 2016. The lead inspector was accompanied by a second inspector on 2 December 2016.

We met and spoke with most people living at Regency Manor Care Home. Because some people were living with dementia we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We completed SOFI observations on four separate living units. We spoke with nine visitors and relatives and two visiting health professionals. We also spoke with the registered manager, general manager, managing director, director of care services and nine staff. The staff spoken with included deputy managers, heads of care, care givers and facilities and maintenance staff.

We looked at four people's care and support records and care monitoring records in detail, at electric monitoring records and specific elements of five other people's care plans. We looked at 26 people's medication administration records on two living units and documents about how the service was managed. These included four staff recruitment files and the staff training overview record, audits, meeting minutes, maintenance records and quality assurance records.

Before our inspection, we reviewed all the information we held about the service. This included the information about incidents the registered manager notified us of. In January 2016 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.

We also received positive feedback from five people via CQC's website. In addition one relative emailed

feedback to the home in response to the CQC inspection poster.

We contacted commissioners prior to the inspection and sought the views of professionals involved in the service following the inspection. We received feedback from seven health and social care professionals, the local safeguarding team and two commissioners.

Following the inspection, the registered manager and director of care services sent us the information we requested about policies, activity schedules, menus and quality assurance information.

Good

Is the service safe?

Our findings

People were relaxed with staff in the living units. People smiled, laughed, gave staff eye contact and responded whenever staff interacted with them. This showed people felt comfortable and safe with staff. People said they felt safe and the staff were kind to them. Relatives told us they felt their family members were safe at the home.

There was information displayed about how people, relatives and staff could report any allegations of abuse. The staff had all received safeguarding training as part of their induction and ongoing training. All of the staff we spoke with were confident in recognising the types of potential abuse and how to report any allegations. They spoke highly of the training they received in relation to safeguarding and the responses of managers when they reported any allegations or concerns.

The registered manager had reported any allegations of abuse as required to the local authority safeguarding team and CQC. The local authority safeguarding team told us they did not have any concerns about safeguarding systems at the home. Following any allegations actions were taken to minimise the risk of re-occurrence of any safeguarding incidents between people. For example, individual protection plans were implemented. These included increased staff monitoring of the individuals whereabouts to make sure people were kept safe, medical attention being sought for people and staff closely monitoring people's mood and well-being.

People who were able to told us staff managed their medicines for them. One person said they had been consulted about whether they wanted to continue managing their own medicines or whether they wanted the staff to do it. They told us it was less of a worry for the staff to do it and that it was well managed.

Medicines were administered as prescribed. Staff wore a red 'do not disturb' tabard when administering medicine, to make sure they were not interrupted when administering people's medicines. They explained to people what their medicines were for and if people living with dementia refused their medicines staff tried again later. Staff were able to consistently describe how and in what circumstances any PRN 'as needed' medicines would be administered. This reflected the information included in people's 'as needed' care plans.

Staff had received training in medicines administration. Staff had their competency assessed following completion of their training and then periodically to make sure they remained safe to administer medicines. There was a schedule of audits in place including daily checks for variable dose medicines. An independent pharmacist had recently completed an audit of the medicine management systems. They provided positive feedback about the staff and the medicines management systems in place.

Risks to people and the service were managed so that people were protected and their wishes supported and respected. There was a focus on positive risk taking so people could continue to live full and active lives. People had their needs assessed for areas of risk such as falls, moving and handling, nutrition, and pressure

area care. Where risks were identified plans were in place to minimise these whilst still promoting people's independence.

All incidents and accidents were recorded and analysed to identify what had happened and actions the staff could take in the future to reduce the risk of reoccurrences. For example, where appropriate to minimise the risk of unwitnessed falls, a passive infra-red sensor system was used, which alerted staff when a person was getting out of bed, or had left their room, so staff could offer them assistance.

In addition, people had risk assessments and plans in place for behaviours that may require a positive response from staff. For example, there were specific positive behaviour support plans in place for two people living with dementia who needed them. Staff were clear about the strategies to reassure people and how to positively support people's behaviours that presented challenges to themselves and others. Staff supported one person as described in their risk management plan when they needed some support with personal care. The person was quickly reassured by staff and was relaxed and happily accompanied staff to their bedroom. The person's relative was visiting and told us that staff always supported their family member in the same sensitive way and that the person responded positively. They said, "Mum can be prone to mood swings and they manage it all very well. People can truly be themselves here". They told us they had been consulted and involved in the best interests decisions about the positive behaviour support plan in place. They commented that the use of the strategies included as a last resort in the positive behaviour support plan had reduced significantly. This showed the person was feeling safe and relaxed with staff.

People were involved in the recruitment of staff. One person who lived at the home was part of the interview panel and was involved in making decisions about the recruitment of staff. The general manager told us they planned to offer this opportunity to other people who were interested. Recruitment practices for staff and volunteers were safe and relevant checks had been completed before staff worked unsupervised at the home. These checks included the use of application forms, an interview, reference checks and criminal record checks. This made sure that people were protected as far as possible from staff and volunteers who were known to be unsuitable.

People, visitors, professionals and staff told us there were enough staff to meet people's needs. The registered manager told us that staffing was calculated on people's individual needs and staff teams worked on specific living units. Staff were allocated to work with specific people each day to ensure their needs were met.

The registered manager told us that there was still a small number of staff vacancies that they had not yet been able to recruit to. These were covered by regular agency staff so people received their care and support from consistent staff. People, professionals and staff commented positively on the consistent staff team. One relative said about their family member living with dementia, "It's nearly always the same staff and Mum likes the same faces, she loves it when (three named staff) are on she recognises them and is happy as she can be".

The provider had a facilities manager who managed the maintenance workers, housekeeping and catering teams across the group of homes. There were robust systems in place to ensure the premises were maintained safely. This included a bi-monthly audit to make sure all maintenance and servicing was up to date. Regular checks were completed for fire safety equipment and fire panels, electrical testing, lighting systems, gas safety and hoisting equipment. Legionella testing was regularly completed. Legionella is a waterborne bacteria that can be harmful to people's health.

Outstanding ☆

Is the service effective?

Our findings

People received exceptionally effective care from staff that had an in-depth knowledge of their needs, and were skilled, well trained and confident in their practice. Staff had exceptional skills at communicating and working with people living with dementia. All of the interactions we observed were positive and staff took the time to engage with each person, this included the types of interactions around tasks that we would normally see just a quick change of information. For example, asking people if they would like a drink became a much more lengthy exchange with staff taking their time to sit with people. This was outstanding practice and showed staff really understood the needs of each individual living with dementia and had received the training and guidance that enabled them to do this. This had a positive effect on people's well-being. People, relatives and professionals confirmed staff had the skills to meet people's needs, and had a good understanding of the needs of both older people and people living with dementia.

When staff first came to work at the home, regardless of what their role was, they undertook a six day induction training programme. This covered all essential core training. In addition they worked alongside staff and had a mentor. The 'new starter' champion explained their role was to regularly meet with new staff members and to assist them to integrate into the team and to support staff during completion of the care certificate training. All new staff had a probationary period to assess they had the right skills and attitudes to ensure good standards of practice. The registered manager checked they had the required competencies to become a permanent member of staff. Staff said they felt very well supported during their induction period. New staff were undertaking the national care certificate. This is a nationally recognised set of standards that health and social care workers are expected to adhere to in their daily working life. They had a once a month support day supported by the training department with colleagues from the other homes in the group.

Staff had received a range of training to develop the skills and knowledge they needed to meet people's individual needs. All staff had annual refresher of essential core training. They also completed a four day dementia course in addition to dementia awareness from nationally recognised trainers. This training focused on understanding people's communication and validating their feelings and emotions. People's feelings and their beliefs at their stage of their dementia journey were always acknowledged by staff. This resulted in people who were not distressed or upset and that were constantly reassured by staff because staff were able to understand their communication and anticipate their needs. In addition they received training in understanding end of life, person centred care, safe holding techniques, mental capacity act and mental health awareness. Staff also received training specific to their roles. For example, the heads of care and deputy managers received training in aspects of their roles such as supervision, writing care plans and fire marshal training.

The provider was also working in partnership with other organisations to make sure they were training staff to follow best practice. For example, they were working with the local authority training department and had signed up to being moving and assistance facilitators/champions. The district nurses had trained the general manager and assessed them as competent to deliver diabetes and insulin training to other staff.

Staff felt invested in and there was a commitment from the registered manager and provider to meet any staff member's identified training needs. Staff said that any training or development need that was identified was sourced and met. One staff member said, "I couldn't be happier, (managing director) goes well above and beyond in relation of our training, support and development".

There were staff who volunteered to be champions at Regency Manor. There were end of life, dignity, new starter, oral care, moving and assisting, nutrition and hydration, communication, dementia and infection control champions. These roles promoted evidenced based good practice. We spoke with four of these champions who were all passionate about their roles. All the champions undertook additional training and shared their knowledge within the team through championing and raising awareness in their topic area. For example, the communication champions devised and developed communication picture books to aid the communication of some people living with dementia. Following the dementia champions training they completed a talk for all staff about what they had learned and how they could all get involved in becoming an advocate for people with dementia. They talked about becoming a 'dementia friend' and what this meant; all staff following this talk signed up to become a 'dementia friend'. Staff being 'dementia friends' has had a positive impact on the people living at the home because of their commitment and understanding of how to improve the lives of people and to support them to live well with dementia. The champions had also worked alongside the activity staff to complete activities specifically around dementia as well as offering up to date information and support for their colleagues.

Staff told us they received support and supervision. They all said they felt every well supported and they were encouraged to develop their skills and knowledge. There was a planned schedule of staff support, supervisions and appraisals in place and this included both individual one to one sessions and groups sessions.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA.

The manager understood their responsibilities in regards to the Deprivation of Liberty Safeguards (DoLS). DoLS applications were correctly completed and submitted to the local authority. There were systems in place for monitoring and ensuring any conditions set by the authorising authorities were met. The manager had systems so they knew when people's DoLS expired and by what date they needed to make any new applications.

Staff had been trained in the Mental Capacity Act 2005, and the staff we spoke with had a good understanding about this and making decisions that were in people's best interests. Mental capacity assessments and best interests decisions were in place for people in relation to specific decisions. Staff sought people's consent for all day to day support and decision making, using ways appropriate to the person's individual communication needs. For example, one person's care plan included a description of how staff should seek their consent by giving them eye contact and asking a simple question. Staff sat in front of the person and waited until they had eye contact, smiled and then quietly asked them if they wanted a snack and gave them two choices. The person responded by smiling and pointing at the snack they wanted.

The catering staff were nutrition champions. The head chef met with people and or their relatives when people moved in to consult them about their food and drink preferences, allergies, consistency of food and medical conditions. From this an individual 'food passport' was developed and this information was used to plan and develop menus. People told us the chefs checked with them how their meal was and they valued being able to give their feedback. People said they felt more involved and liked being able to give feedback directly to the chefs and they were always offered alternatives if they did not like the choices on the menu. Relatives told us the chefs would cook their family members whatever they wanted. Comments from people included, "The food is wonderful; it's all I need to say it really is", "I can't remember what I had for lunch but I know it was good" and "I know the food is good I've put on so much weight."

The home participated in a research project with Bournemouth University in relation to assessing and reviewing the amount of calories that people living with dementia burn when they constantly walk. This research had been put into practice. One person walked repeatedly for over 12 hours a day and they received a high calorie fortified diet and additional high calorie snacks from staff throughout the day. They chatted and walked alongside the person whilst offering them snacks. The person would sit and eat a main meal when they were ready to and staff were able to respond by having the meals readily available at the times the person wanted them. This meant the person's weight was maintained regardless of the amount of energy they were using by walking.

Staff made mealtimes a positive and sociable experience for people and understood the importance of people's meal time experience, and eating and drinking well. They were passionate about the importance of good nutrition and hydration, food was freshly cooked and looked appetising and nutritious. People and staff chatted with each other throughout the meal, staff discreetly supported people who needed any assistance and people had specialist crockery that meant they could be independent in eating and drinking.

Mealtimes audits are completed once a week by staff to observe and review peoples' mealtime experiences. Any shortfalls were identified and actions put in place to address them. As an action identified, the registered manager told us they planned for staff to sit and eat their meals with people so staff could experience and be part of the mealtime with people. This meant that they would be able to discreetly support people whilst they all ate their meals together.

There were 'hydration stations' with cold drinks and a variety of sweets and snacks for people to help themselves to. These were easily accessible for people on each of the living units. People helped themselves to these snacks and drinks and or staff offered them throughout the day. We saw where people were able to they were also making themselves cups of tea/coffee from the kitchen areas in the living units. Bright contrasting coloured crockery was used for some people living with dementia. This was good practice and research has shown that people living with dementia can see food more easily on coloured crockery and may subsequently eat more. Some people preferred to use neutral coloured china crockery and this choice was respected.

A speech and language therapist told us that staff always accompanied them on their visits and followed their guidance. They said staff knew people well and that there was a consistent staff team. Staff were knowledgeable about the person who had a safe swallow plan in place from the speech and language therapist. They knew they required their drinks thickened and knew to what consistency it needed to be. The person told us and we saw that their drinks were thickened as directed.

Where people were nutritionally at risk they had their foods fortified with butter, creams and milk powders and had prescribed nutritional supplements. For those people who were nutritionally at risk or at risk of

dehydration they had their fluid and food intake recorded and monitored. The amounts of food and fluids were recorded on the hand held electronic recording system. The amounts were automatically totalled and reviewed at the end of each day. If people had not drank enough and needed to increase their fluid intake this was shared at staff handovers and on the electronic recording system.

People's weights were monitored and action was taken in response to any significant changes. A community dietician also told us the staff at the home made appropriate referrals and always followed their guidance and advice in relation to people's diets.

People had access to healthcare services through regular visits from their local GP and district nurses. People had regular dental appointments, eye tests and visits from a chiropodist. Staff monitored people's health care needs and reported any changes in their health or well-being to their GP or district nurse. Heath professionals reported standards of care were consistently high, and said staff were proactive, recognised changes in people's health and contacted them for advice and carried out their instructions.

The environment was specifically designed and suitable for the needs of the people who lived on each living unit. Those living units that accommodated people living with dementia and sight loss were designed and decorated taking into account into account national good practice such as that produced by the University of Stirling's Dementia Service Development Centre (DSDC). There were contrasting coloured doors, contrasting coloured toilet seats, hand rails and easy to read signage for people living with dementia. People were freely moving about the home either independently or with staff support. People who were not at risk of leaving the home unaccompanied had the door access codes so they could come and go as they pleased.

People's bedrooms were very personalised and included possessions, pictures and photographs that were personal and important to them. The maintenance worker met with people or their families prior to them moving in so their bedroom could be laid out and decorated to their taste. People were involved and consulted about the décor in the communal areas. For example, one person told us they had met with the managing director to feedback about the furniture in their lounge and how they didn't like the neutral colours. The person and managing director both told us they were planning to research and look at new furniture in the new year. They planned to consult with the rest of the people living on the unit before buying new furniture.

The gardens had been redesigned so they were safe and provided a safe walking space. One person and their dog accessed the garden throughout the inspection. A newly designed indoor garden space had been created on the first floor with living plants and a walkway that led to an external balcony space. This was so there was access to additional garden space, plants and fresh air for people living with dementia who lived on the upper floors that they could access independently.

Outstanding ☆

Is the service caring?

Our findings

People, relatives and professionals praised staff and told us about the excellent care provided at Regency Manor Care Home. Comments from people included; "Staff are very good. Anything you want they do willingly with a smile" and "No complaints at all they treat me very well they even give me a cuddle".

We also received the following feedback from a relative via CQC's website: 'The staff are kind, caring, and helpful. I have been delighted with the standard of care given to my husband, an Alzheimer's patient. I have complete confidence in the staff and recommend the home wholeheartedly.' One person who had had a short stay at the home also left the following feedback, 'Very much enjoyed my stay in Regency Manor and thought everyone was most kind, helpful and professional - all the carers, cleaners, kitchen staff, etc. The place is run so efficiently thanks to the deputy managers, especially [general manager].'

People told us and we saw they felt really cared for and that they mattered. One person told us about their return to the home from hospital. They said, "It was lovely when I came back home from hospital. It was like Piccadilly Circus in here with everyone (staff) welcoming me home. They all told me I was missed and it made me feel very special". Staff genuinely cared for and had affection for people and this showed in the ways they interacted with them. For example, staff and people chatted laughed and joked in a relaxed genuine way. People reached out to staff when they needed comfort and staff held and reassured people or gently held their hands.

Staff developed exceptionally positive, caring and compassionate relationships with people. Staff interacted with people throughout the day in a happy and cheerful manner. Staff organised their day flexibly around people's needs and wishes and noticed what was happening for people. They checked regularly on each person, and listened attentively to what they had to say. Staff offered people comfort through gentle touch, held people's hands and held and hugged people who looked sad or reached out for that level of comfort. None of the interactions were rushed and staff waited until people had finished what they were saying or were relaxed before they left them.

There was frequent laughter between staff and people. Staff recognised the importance of music, singing and dancing to people, especially those living with dementia. We saw staff dancing with people and encouraging people to sing along with the music playing if they wanted to. Staff always checked with people about the choice of music and if they noticed that people were not responding to a style of music they tried something else. It was clear that all staff made a huge amount of effort to make sure people had a fulfilling day. This was no matter what the staff member's roles was and they all understood how their role contributed to people's care and wellbeing.

Staff understood people's different ways of communicating and how the person needed to feel valued and secure. This information was included in people's care plans. For example, one person only felt secure when they had their handbag with them. If they did not have it with them they focused on its whereabouts and was not able to communicate effectively. Staff made sure the person had their handbag with them at all times and this had a visible impact on how content the person was.

The home had a strong, person centred culture and staff went that extra mile for the people and families they supported. People told us their friends and families were made very welcome and can visit at any time. Staff always made the effort to speak with visitors and check on how they were. One person's family came in to have Sunday lunch with the person as they always had done when they lived at home. One person said, "The staff make sure you to treat it like your own home, they are very good and my family are welcome whenever they want".

Staff were very committed to the people they cared for. Throughout the inspection staff came into the home on their days off to help with activities both in the home and the community. For example, staff had come in to support with a shopping trip, taking people to the local church to see the Christmas trees and to support people on the living units with decorating their Christmas trees. Staff gave other examples of where they had come in on their days off to take people to the cinema, theatre and to go on day trips.

The activity team had made scrapbooks for all of the people at the home. These were completed by involving people and by their families getting pictures and photographs. These scrapbooks focused on meaningful images for the person, snippets about their lives, their achievements and aspirations.
The provider is part of the National Dignity Council and Dignity in care. There was a dignity champion at the home who was working with and consulting people, staff and visitors on what dignity meant to them. There was a dignity tree in the coffee shop and people, staff and visitors had written their thoughts about dignity on a leaf to put in the tree. There were dignity factsheets, policies and guidance in place in relation to privacy and dignity, pain management, nutrition, personal care and communication.

People told us and staff treated people with dignity and respect at all times throughout the inspection. People said staff always knocked before entering their bedroom, maintained their dignity during personal care and we observed staff using privacy screens in the lounges when they were supporting people being moved with hoists. People said staff respected their choices and lifestyles. One person said, "They let me have a lie in when I want…I've waited all my life to be able to have a lie in. I can get up and go to bed when I want".

There was no-one receiving end of life care at the time of the inspection. However, we reviewed the advanced care plans and records for one person. Following their diagnosis of a terminal illness anticipatory pain relief medicine had been prescribed and plans were in place for these to be administered via the district nursing team. We saw the person had led the discussions in relation to their advanced care plans and had signed their care plans.

One relative told us that their family member had been very unwell and they had been told by the GP their family member was near the end of their life. The relative told us they stayed with their family member for two nights and that they "couldn't fault" the staff and they had "been superb". They said staff had arranged for the district nursing team to set up ongoing end of life symptom control and pain relief medicines. They said staff monitored their family member constantly to ensure they were comfortable. Fortunately, the person's health improved and they were still doing well at the time of the inspection.

We spoke with three visiting relatives, a visiting minister and one person who lived at the home about the experience of their family members at the end of their lives. One relative said, "Dad received first class care… they were absolutely superb when he died, we were involved, Mum was able to be with him and they talked with us throughout and cared for us after". Another relative said, "The care was second to none. They helped me with the grieving process. They really cared for me when Mum died. I now volunteer here three days a week because they were so good". A visiting minister told us, "They looked after him so well. The quality of end of life care was so good; they were always there for him and were constantly making sure he was

comfortable. It was so reassuring for him at the end of his life. I rate this home so highly".

Another relative left feedback via our website about their deceased family member's experience of the home, the person was living with dementia died in autumn 2016. They told us, 'The care and love that she received whilst she was there was second to none…Since (person's) death everyone at Regency Manor have been unbelievably kind, supportive and helpful to me, I cannot thank them enough.'

One GP fed back to us that a relative, who was a patient of the surgery, had told them that a family member had lived at Regency Manor during a terminal illness, and they were always full of praise for the care their family member had received.

The chaplain employed across the group of homes delivered end of life training to staff alongside the training team and end of life champion. The training covered people's journey at the end of life, their spiritual needs and links to the different aspects of pain including physical and spiritual pain. As part of the training they explored what is a good death. This included the importance of advanced care planning.

The end of life champion told us they were passionate about the importance of supporting people to have a good death and the importance of supporting and caring for the people that matter to the person who had died. Staff at the home sent flowers to bereaved family members to show they were thinking of them and maintained contact with them for as long as they wanted.

A memory event was planned with bereaved family members, important others and friends. They painted stones in memory of the person who had died at Regency Manor and these were to be placed in the indoor garden as a memorial. In addition the provider has commissioned Bournemouth University Arts department to make a memory tree for the inside garden that people, families and important others can place a personalised leaf in memory of someone who has died.

The staff team had recognised the impact of people dying on people, staff and visitors and the importance of letting them know that someone had died. Following the death of someone at the home a picture of a dove was placed discretely on their bedroom door and a lantern was lit in reception. Staff told us this was invaluable in recognising and communicating to them all when someone in the home had died.

Outstanding ☆

Is the service responsive?

Our findings

People, relatives and professionals consistently gave us positive feedback about how the service was exceptionally personalised to meet people's individual needs. Comments about the home and staff included; "Staff are very good. Anything you want they do willingly with a smile" and feedback via our website; 'Outstanding service, totally person centred. Excellent staff with high levels of engagement with the adults who live in the service.'

People and relatives told us the staff were very responsive, that nothing was too much trouble and they kept trying things until things were right for the person. One person said, "They responded instantly when my needs changed and I needed my oxygen levels monitored…When I couldn't get comfy in bed they tried three different beds until I found one that was comfy". A relative told us, "Nothing is too much trouble any requests that the family or she has made have been dealt without delay and everyone goes out of their way to help."

People's needs were assessed before they moved in and this assessment included what living unit in the home was most appropriate. For example, where people living with dementia were unsettled by constantly looking for their husbands or other males they were offered a place on the female only unit. This had reduced people's anxiety, because they had developed a close relationship/friendship with other females living on the unit.

People told us they were able to visit the home before moving in. Some people told us their relatives had visited instead. People and relatives said someone from the home visited them to complete an assessment and to give them information about the home. One person told us that moving into Regency Manor was such a significant decision in their life and they said, "I've not felt a bit unsettled moving in here at all".

People's care and support was planned proactively in partnership with them. Staff used innovative and individual ways of involving people so that they feel consulted, empowered, listened to and valued. For example, for some people living with dementia who no longer communicated verbally, staff had developed individual picture communication tools. People told us and we saw they had been involved and consulted about the care plans. Where appropriate people had signed their care plans. People were aware of the care records kept about them. One person told us they had agreed that their relative could have an electronic copy of their monthly records emailed to them. People told us and we saw their care plans were reviewed on a monthly basis and they were updated as needed.

People's care plans were very person centred and focused on people's strengths and abilities rather than what they were no longer able to do. The care plans described how staff needed to support people in a positive way to ensure all their care, social needs and risks were met. People's care plans contained a 'care passport' which detailed how the person liked to spend their day, summary of any risks and all about their life history. This was then supported by comprehensive care planning documents for all aspects of the person's life. When we asked staff about specific people, they knew about them as an individual and they told us what was most important to the person. They were also extremely knowledgeable about people's

care needs and risks and how these were to be met. However, the fact they focused on the person as an individual first rather than any risks, challenges or their care needs showed us they were truly person centred. The staff's individual knowledge of people and all of their needs was outstanding.

Staff told us they found people's care plans easy to use and follow. They said they attended daily handovers where the plan for the day was discussed alongside any changes to people's needs. There were three handovers throughout the day and night to make sure that important information about people's well-being and care needs were handed over to all the staff coming on duty.

We spoke with people about the activities in the home. One person told us that the activities were "Excellent" another person told us "You never get bored here". Other comments included; "I go to church every Sunday" and "I enjoy the activities here I don't want to go anywhere else".

We received the following feedback from a relative via email about the activities. 'They have an impressive range of activities every day, something to suit everyone from 'Keep fit' to 'Poetry'. They don't run the same programme week in and week out'. Another relative left feedback via our website and said, "Very good activities including at the weekends."

Activities were tailored to people's interests and abilities. Lifestyle passports were completed with people and or their relatives or representatives so staff could provide a personalised activities programme. This made sure people's identity and occupational needs were met and they led a fulfilling life. For example, one person was previously a cabinet maker. In response to knowing people's previous interest in woodwork, the maintenance worker had started a weekly woodworking session. The people, some of who were living with dementia, planned, designed, shopped for materials and used the skills of the person who was a cabinet maker to make a piece of furniture. Their current project was making a lectern.

In addition, activities staff used a colour coded system to individually tailor activities that people might enjoy. The system also identified people who were at risk of social isolation so staff could spend one to one time with people every day. For example, one person enjoyed going out for a walk every morning. We saw they went out for a walk each day with a member of staff. The person told us, "I have problems using my upper body, but I love going out for a walk every morning. I go out with a member of staff every day and do a circuit. Sometimes another person comes with us as they enjoy it too". Another person who lived in the home explained that they liked to keep active. They explained that they would assist staff with the breakfast trolley round in the morning, that they had managed an allotment and enjoyed helping to grow vegetables in the homes garden in the summer.

All of the activities team were passionate about their roles and told us they had so much fun with people and they loved their jobs. They said the things they enjoyed most were seeing people participate in activities that were important to them and how this increased their well-being. On one of the days of the inspection it had been planned that the home would put up the Christmas decorations. We saw that the entire activities team were at the home which included those members of staff who were on their days off.

There was a library service who visited the home and one person told us this was invaluable to them as they read every day. There were three outings a week for people including for those people living with dementia. On one of the days of the inspection people were out on a visit to a large department store.

A beautician was employed to visit the home. Staff explained that the beautician was under their instruction and they would direct them to people who they felt would enjoy these sessions.

Activities staff told us they were in the process of setting up an activities focus group. Staff explained that this was in order to get more ideas for activities from people living in the home.

People moved between living units to visit friends and or other family members living in the home. Staff supported people living with dementia to visit other people in the home and to go for walks either in the garden or community each day. People living with dementia had free access to the newly created garden space on the first floor.

There was a chaplain who worked across the group of homes offering pastoral, religious and spiritual care to people. People's spiritual needs were acknowledged and catered for regardless of whether they were of a specific faith or had none. There was an interactive non-denominational Christian dementia friendly service held at the home each week. The chaplain had a network of different faith groups and contacted the relevant group to visit and provide faith support to people living at the home. The chaplain told us they spent time with people on an individual basis to support them with their spiritual needs. These could be either based on a faith or not. For example, they had supported one person to meet their spiritual needs by going to the theatre. Another person had wanted to go to the beach to have their spiritual needs met.

The home had excellent links with the local community. People were supported to maintain links with the local community. Staff were proactive and made sure that people were able to maintain relationships that mattered to them. One person was supported by a staff member to visit their beautician for a weekly manicure. The staff member often supported the person to do this in their own time. People attend the local church on a regular basis and went to the local shops. There were close links with the local primary school, with children visiting the home and people going to events at the school. Two older people who live in the local community came and used the hairdressing a facilities and have lunch with friends they have made at the home.

In addition, the local nursery staff visited with four nursery age children each week to spend a few hours with people at the home. During the inspection the nursery children and people were engaged in an art sessions. Both the nursery children and people were happily playing and painting together and enjoying each other's company. The people living with dementia were relaxed, smiling with and helping with the nursery children. Staff told us these sessions were particularly beneficial both for the people and the children. They said the engagement with the young children visibly increased people's well-being during and after the sessions.

Staff had an excellent understanding of people's social and cultural diversity, values and beliefs and these were acknowledged and met. There was an open and inclusive culture at the home and people and staff told us they felt able to be themselves. For example, this meant people and staff were comfortable enough to disclose and be open about their sexual orientation, same sex relationships and any different religious, cultural or spiritual needs. With people's permission this information was shared and their care plans included how they wanted their needs and preferences met. This in addition to people's care and fulfilment needs being met meant that people had an enhanced sense of wellbeing and exceptional quality of life.

People were able to bring their pets into the home. Staff assisted people in the care of their pets if they needed it. One person had their dog living at the home with them. A relative left feedback on our website about how important it had been to their parent to be able to have their dog with them.

Complaints information was displayed throughout the home. People and visitors told us they knew how to complain. Comments from people included, "I have no complaints" and "I've never had to complain but if I did I would tell them"

We reviewed the complaints file which contained an up to date policy. We reviewed two complaints that were in process and the policy had been followed. We spoke with one of the complainants who told us they were confident that action would be taken in response to their concerns. We saw previous complaints were acknowledged, investigated and the complainant responded to in writing. All responses to complainants included the contact details of the local government ombudsman and CQC if they were not satisfied with the response from the home.

There was a positive, open, transparent culture about complaints and concerns. The registered manager, a relative and records told us complaints and concerns were taken seriously and used as an opportunity to learn and improve the service. The care director also investigated and reviewed any complaints or concerns to ensure there was an impartial view. Feedback was actively sought from people and their representatives. Staff told us they were encouraged to support people and their representatives to complain.

Outstanding ☆

Is the service well-led?

Our findings

The provider and registered manager were registered in October 2013. When they started to operate and manage the home there had been serious concerns about the safety of the people living at the home under the previous provider. Since this time the provider and registered manager have consistently improved the safety and quality of the service. This has been evident by the reduction in the number of complaints and concerns raised with us and the reduction in safeguarding and safety incidents. The home met all the standards assessed at our last inspection and there has been consistently good feedback from the local authority contract monitoring team. This improvement was also supported by a relative whose family member had lived at the home under the previous provider. They told us they had contacted us prior to October 2013 because of the concerns they had about the care at the home. They said, "I'm now very happy with everything, I can only praise them (staff). It's all excellent and I have no worries at all about Mum". We also spoke with three staff who had worked for the previous provider and one told us, "I can't tell you how much things have improved, I couldn't be happier, there's been so much training…they do invest in the staff and the staff are included in everything." All of these staff told us they now felt valued and those who wanted to had progressed to more senior roles at the home.

The provider has four homes in Poole and Bournemouth. Each home has a registered manager and the director of care services oversees the running of all four homes within the group, along with the managing director of the provider. The registered managers of all four homes met on a monthly basis and shared good practice ideas and any learning from incidents. The managers provided support and out of hours cover for each other's services.

People, relatives, staff and professionals told us there was good leadership at the home from the registered and general managers. There was a clear management structure in place at the home. The registered manager was supported by a general manager and deputy managers during the day and assistant managers at night. Each living unit had heads of care that coordinated and worked alongside the care givers on each living unit. In addition there were catering, maintenance and ancillary staff who were managed by the facilities manager who worked across all four homes.

The registered manager led by example and modelled excellent practice to staff. For example, throughout the inspection if a person needed support or assistance the registered manager prioritised the person above everything else. People, relatives and staff told us this was the registered and general manager's usual practice and this ethos was carried out throughout the home. The registered manager told us they made sure they walked around the home every day and "touched base" with people and staff. The registered manager participated in activities alongside other staff. The registered manager told us they were proud of the care that was delivered and the focus for people was "about living". They said and we saw people viewed Regency Manor as their home. The staff were very motivated and they all acknowledged they were fortunate to work in what was the people's home.

There were resident and family focus groups that were facilitated by staff at the home. These meeting minutes were sent to family members and representatives who were not able to attend. There were plans

for the staff to step back so the focus groups could be more independent and could contribute more to the running and development of the home. We looked at the meeting minutes and saw that as a result of the focus groups the provider and director of care services had arranged for visitors and relatives to have dementia awareness sessions from the same trainer who delivered the staff training. One relative gave the following feedback via our website, 'Director of care runs regular relatives' meetings which are well hosted and useful. This included recently training relatives in (dementia trainer's name) model of care - which was an inspirational evening for all who attended. Regency is actively seeking feedback all the time and manager and deputies are always available and interested in how things are going. Communication is excellent on a daily basis where needed and on every visit.'

People were consulted about all aspects of the home through the focus groups and individually through their monthly care reviews. Action was taken in response to any feedback or suggestions received. For example, following feedback from people a gift shop was being built on lower ground floor.

The directors conducted annual surveys with people and or their representatives. The results were analysed and any themes or comments were fed back to the registered manager, who took any action required. The director of care services monitored any action plans in place.

We also reviewed the provider's compliments folder. One relative wrote, 'To all you wonderful deputies, words cannot express how grateful we all are for your tenderness, patience and love you showed to (name of person)'. In addition there was a feedback book near the entrance/exit of the home. One visitor had recently written, 'Very nice carers, staff looking after my father'. Another had written, 'Impressed by the kindness, help and attention of staff members whilst visiting'.

All the staff we spoke with told us all managers and directors were accessible and they could approach them about anything. They said they were always listened to and action was always taken in response. Staff told us their views were actively sought and they had regular staff meetings where they received important updates and were encouraged to share their thoughts on how to constantly improve the home. The registered manager told us they held two staff meetings with the same agenda at 2pm and 7pm so staff could attend either one of them. In addition they held separate night staff meetings.

The directors conducted an annual staff survey at the home. They analysed the results and fed this back to the registered manager. The last survey did not identify any staffing concerns.

There was an employee of month award where staff could nominate a colleague. The employee of the month was then displayed on notice boards around the home and they received a cash reward. Staff commented positively on the teamwork at the home and that they were all proud to work at the home.

At the daily handovers at the start of each shift the deputy managers played fun and inspirational games and quizzes to motivate staff for the day. For example, staff would have to relay to the rest of the team information about the last person to move into the home such as what their occupation was. This reiterated the person centred culture at the home and also meant that staff working on other living units got to know important information about the other people living in the home.

Staff and managers told us there was a no blame culture and they were all encouraged to report any incidents, errors and concerns. This was led by the registered and general managers who would openly acknowledged to all staff where they could have done something different or they had made an error. The registered manager said they encouraged a culture of staff being able to say, "I've messed up and then they can take the responsibility and we can all learn from it". The staff told us the registered manager's

philosophy was "It's only a mistake if you don't learn from it". Any learning was shared at staff meetings and hand overs.

Any complaints, safeguarding concerns and incidents were used by both the registered manager and provider as an opportunity for improvement. The registered manager gave us an example of where they had reviewed and changed the home's accident/incident reporting systems to families or representatives. This was following a complaint from a family member about not being telephoned quickly enough when their family member had a fall. All the relatives we spoke with told us they were informed promptly about any concerns or falls their family member had.

The home and provider works in partnership with other organisations to make sure they are following current practice and providing a high quality service. The director of care services won the 'Venus Women in Business Dorset Manager of the Year Award' for 2016 and has been nominated as safeguarding lead for the committee of the Dorset Care Association. The Managing Director is deputy chair of Dorset Care Association but has now been put forward to chair.

The provider has been funded by a local partnership group to undertake some research in to 'effective leadership'. The managers across the four homes have meetings so they can share good practice and any learning. The director of care services ensured any learning was shared and implemented across all of the four services. For example, following an incident in another home where a microwave set alight during the night; additional fire training and drills were now undertaken at night in all four of the homes. This was because the night staff involved in the incident identified that the home was very different at night in comparison to when they had had fire drill training during the day.

The registered manager took action in response to any feedback from professionals and commissioners. Any actions identified in any contract monitoring reports or professional visits were addressed immediately. We received positive feedback from commissioners about the home and they told us that they home worked very well with them. All of the feedback we received from professionals involved with the home was positive.

The provider had signed up to the Department of Health's Social Care Commitment. The social care commitment is the adult social care sector's promise to provide people who need care and support with high quality services. As an employer they have committed to; recruit staff who care, provide thorough induction training, help staff develop the skills they need, make sure staff understand safety and quality standards, take responsibility for how staff work, supervise staff, support staff to put their commitment into practice every day. In addition employees also have responsibilities to work responsibly, uphold dignity, work co-operatively, communicate effectively, protect privacy, continue to learn and treat people fairly. These commitments were reviewed during staff meetings and as part of the internal quality assurance systems.

The provider used 'secret shoppers' to regularly assess the experience of people and relatives who make contact with and come to look around the home. They were planning to develop this scheme further by recruiting 'secret shoppers' to have short stays at the home.

The provider had appointed an independent consultant to undertake a 'mock' inspection of the home. As a result of this 'mock' inspection the registered manager developed an action plan and immediately addressed any recommendations identified.

The registered manager told us they always took action in response to any findings from audits and or

checks. For example, as a result of unannounced the night time spot checks the night assistant managers were appointed. An assistant manager was now on duty at night to manage the shift and direct the care givers.

There was an improvement and development plan in place that was reviewed by the registered manager and director of care services every month. This included how the service would meet CQC's characteristics of 'outstanding'. For example, they developing a more value based recruitment process that would allow the managers to ascertain more about the staff's qualities and beliefs rather than over focusing on knowledge, skills and experience which they could assist with once employed.

People's written care plans, records and electronic records were accurate and reflected their day to day lives and the care and support provided to them. These records were securely stored and each member of staff had their own secure log in for the electronic handheld devices. We identified conflicting information in two people's records and these were amended immediately. These errors did not have any impact on the care and support the two people received as staff were very knowledgeable about the individuals.