

Sanctuary Care Property (1) Limited

# Regent Residential Care Home

## Inspection report

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18 December 2017

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

This inspection site visit took place on 14 December 2017 and was unannounced. We announced we would return to complete our inspection on 18 December 2017.

Regent Residential Care Home 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.

Regent Residential Care Home accommodates up to 64 people in one adapted building, with areas for people to spend time together or more privately as they choose. Accommodation and care is provided to older people, including those living with dementia. There were 62 people living at the home at the time of our inspection.

At the last inspection, the service was rated Good. At this inspection we found the service remained Good.

We found people living at the home were supported to remain safe. Staff understood people's individual risks and knew what actions to take if they had any concerns around people's safety. Staff took action to reassure people when needed and ensured people had the equipment they needed to remain as independent and well as possible. There were enough staff to care for people in the ways they preferred and to spend time with them so they did not become isolated. People received regular support from competent staff to have the medicines they needed to remain well and pain free.

People benefited from living in a home where there were systems in place to reduce the risk of infections and to manage their safety. This included checks on the environment they lived in, and processes for identifying if there was any learning after safety incidents.

Staff assessed people's care needs and involved people who knew them prior to people moving into the home. By doing this, staff could be sure they could meet people's needs. People received care from staff with the experience and skills to meet their needs. People were supported to choose what they wanted to eat and to obtain support from other health and social care professionals so they would remain well. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People had built strong and trusting relationships with the staff that cared for them, and enjoyed spending time with staff. Staff took communicated with people in the ways they preferred and people had access to written information in different styles to meet their needs. People were encouraged to make their own day to day choices about their care, with support from staff when they wanted this. Staff provided care in ways which promoted people's right to independence and dignity and took action to support their right to privacy.

People's care had been planned by taking their individual wishes, histories and needs into account. Staff communicated information regularly with other staff and relatives, so people's care would be varied to meet their changing needs. People and their relatives knew how to raise any concerns or complaints they may have and were confident these would be addressed. Staff knew how to support people if they wished to raise any concerns or complaints.

People and their relatives were complimentary about the way the home was managed and found senior staff to be approachable. The registered manager had supported staff so they understand how they were to care for people, so people would enjoy life at the home. The provider and the registered manager checked on the quality of the care provided to people, so they would be assured people enjoyed a good quality of life. The registered manager listened to the views of relatives and staff when developing people's care and the home further. This included refurbishment of areas of the home and adaptation of the gardens to meet people's sensory needs. Senior staff had built effective working relationships with other organisations so people would benefit from care based on specialist advice.

Further information is in the detailed findings below.

## 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 remains Good.

### **Is the service effective?**

**Good** ●

The service remains Good.

### **Is the service caring?**

**Good** ●

The service remains Good.

### **Is the service responsive?**

**Good** ●

The service remains Good.

### **Is the service well-led?**

**Good** ●

The service remains Good.

# Regent Residential 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 was a comprehensive, unannounced inspection which took place on 14 December 2017. We also undertook an announced visit to the home on 18 December 2017, to complete our inspection. The inspection was undertaken by one inspector.

As part of the inspection we reviewed the information we held about the service and looked at the notifications they had sent us. A notification is information about important events which the provider is required to send us by law. We requested information about the home from the Healthwatch and the local authority. Healthwatch is an independent consumer champion, which promotes the views and experiences of people who use health and social care. The local authority has responsibility for funding people who used the service and monitoring its safety and quality.

The provider had sent us a Provider Information Return before the inspection. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection we spent time with people in the communal areas of the home and saw how staff supported the people they cared for. We spoke with five people who lived at the home. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We also spoke with five people's relatives as part of the

inspection to gain their views on the care provided to their family members.

We talked with the registered manager of the home and the provider's representative. We talked with eight care staff members, two laundry staff members and an administrative staff member, along with the deputy manager.

We checked a range of documents and written records. These included five people's care records, details of actions staff took to help to monitor and promote people's safety and documents showing us how people's medicines were managed. We saw records which showed us how people's rights were promoted, how the staff responded to any complaints made and how staff were encouraged to raise any concerns they had for people's well-being. Staff training records, minutes of staff meetings and staff surveys and three staff recruitment files were also checked.

We also looked at information about how the provider and registered manager monitored the quality of the care provided and the actions they took to develop the service further. This included checks on the environment people lived in, if people's care needs were met and minutes of relatives' and residents' meetings.



## Our findings

We saw people were at ease with the staff that cared for them. Relatives were positive about the way their family member's safety needs were met. One relative told us "They [staff] are very proactive in managing [person's name] care and safety. They always 'phone me up, even for near misses. They look to stop accidents." Other relatives gave us examples of the support provided to their family members by staff, which helped to promote their safety and well-being. One relative highlighted staff were working with other health and social care professionals, so their family member's safety and care needs would be met.

Staff knew how to support people if they were at risk of harm or abuse. This included raising any concerns they may have with the registered manager or external organisations with responsibility for promoting people's safety. Staff were confident if they raised any concerns the registered manager would take action to help to protect people.

Relatives told us staff understood the risks to their family members' safety and well-being. One relative told us their family member was at risk of falls. The relative said, "They [staff] are very good at making sure [person's name] walks with their walker." Two relatives told us they were reassured staff were checking on people's safety as staff always knew where their relatives had chosen to spend their time. One relative told us staff had noted their family member sometimes became more anxious at specific times. The relative told us staff talked to them about this, so they could be sure they were providing reassurance in the best way for their family member.

Staff we spoke with gave us examples of how they supported people so their risks were reduced. These included risks in relation to people choking, from falls and from people becoming isolated or anxious. Other staff members highlighted the importance of supporting people to spend time doing things they enjoyed, safely. This included when people chose to spend time away from the communal areas of the home.

We saw staff supported people so risks to their safety and well-being were reduced. For example, staff encouraged people to take their time when moving round their home, or if they were anxious about family member's well-being. Staff understood how people liked to be reassured, and spent time with them so any anxiety was reduced in the ways people preferred. People's care had been planned in ways which took their individual safety needs into account. This included risks in relation to the environment, their sensory needs and when eating and drinking. Staff checked if people had been supported with the equipment they needed to remain safe and well. This included equipment to help them to move safely around the home and appropriate footwear to meet their individual needs.

People and their relatives said there was enough staff to care for people and meet their needs. One person told us, "There's enough staff to look after me and get me a cuppa." One relative highlighted how quickly staff had responded when equipment triggered an alarm to staff, indicating their family member may need help. The relative told us they were reassured as when their family member's alarm sounded, "Staff were in quickly ." A further relatives said, "There's always plenty of staff here."

Staff told us there were enough staff available so people would get the support they needed. One staff member said, "There's plenty of staff. It's their time, you spend it with them so they are safe and cared for." Another staff member gave us an example of how staffing was increased in order to meet people's needs.

We saw staff were available to care for people at the times people wanted to be supported. We also found staff communicated information on people's safety needs, so they would receive the care they wanted.

People were supported to have the medicines they needed to remain well, safely. Staff were not allowed to administer people's medicines until they had received training and their competency had been checked. We saw staff kept clear records of the medicines people had received and regular checks were made to ensure people had the medicines they required. This included checking if people wanted pain relief.

People were supported by staff who took action to reduce the chance of infections. Two relatives we spoke with highlighted how clean the home was. One relative said, "The cleanliness is so good here." Domestic and care staff told us they were supported to help to reduce risks of infection through the equipment and processes in place. This included using protective clothing, maintaining regular cleaning routines and disposing of waste safely. Staff we spoke with told us the equipment they needed to do this was always made available for them to use.

We saw the registered manager and provider had systems in place to manage and promote people's safety. As part of this, the registered manager checked people received the care they wanted, promptly. Further checks were undertaken by the registered manager and provider so they could be assured people were receiving care in ways which promoted their safety. These included analysing any incidents such as falls, and how people's medicines were managed, so lessons could be learnt. Checks on the suitability of staff employed were also undertaken, the safety of equipment and suitability of the home's environment, so risks to people's safety were further reduced.

## Our findings

Relatives told us staff took time to find out about the care their family members wanted before they moved into the home. One relative said, "They [staff] got to know [person's name] as an individual, and asked lots of questions before they moved in, so they found the best way to support them."

Staff members gave us examples of how they checked they were able to meet people's care needs in the ways they preferred. One staff member explained they had worked with another organisation who knew one person well, as the person did not have any family members available to support them. Staff told us by doing this, they were able to ensure they could provide the care the person wanted. Another staff member said, "The assessment is important. We ask ourselves, 'Can we meet their needs?' It's not fair to people to take them if you can't look after them well."

Records we saw showed us staff had carefully considered if they could provide the care people wanted in the ways they preferred.

People and their relatives were positive about how staff used their skills and experience to care for people living at the home. One person told us staff understood how to help them. The person said, "They [staff] look after me well." One relative we spoke with highlighted how skilled staff were in helping their family member to move around the home, safely.

Staff told us they were not allowed to care for people until they had received the training they needed to care for people. One staff member told us about some of the training they had done, which was linked to the needs of the people they cared for. The staff member said about the training they had received, "It helps us to help them." One member of the domestic staff the training they had received helped them to understand the best way of communicating with the people. The registered manager planned training for staff so they could be assured people would benefit from receiving care from staff with the skills needed to support them.

People told us they enjoyed their meals and had plenty to drink. One person said, "The food here is very nice." Another person told us, "Staff always get me a cuppa when I want one." One relative told us the food their family member received, "Always looks very nice." Staff we spoke with knew if people required specific diets in order to remain well. We saw staff supported people to make their own choices by showing them the plated options available to them. Staff we spoke with understood the importance of people's nutritional needs being met and staff took time throughout the inspection to encourage people to have enough to eat and drink, so they would remain well. People's mealtimes were not rushed.

People received the support they needed to manage their health. One relative told us, "Staff are very good with [person's name] catheter." The relative highlighted their family member's health in relation to this had been good, because of the actions staff took to support them. Another relative said, "They [staff] always contact the doctor if there are any concerns, and they always let me know." Staff gave us examples of when they had supported people to see their GPs and health specialists, so they would enjoy the best health possible. Records we saw showed us people were regularly supported to see the health professionals they needed to, both for routine healthcare and specialist appointments.

People's needs had been taken into account in the way the home was decorated and the equipment available to them. For example, the entries to people's rooms reflected what was important to them and were personalised, to help people to locate them. One relative we spoke with told us how much their family member enjoyed the freedom of being able to move around the different areas of the home and gardens. The relative told us this was important to their family member, and staff understood this helped them to feel less anxious. One staff member explained some of the bathrooms had equipment in to help people relax when receiving personal care. People were able to enjoy dedicated areas of the home to spend time quietly if they wished.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We saw staff had received training so they would know how to promote people's rights and had followed the processes necessary when depriving people of their liberty.

Staff we spoke with understood some people needed support to make key decisions about their lives. Staff told us their views were taken into account as well as the recommendations made by health practitioners and people's relatives. Where people needed this support, decisions had been made in people's best interests.

## Our findings

People told us they liked the staff that cared for them. One person said, "Staff are very kind." The person told us how much they appreciated this, as it helped them to feel more at home. One relative told us staff were very kind and said, "[Person's name] gets on really well with the staff." Another relative told us about the relationships their family member had built with staff. The relative said, "Staff are lovely. I see them talking to the people living at the home all the time, and [administrator's name] always remembers our name, too."

Staff explained they got to know people by talking with them. One staff member said, "You chat to people over a cuppa, you find out how you can help them." Another staff member told us knowing people well helped them to provide the care in the ways people preferred. The staff member said, "Some people like gentle humour, so you use this with them." Staff gave us examples of the actions taken so people would know they would feel valued. These included celebrating significant events with people and where people wished, including other people living at the home in the celebrations. One staff member told us, "I love it here. You know you are giving back to people, you see how happy they are."

We saw staff took time to acknowledge and chat with people about things that were important to them, such as how their day had been and how their families were. People looked pleased when staff did this.

People showed us they were comfortable to make their own decisions about the day to day decisions. This included what time they wanted to get up, what they wanted to eat and drink and what enjoyable things they wanted to do. One staff member we spoke with explained they supported one person with sensory needs to choose which clothes they wanted to wear. The staff member said, "[Person's name] chooses the clothes they want by touching them. They smile when they feel the clothes they want."

People chose which areas of the home they wanted to spend their time in. Relatives told us they could enjoy privacy for their visits, if their family members wanted this. Staff recognised people's rights to dignity, independence and privacy and promoted these. For example, we saw staff were attentive to people's clothing, so their dignity needs were met. Staff spoke respectfully to the people they cared for. One relative highlighted their family member liked to get themselves up each day. The relative told us staff respected this. One staff member explained the actions they took so people retained their independence. This included encouraging people to assist with their personal care, where they were comfortable to do this.

We saw people's personal information was securely stored, and their post was handed directly to them, so

people's right to privacy was promoted.



## Our findings

People and their relatives were involved in deciding what care they wanted. One person told us this included interesting things for them to do. Relatives said they had been encouraged by staff to decide with their family members what care they wanted and how they wanted to be supported. We saw this included things people wanted to remain doing on their own, such as checking some elements of their own health.

Staff understood how people liked to be cared for, their histories and their preferences. One relative told us their family member liked to be cared for by male members of staff, and said this was regularly done.

Before the inspection, the registered manager had sent us some information about the way people's care was planned. The registered manager had told us they were introducing new ways of planning and reviewing people's care. This would further tailor people's care to their individual needs. One relative highlighted how well their family member's needs were met, at the time their family member wanted assistance and in the ways they preferred. The relative told us, "They [staff] are kind, and do things needed. Every member of staff has gone the extra mile to help [person's name]." The relative told us this had helped their family member to keep in touch with people who were important to them.

Staff were positive about the way people's care was planned and the difference this made to people. One member of staff told us, "Because you have everything to hand you don't have to leave people. You can help them straight away, tell them about the activities planned, and what the lunch options are without leaving them. So you get to spend more time with them."

Another staff member told us more information was available separately to staff, which told them about people's histories and preferences. A further member of staff said, "This gives us enough knowledge about what people want, so we can care for them in the way they like." The registered manager told us there were in the process of transferring this information onto the new system. By doing this, the registered manager was helping to ensure that people would consistently receive support from staff who knew people's needs and preferences well.

One person we spoke with told us staff knew how important it was for them to spend time in the garden and to feed the birds. We saw staff provided support to the person so they had lots of opportunities to enjoy spending their time in this way. Two relatives we spoke with explained staff had used their knowledge of people's histories and interests, so their family members would have regular opportunities to do interesting things. One relative highlighted how much their family member enjoyed gentle exercise and card making.

The relative said, "There's always something to do, and [person's name] gets on so well with everyone living there."

We saw people's care plans and risk assessments reflected their individual needs and how they liked to be supported. We also saw staff offered people information relating to their care in different formats, so their sensory needs would be met.

Relatives told us staff took action to support their family members when their needs changed. One relative told us this included obtaining advice from mental health specialists, and adapting how care was provided to their family member, so they would continue to enjoy a good quality of life.

Staff told us they had regular opportunities to communicate changes in people's needs, so they could make daily adjustments in the care plan for them. This included adjustments in respect of people's health needs and medicines. We saw short term care plans had been developed to address changes in people's needs, such as acute care plans, to support people with temporary health conditions.

People said they would be comfortable to talk to staff if they had any concerns or complaints. One person told us if they had any concerns, "I am sure they [staff] would help me." None of the relatives we spoke with had needed to raise any complaints about the care provided. Relatives told us this was because the care provided was good, and staff acted on any suggestions they made.

Staff we spoke with understood what actions they would need to take to support people if they wished to make any complaints. Information was displayed so people and their representatives would know how to make any complaints or to raise any concerns they may have. We saw processes were in place to manage any complaints received, so any lessons would be learnt.



## Our findings

A registered manager was in post at the time of our inspection. 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.

People were positive about living at the home was how they were cared for. One person told us they knew the home was run well because, "Staff look after me well." Relatives were complimentary about the way their family members' care was organised. One relative said as a result, "It's superb care. I can't thank the staff enough, they are so attentive."

Another relative told us, "From the moment we got here, we found it to be a comfortable and warm atmosphere." The relative explained, "It's like a little family, and they have made me feel like a member of the family, too." Staff understood the registered manager and senior staff expected them to focus on the needs of the people they cared for. One staff member told us, "[Registered manager's name] wants interaction and healthy and happy residents."

We saw people smiled when they saw the registered manager. The registered manager told us they regularly spent time with people living at the home, so they could be sure their needs were met. One relative told us, "I think [Registered manager's name] manages the home well. They are often [working] on the floor and always say hello to us."

Staff told us they were supported to provide good care through one to one meetings with their managers and team meetings. One staff member said, "[Registered manager's name] is fantastic. She has time for residents and staff. You can go to her with any concerns." Another staff member told us because of the support they received, "The best thing about working here is the team work and the residents. Morale here is very good." We saw the registered manager had put processes in place so staff always had the information they needed to hand to promote people's rights. Staff had also been supported to have immediate access to information on how they were expected to support people if any element of their care was not provided to a good standard.

One relative we spoke with gave us an example of how open staff were to further improve their practice. The relative told us, "Seniors are positive and staff are very keen to learn so they can help [person's name]." Another relative told us their family member received the care they needed because of the way senior staff

had sensitively worked with other health and social care organisations. The relative said, "It's well-structured and they [staff] are keen to do things properly. I'd have no hesitation in recommending them. I have not been able to find any faults. There's a willingness to make [person's name] life the best possible." The registered manager explained they were supported to provide good care to people by regular contact with the provider and sharing best practice with the provider's other managers.

In the PIR they returned to us before the inspection the registered manager told us, "We have a resident, relative and friend's notice board on each suite which gives details of forthcoming events and feedback from recent surveys, suggestion box/book is available to anyone that would like to make a comment." Staff we spoke with and minutes of residents' and relatives' meetings we saw confirmed action was taken when suggestions for developing people's care were made. This included planned changes to the home's environment. The registered manager told us there were plans to develop the garden further, so people would be able to enjoy continuing their interest in gardening as their physical and sensory needs changed. We saw the comments made by people on the surveys were very positive about the quality of the care provided and life at the home.

The registered manager told us, "We want person centred care, we fit round the residents, not the other way round." We saw the registered manager and provider undertook regular checks to ensure this happened and that people benefited from receiving a good standard of care. These included checking people's medicines were managed safely, that people had enough to eat to remain well and spot checks on care staff to see how well care was provided to people. The provider also made checks, so they could be assured people were receiving the care they wanted, safely. We saw that where further development of the care provided had been identified action was taken by staff, so people's care would be further enhanced.