

***We are the regulator:** Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

## Regents Court Care Home

128 Stourbridge Road, Bromsgrove, B61 0AN

Tel: 01527879119

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2014

We inspected the following standards as part of a routine inspection. This is what we found:

<b>Consent to care and treatment</b>	✓ Met this standard
<b>Care and welfare of people who use services</b>	✓ Met this standard
<b>Safeguarding people who use services from abuse</b>	✓ Met this standard
<b>Management of medicines</b>	✓ Met this standard
<b>Supporting workers</b>	✓ Met this standard
<b>Assessing and monitoring the quality of service provision</b>	✓ Met this standard
<b>Records</b>	✓ Met this standard

## Details about this location

Registered Provider	Manor Care Home Limited
Registered Manager	Mrs Becky Dallimore
Overview of the service	Regents Court provides accommodation and personal care for people. Nursing care is not provided.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

## Contents

*When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.*

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## Summary of this inspection

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### Why we carried out this inspection

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This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 2 April 2014, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members and talked with staff.

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.

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### What people told us and what we found

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We considered all the evidence we had gathered under the outcomes we inspected. We used the information to answer the five questions we always ask;

- Is the service caring?
- Is the service responsive?
- Is the service safe?
- Is the service effective?
- Is the service well led?

Below is a summary of what we found. The summary is based on our observations during the inspection, speaking with people using the service, their relatives, the staff supporting them and from looking at records.

If you want to see the evidence supporting our summary please read the full report.

Is the service safe?

People told us they felt safe. Safeguarding procedures were robust and staff understood their role in safeguarding the people they supported.

Systems had been in place to make sure that managers and staff learn from events such as accidents and incidents, complaints, concerns, whistleblowing and investigations. This reduced the risks to people and helped the service to continually improve.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberties Safeguards which applies to care homes. The provider had policies and procedures in relation to the Mental Capacity Act and Deprivation of Liberty Safeguards although no applications had needed to be submitted. Relevant staff had been trained to understand when an application should be made, and in how to submit one. This meant that people would be safeguarded as required.

Is the service effective?

People's health and care needs were assessed with them, but they were not always involved in writing their care plans due to their conditions. The provider had also considered information and involvement from relatives, other health professionals and staff. People we spoke were not aware of what was in their care plans but told us they were happy with the care they had received. One person told us: "I don't worry about the paper, I like it here and they look after me well". Specialist dietary needs had been assessed and included.

Visitors confirmed that they were able to see people in private and that visiting times were flexible and the home were accommodating and welcoming.

The staff had received training that they felt met the needs of the people. They also told us their training was kept current and were told when courses were due to be attended. This meant that staff were trained and supported to ensure that people's needs had been met.

Is the service caring?

People were supported by kind and attentive staff. We saw that care workers showed patience and gave encouragement when supporting people. People told us: "I am able to do a lot on my own and they let me get on with it" and: "They look after me, some things I need help with. I am very happy here". A relative said, "I visit regularly and I am confident that X (person's name) is very well looked after".

Is the service responsive?

People completed a range of activities in and outside the service regularly and the provider had staff dedicated to arranging and supporting people to attend these activities.

The views of people and relatives had been recorded in meetings held at the home. We saw that these views had been considered. For example, communal areas had been redecorated and the home was looking to recruit a gardener. This meant that the provider considered the views of people in running the home.

Is the service well-led?

The provider had a quality assurance system in place. We saw records that identified shortfalls and the actions that had been taken to address them. Staff told us that they felt the quality of the service had continued to improve.

Staff told us they were clear about their roles and responsibilities. Staff had a good understanding of the ethos of the home and quality assurance processes were in place. This helped to ensure that people received a good quality service at all times.

You can see our judgements on the front page of this report.

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## More information about the provider

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Please see our website [www.cqc.org.uk](http://www.cqc.org.uk) for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

## Our judgements for each standard inspected

### Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

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### Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

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### Reasons for our judgement

We found that before people received any care or treatment they had been asked for their consent and had where able signed to agree their plan of care.

We saw that staff asked people about the care they wanted and waited for the person to respond. We also saw staff offered positive encouragement to help people with their choices. Staff told us that: "It's always their choice, if they say no I'll accept that. I may try again in a bit or ask another carer. Sometimes they prefer a carer for a particular thing" and: "I'll offer encouragement but never force someone to do something, like take a bath if they do not want to".

People told us: "Never an argument here, they help and are never rude or disrespectful". One relative we spoke with told us: "They are so supportive here and really think about those extra touches". This meant that staff ensured people agreed to any provision of care before they carried it out.

We saw that care records had been kept under review and people had been involved where they had been able. The wishes of people who lived at the home, the opinions of relatives and other health professionals had been recorded. We saw that two people's consent to care and treatment had been signed by their relatives who had Power of Attorney. Power of Attorney means a person has the authority to make decisions on behalf of someone else. This meant that suitable arrangements were in place to obtain consent from people in relation to their care and treatment.

**People should get safe and appropriate care that meets their needs and supports their rights**

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**Our judgement**

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The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

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**Reasons for our judgement**

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We saw that staff had a kind and caring approach towards people they supported. We asked people who lived at the home about their views of Regents Court. People told us: "I am happy here" and: "I feel lucky to be here, I really like it". People also told us they saw their doctors and other health professionals if required.

We spoke with two relatives who told us: "In our opinion it's has a relaxed and friendly atmosphere" and: "The staff seem happy and caring". They also told us that they had been included in their relatives care and kept informed of any changes in their health or care needs.

We found that staff had a good knowledge of the care and welfare needs of the people who lived at the home. When we spoke with staff they had been able to tell us about the care they had provided and the individual needs of people who lived at the home. Staff told us: "You get to know them and you can see if someone needs extra care or if something is different about them. We also report changes to the senior on duty" and: "The care plans tell us about the needs, also it's nice as we get to know the person as well".

During our inspection we observed people enjoying and being actively involved in group activities. For example, we saw that people were involved in a memory morning and in the afternoon an external entertainer visited the home. People told us: "I keep myself busy, I like to clean and dust" and: "I like to go out. Not on my own but with support". This meant that people were supported in the activities that they wanted and planned to do.

Staff told us they made sure they were fully up to date with any changes to people's care needs. Staff told us that at the end of each shift they discussed all people who lived at the home to update any needs or support required. We saw that any changes made to people's support needs had been recorded. This meant that care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

We saw that plans were in place that made sure staff had information to keep people safe. Where a risk had been identified, it detailed the person responsible and how to minimise or manage the risk. For example, we saw that one person had an identified risk with eating

and drinking. The plans in place told staff how to support them and staff confirmed the support that person had needed.

**People should be protected from abuse and staff should respect their human rights**

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## **Our judgement**

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The provider was meeting this standard.

People who used the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

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## **Reasons for our judgement**

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We listened to the staff as they provided care and support with the people who lived at the home. We saw that some people had difficulty in expressing themselves. Throughout the inspection we saw and heard staff respond to people in a pleasant and sensitive manner. We saw and heard them respond to people's needs in a timely manner.

One person told us: "I am very comfortable here and I feel so safe, that's important".

Staff also told us that they would report any suspicions that they might have about possible abuse of the people who lived at the home. They confirmed that they had undertaken adult protection awareness courses. They were also aware of the home's policies and procedures for the protection of people at risk of harm. Staff showed a good understanding of how to recognise abuse.

We saw that a safeguarding policy was available for the staff team to read. It was clear that the staff we spoke with were aware of the policy and how they could report any poor practices they may observe. This meant that staff were encouraged to inform the registered manager or provider about any concerns they may have.

Where an incident or accident had occurred it had been recorded by staff and the registered manager. The registered manager was able to demonstrate that these had been reviewed monthly to identify any areas of concerns or to seek additional advice. For example, we saw that one person had an increase in falls. This person had been referred to a falls prevention team for additional support. This meant that people were protected from the risk of further harm and had support from other professionals.

**People should be given the medicines they need when they need them, and in a safe way**

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## **Our judgement**

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The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

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## **Reasons for our judgement**

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During our last inspection in June 2013 we found that the provider had not met this outcome. On this inspection we found that improvements had been made. For example, medicine administration records (MAR) documented when a medicine had been given or a record had been made to explain why the medicine had not been given. This meant that when people were expected to receive their medicines it had been recorded correctly.

The registered manager told us that: "We check the medicines that come in and out of the home, I have also been able to locate an error as a result of an incorrectly labelled medicine". We also saw the last inspection by the local pharmacy and the actions the provider had taken where advice had been provided.

We saw that written policies and procedures for the management and administration of medicines were in place and easily accessible to all staff. These were comprehensive and included clear up to date guidance for staff to follow for the safe administration of medicines. Staff told us they were aware of these and knew where to find the information and that they had received training in medicines administration. This meant that people could be confident that medicines were managed effectively because staff had access to up to date information.

The registered manager told us that: "I carry out a medication audit every month. In addition I plan to include a weekly audit that will be completed by the deputy manager". We saw records of the monthly audits to confirm this. This meant medicine records were up to date and accurate.

**Staff should be properly trained and supervised, and have the chance to develop and improve their skills**

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## **Our judgement**

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The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

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## **Reasons for our judgement**

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During our observations we saw that people approached staff to ask for help or assistance. Staff demonstrated that they had been able to understand people's needs and had responded accordingly. We saw that staff reflected people's personalities and routines.

We found that staff training had been provided. Future training courses had been booked and were recorded in the home diary for staff to attend. Staff we spoke with told us that: "I have plenty of training and we are told when we need to go on a course" and: "I feel the training is right and about the residents we look after". We saw that staff had completed training in many subjects which included medication, safeguarding, epilepsy and basic first aid. This meant that staff received training to provide appropriate care and support.

We spoke with a member of staff and they told us that they felt supported in their role and had regular one to one meetings with the registered manager. One staff member told us: "I have regular discussions with the manager and they are always approachable and listen to what I say". We saw that the registered manager had formal supervisions with staff and these had been planned throughout the year. This meant that people would be cared for by staff that had been supported in their role.

## Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

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### Our judgement

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The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

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### Reasons for our judgement

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People who lived at the home and their representatives had been asked for their views of the home. The provider had held 'Relatives and Residents' meetings every three months. We spoke with one relative who told us that they had attended the meetings and felt their views were valued. We saw the minutes from the meeting that included feedback and ideas for improvement, some of which had been completed.

The registered manager confirmed that people who lived at the home, relatives and other professionals' views had been sought with an annual questionnaire. The most recent questionnaires had been received in March 2014 had been collated and analysed. The registered manager told us they were now ready to review and take action where required. Most of the comments were positive. One questionnaire had some negative feedback and the registered manager told us they planned a face to face meeting to resolve the issues.

The provider showed that they had assessed and identified risks to people who lived at the home and others. For example, we saw that risk assessments had been completed for many areas of care and all policies were accessible to staff and others. This meant that systems were in place to identify, assess and manage risks to the health, safety and welfare of people who lived at the service and others.

**People's personal records, including medical records, should be accurate and kept safe and confidential**

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## **Our judgement**

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The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

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## **Reasons for our judgement**

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During our last inspection in June 2013 we found that the provider had not met this outcome. On this inspection we found that improvements had been made. For example, when health professionals had visited the service a record of these visits and any action required had been recorded.

We found that the provider had made appropriate arrangements to record and store information. This included information about people's care and support as well as information about the staff that worked at the home and the provider's policies.

We saw that records were kept securely. The registered manager was able to provide us with records when we asked for them. We found that daily records for each person who lived at the home had been completed by staff when required and had been kept up to date. The care records we looked at provided an accurate account of the care that people received. This meant that people's personal records and other documents were accurate and fit for purpose.

## About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

## How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

**✓ Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

**✗ Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

**✗ Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

## How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

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**Minor impact** - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

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**Moderate impact** - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

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**Major impact** - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

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We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

## Glossary of terms we use in this report

### Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

### Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

## Glossary of terms we use in this report (continued)

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### **(Registered) Provider**

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There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

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### **Regulations**

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We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

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### **Responsive inspection**

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This is carried out at any time in relation to identified concerns.

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### **Routine inspection**

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This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

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### **Themed inspection**

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This is targeted to look at specific standards, sectors or types of care.

## Contact us

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