

Pendlebury Care Homes Limited

Regency Hall

Inspection report

The Carriage Drive
Hadfield
Glossop
Derbyshire
SK13 1PJ

Date of inspection visit:
10 February 2023

Date of publication:
20 March 2023

Tel: 01457865989

Website: www.regencyhall.co.uk

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Regency Hall is a residential care home providing personal care for up to 68 people. The service provides support to a range of people including some who are living with dementia. At the time of our inspection there were 46 people using the service. Care was provided across 2 floors which were organised around 3 communal lounges. The provider was not providing care on a third floor and kept this decision under review. There was a large garden for people to enjoy.

People's experience of using this service and what we found

People were supported by kind and caring staff who understood risks to their health and wellbeing. There were enough staff to meet people's needs and they were safely recruited and trained. Medicines were administered as prescribed and safely managed to reduce the risks associated with them. Staff adhered to infection prevention and control procedures in line with legislative requirements and recognised best practice guidelines. Safeguarding systems were effective and regularly reviewed and analysed.

There was a new registered manager in post since the last inspection, who was committed to continuous improvement of the service to make a difference in people's lives. Systems such as audits were well managed to ensure a culture of safety and continuous improvement. Community links were being strengthened to ensure people retained connections and interests.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 12 March 2020). There was a breach in regulation relating to medicines management. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This inspection was prompted by a review of the information we held about this service and prompted in part due to concerns received about a safeguarding incident. A decision was made for us to inspect and examine those risks. We undertook a focused inspection to review the key questions of safe and well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from Requires Improvement to Good based on the findings of this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the

service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Regency Hall on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Is the service well-led?

Good ●

The service was well-led.

Regency Hall

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was completed by 2 inspectors.

Service and service type

Regency Hall is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Regency Hall is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. However, there was a manager who was in the process of registering.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection, including feedback from the local authority. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 8 people who lived at Regency Hall and 3 relatives who were visiting, about the care received. People were able to give differing levels of feedback and so we also observed care in communal areas. One relative also provided written feedback. We spoke with 13 members of staff including care staff, catering and cleaning staff and the manager and nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We received written feedback from a further 2 members of staff.

We reviewed a variety of care records to ensure people received safe care including 6 care plans and a number of medicines administration records. We also checked 2 staff files to ensure they were safely recruited and a number of management oversight records such as audits.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good. This meant people were safe and protected from avoidable harm.

Using medicines safely

At our last inspection the provider had failed to ensure medicines were managed well. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- People received their medicines as prescribed. We observed medicines being administered to people in an individualised way and this was confirmed by relatives and people we spoke with. For example, 1 relative explained how medicines had been changed to liquids to support a person to swallow them.
- Staff had received relevant training and had their competency to administer medicines assessed.
- The provider used an electronic medicines administration system which alerted the management team to any delays or errors with administration, allowing them to respond immediately. Senior staff carried out regular medicines audits to ensure records were completed accurately.
- When people required as and when needed [PRN] medicines, there was a protocol in place for staff to follow, detailing how and when the medicines may be administered. Staff sought professional medical advice when some people needed additional or regular PRN to support distressed behaviours.
- Medicines were stored appropriately, and the temperatures of rooms and fridges were regularly checked.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Relatives we spoke with told us staff knew people very well and understood their needs. One relative said, "If I have any concerns, I will ask staff and they never mind. I usually go to [Name] who is a really nice person and I don't worry at all about going to them. They are always able to put my mind at ease and tell me how my relative has been."
- Risks to people's safety and wellbeing were assessed and monitored. Care plans were detailed and contained clear guidance for staff to follow.
- We observed staff supporting people safely; for example, when moving people or when responding to distressed behaviour to help redirect individuals.
- There were processes in place for monitoring accidents and incidents and the manager completed detailed analysis to highlight any trends and identify any improvements or additional support needed. However, although this was clearly reviewed for accidents such as falls, we found it was less effective for incidents of distressed behaviour. We spoke with the manager and nominated individual about potential improvements to fully review these incidents and increase staff skills to respond to them. They took immediate action and organised additional face to face training for staff to improve this straight after the inspection.

Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse by staff who understood their responsibilities. One person told us, "I am very well looked after, and I feel very safe; I can't tell you how kind the staff are."
- Staff we spoke with knew how to report any concerns about people internally and outside of the organisation to protect people.
- The provider had reviewed systems and processes after safeguarding incidents to protect people from harm; for example, financial management systems had been fully reviewed and responsibility for managing money streamlined.

Staffing and recruitment

- There were enough staff to meet people's needs promptly and safely. One relative told us, "The staff are fantastic, always ready to help." Some people and relatives told us there were busy times when staff were stretched, and they had to wait for short periods. The manager and nominated individual acknowledged the impact people's changing needs could have and assured us staffing levels were regularly reviewed.
- The provider had successfully recruited new staff recently. However, they were also using agency staff to ensure any gaps in numbers could be covered. One relative told us, "They do have agency staff, but they have all been very good and they all know me."
- A review of staff recruitment files showed background checks were carried out. This included Disclosure and Barring Service (DBS) checks which provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. References were also sought from previous employers.
- All staff, including agency workers, were provided with training and support to ensure they could meet people's needs safely.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were somewhat assured that the provider was using PPE effectively and safely. The disposal of PPE in outside bins had not always been completed in line with policy and we saw PPE on the ground by the bins. We shared this with the manager and nominated individual. Afterwards we were assured the area was cleaned. In addition, the cleaning schedule was updated to ensure the area was checked and cleaned at least weekly moving forward.

We also signposted the provider to resources to develop their approach.

Visiting in care homes

People were able to freely receive visits from their relatives and friends to support their wellbeing, and we observed many visits taking place. One relative told us, "I visit regularly and support [Name] with mealtimes which helps them eat more."

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the provider was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Improvements had been made to the oversight and governance of the care provided to people. The management team were aware of their responsibilities to regularly review the service and there were clear systems in place.
- There was a new manager who was in the process of registering with CQC. Staff we spoke with told us the manager had settled well into their role and they felt assured by how supportive they were. One staff member said, "[Name] is a great manager and I can go to them with anything." Another staff member shared, "I have been provided with so much encouragement and support from [Name] and they are always there to help when I need them no matter what time of day or night."
- The manager was confident in using the provider's governance systems but was also empowered to develop their own audits and checks; for example, adapting the manager's daily walk around tool. They were also responsive to any feedback during inspection and sent us revised information after the visit.
- All staff understood their roles, responsibilities and duties. Staff performance was monitored through one to one supervision and checks. One staff member told us, "I have always been provided with the training both in house and online that I need to progress in my career and job role."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider's management team were aware of when to report notifiable events to CQC and their legal regulatory responsibilities around this.
- Duty of candour requirements were met. This regulation requires safety incidents to be managed transparently, apologies provided and that 'relevant persons' are informed of all the facts in the matter. From reviewing governance documents, we could see the correct processes were in place.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People and relatives told us they felt included and involved in the running of the home.
- Some arrangements for consulting with others had not happened recently but the new manager was planning to set them up again; for example, regular meetings and surveys. However, everyone we spoke with or had feedback from told us they were confident to raise any concerns and knew they would be listened to. One member of staff said this was also the case for the provider who had provided discreet support to resolve a concern they raised.

- The service maintained links with the local community and again was looking to revitalise some of these under the new leadership; for example, visits from children who attend a local nursery and religious services for those people this was important to.
- One health professional was complimentary about communication, staff values and the care they observed in the home.