

Lovett Care Limited

Regency Care Centre

Inspection report

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Whitefield
Bury
Greater Manchester
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Tel: 01617961811

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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

About the service

Regency Care Centre is a purpose built home over two floors with resident accommodation on both floors. The home comprises of three units named Springwater, Philips and Heaton. All bedrooms are single and have en-suite toilet facilities as well as several assisted bathrooms and toilets throughout the home. A passenger lift services the first floor. The home registered to accommodate 60 people. At the time of the inspection there were 55 people living at the home.

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

People and their relatives said staff were kind, caring and respectful and described them as 'fantastic' and 'compassionate'. People said they were cared for in a way they wanted and needed. Interactions between people and staff were warm and friendly; this was observed during our visit.

Activities and opportunities, both in and away from the home, had been made available to promote people's independence and social interaction, this included good links with community groups and the Church.

Management systems to monitor and review the service helped identify areas of continuous improvement. Recent improvements included the implementation of the new electronic care planning and medication systems, further training and development opportunities to enhance the skills of staff, a formalised programme of activities as well as refurbishment of the physical environment.

Electronic care planning records reflected people's needs and preferences as well as areas of risk. Staff said these were more effective and enabled them to accurately maintain care records. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Recruitment checks were carried out prior to staff commencing employment. A range of training and development opportunities were provided to support progression as well as provide further flexibility in the services provided. Sufficient numbers of staff were available to effectively meet the needs of people.

People were provided with a good standard of accommodation that was well-maintained. Suitable aids and adaptations were available to aid people's mobility and promote their safety. Servicing and maintenance checks were carried out to ensure the premises and equipment were kept safe.

Good hygiene standards were maintained throughout the home. Government guidance in relation to COVID was being adhered to.

People received their medicines as prescribed. Shortfalls found during the inspection were addressed by the registered manager. The implementation of a new electronic medication system would minimise the risk of such errors being made.

People were offered balanced and nutritious meals. Kitchen staff were aware of people's dietary needs. People had access to relevant healthcare professionals where risks to their health and well-being had been identified.

Systems were in place for the recording and reporting of any safeguarding concerns and complaints. People, their relatives and staff were confident their views were listened and responded to.

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

Rating at last inspection

This service was registered with us on 18 December 2020 and this is the first inspection. The last rating for the service under the previous provider was good, published on 17 August 2018.

Why we inspected

This was a planned inspection, as a new provider, in part due to concerns received about the management, staffing and areas of care and support. As this was the providers first inspection, we reviewed all five key questions.

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.

We found no evidence during this inspection that people were at risk of harm from this concern.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Regency Care Centre

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 Care Act 2014.

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 team was carried out by two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Regency 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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

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. We sought feedback from the local authority quality team, CCG, safeguarding and health protection teams who work with the service. We used all of this information to plan our inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection-

We spoke with three people who used the service about their experience of the care provided. We also spoke with 15 members of staff including the regional manager, registered manager, deputy manager, nursing and care staff, maintenance staff, the activity co-ordinator and the chef.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at five staff files in relation to recruitment as well as health and safety checks.

Our Expert by Experience spoke with seven relatives by telephone about the care and support provided for their family member.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training records, health and safety records, quality assurance audits and policies and procedures.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Systems were in place to help for reporting and responding to any concerns. Managers were working with the local authority to address a recent issue.
- Safeguarding training was provided at induction and updated annually. Staff spoken with had confidence any issues would be quickly addressed by the management team.
- Procedures were in place for the reporting and recording of all accidents and incidents. These were monitored, with observations and checks made by nursing staff, where necessary. Monthly audits were carried out to explore any themes and actions taken. Where necessary, incidents were reported to the local authority and CQC.
- People and relatives we spoke with said, "The manager responds to things", "My [relative] is in contact with people, this makes her feel safer than when she was at home" and "We have confidence in the way that they look after [relative]."

Assessing risk, safety monitoring and management

- Maintenance and servicing of the environment and facilities were carried out.
- An inspection of the electrical installation completed in May 2021 was 'unsatisfactory' with several areas requiring action. This had been scheduled for completion July 2021.
- An up to date fire risk assessment had been completed. Information showed any actions identified had been addressed. An 'emergency grab bag' was available in the reception area. This included up to date personal emergency evacuation plans for each person along with relevant contact information for staff and support agencies.
- Further checks carried out to the emergency lighting and gas safety also identified worked required to make safe. These too had been addressed.
- A range of tools were available to help assess potential risks to people health and well-being. These were detailed within the electronic records and displayed on the handsets used by care staff. These included the risk of choking and use of thickeners, falls, pressure care and malnutrition.
- Equipment to keep people safe, such as wheelchairs, profiling beds, pressure care equipment had been purchased, serviced and maintained in line with manufacturer's timeframes.

Using medicines safely

- People's prescribed medicines were administered safely.
- The home was introducing an electronic medication system. Training was being provided for relevant staff. Individual medication cupboards were also to be installed in bedrooms so more personalised support could be provided.

- We noted on one person's records, reasons for the refusal of medicines were not always documented and patches not checked daily in line with procedure. This was addressed with staff immediately following the inspection.
- In addition, the correct use of thickeners and creams were not always apparent on medication administration records and product labels, as these stated, "use as directed." GPs were being approached and asked to be more descriptive in relation to their use. Original advice from the speech and language therapist or dietician was made available to staff on the electronic care plans.
- Clear guidance was available for covert and 'when required' medicines. People's preferences were recorded in relation how they wished to take their medicines. One person's relative said, "We are kept informed of any changes to [relative's] medication, or health changes."

Staffing and recruitment

- Recruitment checks were carried out prior to staff commencing employment.
- We reviewed the personnel files for five staff. We found shortfalls on two files in relation to references and interview records. Further information was provided following the inspection visit.
- Regular checks for nursing staff were made with the Nursing and Midwifery Council to check their registration was current and up to date.
- We were told the team was stable with numbers maintained 20% above the assessed staffing ratios. A review of staff rotas reflected assessed levels. Staff spoken with felt there were enough staff available to support people.
- One person we spoke with said staffing levels had 'significantly improved'. Staff were described as 'dedicated'. People's relatives also told us, "There always seem to have enough staff on duty" and "They seem to be able to maintain regular staff there."

Preventing and controlling infection

- We were assured the provider was making sure infection outbreaks were effectively prevented or managed. People told us, "They've [staff] been on the ball with cleaning, followed the guidance" and "My room's always clean."
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance. People's relatives told us, "It's a safe environment, we have to have tests wear gloves and face masks to visit and are taken into a separate room to visit" and "We were informed of access and changes to visiting during COVID."
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely. People and staff were also taking part in the testing and vaccination programme.
- We were assured that the provider's infection prevention and control policy was up to date.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- A range of learning and development opportunities in care and clinical support were made available for staff.
- The new provider had recently reviewed the programme of training. Whilst e-learning would still be provided, it was felt 'face to face' learning opportunities should be provided to further support staff learning and understanding of topics relevant to their role.
- As part of the providers development plan, opportunities for specialist training to support career progression was also available. This include the 'Care Home Assistant Practitioner role (CHAP), which is used to support the role for the Registered Nurses and will enable the service to provide further flexibility in the services provided.
- Staff told us there was regular training made available. We were told, "Staff are well trained" and "There's more training, looking forward to the face to face sessions."
- People we spoke with said, "The staff are skilled" and "They know what they are doing." Their relatives also felt staff were equipped to support people. They told us, "I think that staff are well trained and are trained well to identify problems and report it back to senior staff."

Supporting people to eat and drink enough to maintain a balanced diet; Staff working with other agencies to provide consistent, effective, timely care

- People were offered a balanced diet. Kitchen staff used an 'App', which helped with planning nutritional meals as well as food ordering. Kitchen staff were also aware of good practice guidance in relation to modified diets as well food preferences or cultural needs.
- Where people were at risk of poor nutrition and hydration, risk assessments had been completed along with additional food and fluid monitoring. This helped staff recognise people's changing needs and seek advice and support from the dietician or speech and language therapist, where necessary.
- In March 2021 the service achieved a rating of 'five' (the highest rating) from the Food Standard's Agency (FSA), who regulate food safety and food hygiene.
- People and their relatives told us, "On the whole the meals are pretty good", "Chef asks us about the meals and what are preferences are" and "[Relative] always talks about the food, they say it's great and enjoy it, they've put on weight."

Adapting service, design, decoration to meet people's needs

- People were provided with a good standard of accommodation. The home was spacious, providing a comfortable lounge, dining area and individual bedrooms. Aids and adaptations were provided throughout to aid people's mobility and promote their independence.

- People's relatives said, "It doesn't have the feel of a care home, more homely" and "It is very clean, but the corridors could be refurbished." On the day of the inspection, we saw maintenance staff painting the woodwork along the corridors.
- The new owners were completing a programme of refurbishment to further enhance the home and facilities.

Supporting people to live healthier lives, access healthcare services and support

- People had access to a range of medical and healthcare services, such as GP's, community nurses, physiotherapists, and speech and language therapists. All health professional contacts were recorded in electronic care plans.
- The GP surgery maintained weekly contact and visits with the home to review the clinical needs of people, where needed. This helped to minimise hospital admissions.
- Records were maintained of all appointments and any advice provided to help maintain people's health and well-being. Further information was available should people need to be transferred between services, such as admission to hospital, so that consistent care and support could be provided.
- People's relatives felt their family members were well cared for and were kept informed if there were any concerns. We were told, "They always update us of any changes in health" and "Healthcare reviews are done, and we are involved every step of the way."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Ensuring consent to care and treatment in line with law and guidance

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

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Applications and renewal of all DoLS were in place where required.
- People said they were involved, consulted with and consented to their care and support, where able. This was reflected in people's records. Where people were not able to make decisions for themselves, such as the use of covert medicines, a best interest decision was made involving relevant people.
- People's relatives told us they were involved and kept informed. "One relative told us, "They moved [relative] from residential to nursing, they did a healthcare review first and advised us that they would be doing it."
- Where people's relatives made decisions on their behalf, we were told legal authorisation was in place for them to do so.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- We observed people were treated in a kind and respectful manner. This was supported by comments from people and their relatives. One person said, "I look on them [staff] as friends."
- Interactions between people and staff were caring, good humoured and personalised. Staff responded to people's request for help in a timely manner, providing reassurance and support when needed.
- People were appropriately dressed and looked well groomed. One person's relative told us, "[Relative] always looks clean and nice, and they do take her to have her hair done." We were also told that an 'inflatable sink' had been purchased for someone cared for in bed, as having their hair washed was important to them.
- People's religious and cultural needs were met. Prior to the pandemic the home was actively involved with the local church and community groups. When possible, arrangements would be made for these to resume.

Supporting people to express their views and be involved in making decisions about their care

- People and their relatives said their views were considered when planning people's care and support. People's relatives said, "The staff are very caring, and they do listen to [relative] and the family regarding her care" and "They know [relatives] likes and dislikes and take them onboard."
- Where possible, people were able to follow routines of their own choosing. One person told us, "They [staff] respect my wishes and let me get on with things." One person's relative also said, "[Relative] definitely chooses what time she goes to bed and when she gets up. She sometimes has a lie in or has a nap in the day, there is no regime."

Respecting and promoting people's privacy, dignity and independence

- People's rights to a family life were respected. Throughout the pandemic, visiting arrangements had been encouraged and supported in line with government guidance. The High Sheriff of Greater Manchester had presented the home with an award recognising how people had been supported to maintain contact with family during the pandemic.
- People told us they had maintained contact with family by 'face timing', calls and drive through visits. Relatives added, "They send us videos and we see how [relative] is doing" and "We often spoke to [relative] during the pandemic, so she knew we were there."
- People were supported in a discreet and dignified manner. Staff were seen to knock on doors before entering and care was provided in private. The relatives of two people said, "They do everything for [relative] whilst maintaining her dignity" and "My [relative] is treated with respect and his dignity is upheld."
- Where possible, people were encouraged to maintain their independence. People's relatives said, "After [relatives] spell in hospital, the care here has helped her regain her confidence" and "[Relatives] mobility is

not as good, they assist her with washing and dressing as much as she will let them or wants to be helped."

- We saw equipment being used by people to help promote their safety and independence such as profiling beds, zimmer frames, walking sticks, recliner chairs and hoists.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The provider had recently introduced an electronic care planning system. Staff recorded all interactions and support using a handset, which helped to ensure records were accurately maintained. Staff said this was working well and helped ensure all areas of care and support were completed.
- Care plans were personalised and included routines, choices and preferences. Daily notes and monitoring of people's well-being were also completed. Records were kept under review, making sure they reflected the current and changing needs of people.
- From our observations and discussions, we found staff knew people's care and support needs well.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Designated activity staff were available to promote and encourage people's engagement. It was acknowledged activities away from the home had suffered due to the pandemic. Previously people had enjoyed a holiday in Fleetwood involving a trip to Blackpool and a visit to a local safari park. When able, further opportunities would be made available.
- Staff recognised the need to ensure people remained engaged and stimulated. The service was introducing the 'Oomph programme', which helps equip homes in delivering quality exercise, activity classes & days out helping people to maintain and improve their physical mobility, alertness and social skills.
- There were lots of photographs around the home to reflect special events which were celebrated, such as VE day, the Queen's birthday and Chinese New Year as well as craft and baking activities. People's relatives told us, "They took the residents to Blackpool, they are always taking them on daytrips, and there are lots of activities" and "There are loads of activities, they have days out, and activities on the units."
- People had good links with the local community including schools and the church. A local supermarket had donated sunflower seeds which people had planted and were growing in the reception area. A news article was also displayed celebrating the achievement of one person who had recently had a book of poetry published.

Improving care quality in response to complaints or concerns

- Systems were in place for the reporting and responding to complaints and concerns. Any issues brought to the registered managers attention were addressed.
- People said they had no complaints or concerns but knew who to speak with. People's relatives also commented, "We have never had to complain, we know how to if we had to" and "We would always speak to the nurse on the unit regarding any concerns and they would be dealt with it straight away, nothing ever

escalates."

- We saw the home had received many compliments, via an external website, emails and thank you cards. Comments received included; "Words cannot express the thanks I need to say. You all are very precious to me and always will be" and "We just want to pass on our appreciation to you all for what you did to help us through a difficult time."

End of life care and support

- People's wishes at the end of their life were discussed with them and their relatives.
- The family of one person who had recently died had complemented the staff team for their care and support. They said their relative "couldn't have been happier" and family saw the dedication and commitment of staff providing the care, support and dignity that helped them to deal with a very difficult situation.
- Staff worked closely with external agencies, such as a local hospice, so that the care and support people wanted and needed at the end of their life could be provided.
- End of life care was included in the home's programme of training. Additional training was also available for clinical staff in relation to the use of syringe drivers, so people were kept comfortable and pain free. The manager had also completed training to verify a person's death.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Information was made available in a way that people could understand. For example, picture flash cards of meals were available.
- We saw one person had electronic equipment and a large button phone, which enabled them to maintain contact with people.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning and improving care

- The management team were exploring the long-term plans for the service so that more flexible support could be provided to meet the wider needs of the community.
- A range of audits and checks were completed to help identify areas of continuous improvement. One person's relative told us, "No areas of improvement, I would give five out of five stars."
- Shortfalls in relation to medication had not been identified through the audits. This was addressed with relevant staff during and following the inspection. It was anticipated the implementation of the new electronic medication system would reduce any reoccurrence.
- Recent improvements had included the implementation of the new electronic care planning and medication systems so staff were able to accurately record and reflect people's needs. Other improvements included further training and development opportunities to enhance the skills of staff, a formalised programme of activities as well as refurbishment of the living environment.
- A business decision had also been made to change two of the bedrooms on the nursing dementia unit to a small lounge. This provided people with a safe space, where they could spend time with each other.

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

- The management team clearly understood their role and responsibilities and demonstrated a good understanding of the needs of staff and people who used the service.
- The registered manager ensured all events affecting the well-being and safety of people were notified to the CQC, as required by law.
- People and their relatives spoke positively about the staff team. Comments included, "The staff are fantastic", "Well cared for by skilled staff" and "The staff and management are 100% approachable."
- Staff spoken with felt the new provider was making improvements. We were told, "It's going in the right direction" and "It's a respected company."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service continued to engage with relatives during the pandemic to offer reassurance. This included calls, face to face visits and the distribution of a newsletter and letters. Most relatives felt they had been kept informed. We were told, "We didn't have enough information sent over Christmas", "They always kept us up

to date on [relatives] care during COVID" and "There were monthly newsletters then letters to inform of any changes during COVID".

- Opportunities were also made available for staff to share their views and ideas as well as keeping them informed about events within the home. Daily meetings involved all heads of units and other key staff such as maintenance and housekeeping. To recognise good practice, staff were nominated for 'employee of the month'.
- Staff spoken with felt there was good teamwork with shared responsibilities. One staff member said, "Morale across the team took a dip (due to COVID), however the atmosphere is coming up." Another said, "Staff are loyal, caring and compassionate towards people."

Working in partnership with others

- The service worked closely with a range of agencies and services including the local authority (LA), clinical commissioning groups (CCG), local hospice and health and social care team so that people's health and well-being was maintained. We were told, "The registered manager engages well with the CCG and LA and raises wider issues frequently for the safety of the residents in Regency."
- The service had also developed good links with the local and wider community to help promote people's community presence as well as maintain their independence.