



Inspection Report on

Regency House Residential Home

**Regency House Residential Home
Parkes Lane Tranch
Pontypool
NP4 6BA**

Date Inspection Completed

11 August 2022

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About Regency House Residential Home

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Regency House Residential Home Ltd
Registered places	52
Language of the service	English
Previous Care Inspectorate Wales inspection	04/09/2019
Does this service provide the Welsh Language active offer?	Working Towards. The service is working towards providing an 'Active Offer' of the Welsh language and intends to become a bilingual service or demonstrates a significant effort to promoting the use of the Welsh language and culture.

Summary

People are happy with the care and support they receive. Personal plans are available for each person and reviewed on a regular basis. However, these are not person centred and do not identify aspirations and personal outcomes. Specific risk assessments should be in place to accompany plans of care. Restrictions made in people's best interests to manage their safety require appropriate paperwork. Daily records are task focused and do not reflect achievement of individual personal outcomes. The management of medicines requires improvement. Care workers are generally happy in their role and feel supported. Care workers are knowledgeable about the people they support. Improvements in the frequency of staff supervision is required. Governance arrangements are in place to support service delivery and assess the quality of services. Improvements in the recording of complaints is required. The guide to services requires updating. The Responsible Individual (RI) produces the required quality assurance reports and visits the service on a regular basis.

Well-being

People are encouraged and assisted by care staff to be as healthy as they can be. We observed people being supported and encouraged throughout our inspection visit. People have access to GP services. We saw individuals are referred to other healthcare professionals as and when needed, for example district nurses. During our inspection visit we saw people engaged in activities. Improvements in the administration and management of medication are required. People we spoke with told us they enjoy the food provided for them. People's individual dietary needs are considered.

People's experience of care and support may vary and as a result people may not always feel their needs are met in the way they prefer. Personal plans did not contain people's likes, dislikes and preferences. We saw most staff provide care with respect and sensitivity. Staff spoke with people using appropriate volume and tone of voice, terms of endearment were used appropriately with positive reactions. We observed one occasion of insensitive practise. We spoke with visiting family members who were positive about the care provided and complimentary about how their loved one was supported.

People may not understand their rights and entitlements. The guide to services requires updating to ensure people understand what care, support and opportunities are available to them. Plans of care are not person centred or identify aspirations and personal outcomes. Improvements in the recording of actions and outcomes of complaints is required. Where there are restrictions made in people's best interests to manage their safety, appropriate documentation was not available to support these decisions.

People are safeguarded from harm. There are systems in place to record accidents and incidents. Audits of people's care delivery and health and safety monitoring is in place. Character and suitability checks of staff to undertake their roles before providing care are completed. Staff files and training records, show care workers, receive training to ensure people's safety; these include training in safeguarding, infection control, health and safety, moving and handling. The provider has a safeguarding policy and guidelines for staff to follow.

Care and Support

Personal plans cover core areas of an individual's care and support to be provided. Plans are reviewed on a regular basis to ensure they are up to date and reflect people's current identified needs. However, the plans we reviewed were not person centred, did not contain people's likes, dislikes, preferences, social histories or personal outcomes. This is an area for improvement, and we expect the provider to take action. We will follow this up at the next inspection. Daily records are task orientated. Due care and attention is required to ensure daily records are reflective of care and support being provided and the impact this has on people's lives. Generic risk assessments are in place, for example the use of wheelchairs regardless if the person uses one. However, specific risk assessments were missing, these are required to maintain people's safety. For example, skin care, behaviour management and call-bells. We have identified this as an area for improvement and expect the provider to ensure all risk assessments are in place. We will follow this up at our next inspection.

Where there are restrictions made in people's best interests to manage their safety, appropriate documentation was not available to support these decisions. Deprivation of Liberty Safeguards (DOLS) authorisations were in place, however conditions contained within them had not been met. For example, the requirement to complete capacity assessments and best interest decisions had not been completed. This is an area for improvement, and we expect the provider to take action and we will follow this up at our next inspection.

We witnessed positive interactions during our inspection; we saw care staff supporting people in a caring and dignified manner. However, we saw an isolated incident where a person's dignity was not maintained in a communal area. The activities coordinator provides one to one activities with people as well as arranging a variety of group activities. We were told about a festival like event to be held that weekend in the garden. People could invite friends and family to attend.

People can access the necessary health services to maintain their health and wellbeing. Appointments with health and social care professionals are arranged for regular checks or if individual needs change. On the day of our inspection a visiting district nurse was complimentary about the care and support provided. People have developed good relationships with care staff whom they know well and this helps to support people's wellbeing and emotional health. People are supported to maintain a healthy weight and diets are reviewed when required. Drinks are readily available for people throughout the day.

Systems in place for the management of medication require improvement. Medication is securely stored. Controlled medication is monitored. We examined a sample of Medication Administration Records (MARs). The records we checked were completed accurately.

However, liquid medication did not record the date of opening to ensure they were not used beyond their expiry date. Some liquid medication remained in use following its expiration date. Irregular and confusing temperature checks of the fridges used to store medication were noted. Loose medication was found. These are areas for improvement, and we expect the provider to take action and we will follow them up at our next inspection.

Environment

On the day of our visit, we found the home to be clean overall and noted domestic staff were working throughout the building. The service is split into three separate units. The Victoria and Albert units within the service have been renovated and looked homely and welcoming. We saw people's rooms are personalised to their individual taste. However, within the Sovereign unit we saw several rooms are bare and sparsely furnished. We saw redecoration was required in communal areas and in some people's rooms. During our inspection visit we were told of plans to upgrade the physical environment on the Sovereign unit which included the involvement of an interior designer.

Maintenance records we viewed demonstrated routine completion of utilities testing. The auditing and servicing of equipment are up-to-date and fire safety tests and drills are completed within required timeframes. People's Personal Emergency Evacuation Plans (PEEP's) are in the process of being updated, they are not sufficiently detailed to provide clear guidance how people can be safely evacuated in the event of an emergency. The provider conducts checks and maintenance relating to equipment such as hoists, slings and the lift. The provider has a system in place to record and monitor maintenance requests.

At the time of our inspection, the service has a rating of 1 "major *improvements are required*" from the food standards agency until they are inspected again. We spoke to the manager about this matter and was informed the action required to improve food safety had been taken and they are waiting to be re-assessed.

Leadership and Management

There is a statement of purpose (SOP) which describes how the service is provided, and is available for people to assist them in choosing an appropriate service. The guide to the service requires updating. For example, to include further details of the complaints process, advocacy services available and how people can contribute to the running of the service. This is an area for improvement, and we expect the provider to take action and we will follow this up at our next inspection.

The manager and deputy manager oversee the day to day running of the home, with support from shift leads. Care workers told us the management team are approachable and supportive. Governance arrangements are in place that support the operation of the service. Systems are in place which inform the Responsible Individual (RI) and management team of issues that occur. The RI conducts regular visits to the service. Auditing and quality assurance arrangements are in place. We saw audits frequently highlighted issues, such as when people's weights were fluctuating, and we saw evidence of action being taken. The RI completes the required quality assurance reports. The provider has a range of policies in place, to support service delivery. All complaints received need to be recorded fully. For example, evidence of actions taken following receipt of a complaint, outcomes achieved and how this was relayed to the person raising the complaint were not available. This is an area for improvement, and we expect the provider to take action and we will follow this up at our next inspection.

During our inspection, there appeared to be enough care workers and agency staff on duty to support people. A dependency tool is used to calculate the numbers of staff needed on each unit within the service. There are selection and vetting arrangements in place to enable management to appoint suitable staff to work with vulnerable people. There are systems in place to support staff and develop their skills. Care workers attend regular training. Care workers can attend team meetings to discuss the operation of the service. Formal supervision with line managers requires improvement. This one-to-one support provides an opportunity for staff members to discuss any concerns or training needs they may have and for their line manager to provide feedback on their work performance. Formal supervision should be held at least every three months. This is an area for improvement, and we expect the provider to take action and we will follow this up at our next inspection.

Summary of Non-Compliance

Status	What each means
New	This non-compliance was identified at this inspection.
Reviewed	Compliance was reviewed at this inspection and was not achieved. The target date for compliance is in the future and will be tested at next inspection.
Not Achieved	Compliance was tested at this inspection and was not achieved.
Achieved	Compliance was tested at this inspection and was achieved.

We respond to non-compliance with regulations where poor outcomes for people, and / or risk to people’s well-being are identified by issuing Priority Action Notice (s).

The provider must take immediate steps to address this and make improvements. Where providers fail to take priority action by the target date we may escalate the matter to an Improvement and Enforcement Panel.

Priority Action Notice(s)

Regulation	Summary	Status
N/A	No non-compliance of this type was identified at this inspection	N/A

Where we find non-compliance with regulations but no immediate or significant risk for people using the service is identified we highlight these as Areas for Improvement.

We expect the provider to take action to rectify this and we will follow this up at the next inspection. Where the provider has failed to make the necessary improvements we will escalate the matter by issuing a Priority Action Notice.

Area(s) for Improvement

Regulation	Summary	Status
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58	Medicines are not always stored or administered safely.	New
15	Personal plans are not person centred, do not include personal outcomes or identify steps to manage identified risks to peoples wellbeing.	New
64	Records of actions taken and outcomes of complaints were not available.	New
36	Care workers do not receive regular formal supervision with their line manager.	New
21	Paperwork to evidence mental capacity assessments and associated best interests decisions were not available to ensure peoples liberties were protected.	New

Date Published 13/09/2022