



## Inspection Report on

**Regency House Care Home**

**Mill Road  
Ely  
Cardiff  
CF5 4AE**

**Date Inspection Completed**

01/09/2023

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## About Regency House Care Home

Type of care provided	Care Home Service Adults With Nursing
Registered Provider	Hallmark Care Homes (Cardiff) Limited
Registered places	73
Language of the service	English
Previous Care Inspectorate Wales inspection	
Does this service promote Welsh language and culture?	This service is working towards providing an 'Active Offer' of the Welsh language and 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. People told us they like and get along with most of the care staff. People's personal wishes, needs and religions are respected. The majority of people we spoke to feel that the food could be improved. However, we found that the service continuously strives to make amendments in order to improve the menu for people. People are involved in creating and reviewing personal plans which are detailed and identify risk. There are good systems in place to ensure people's health needs are maintained. Nurses have good clinical knowledge regarding people's specific needs and risks. People have lots of activities and different events and facilities they can access within their home. The service is clean and well presented, people feel comfortable within their home. There is excellent oversight by management to ensure that any improvements required are made and monitored. The manager and the Responsible individual (RI) complete regular audits and gain feedback from people, care staff and visitors to enable improvements.

## Well-being

People are provided with important information to enable them to have control over their day-to-day life. People are involved in regular reviews regarding their care. If they cannot participate then a representative, such as a family member can help with this. People's individual needs and risks are identified and considered. We found personal plans are very detailed and include important information on how the person would like their support to be delivered and important things they like to do in their day to day lives. Peoples wishes and beliefs are respected and religious practices observed.

People are invited to resident's meetings so they can discuss any concerns they may have. There are several ways and opportunities in which people and their families can feedback to the service. We saw feedback surveys regarding peoples care and support as well as specific surveys regarding the food. The RI conducts regular visits to the service to speak directly with people and gain their feedback. People are given choices on a day to day basis, around what they would like to eat and what activities they would like to attend. People are encouraged of their right to vote. People are approached and treated with respect by their care staff who know and understand their needs well.

We found that a range of activities and events are available to people throughout the week. These include sports, art, physical exercise and knowledge-based activities. Ongoing projects and events at the service encourage people to be a part of their community. People are supported to go to church and practice their beliefs. People told us they are happy and feel safe at the service. We found care staff respond to people's needs quickly. People's health needs and risks are clearly identified and they see the appropriate health professionals when they need to. People feel comfortable raising concerns with their staff and with the management team. Feedback shows that people feel confident addressing any areas they feel could be improved within the service. Care staff receive training in safeguarding and go through a thorough recruitment procedure prior to employment.

People live in a safe and secure home. People have access to a range of facilities within the service such as a cafe, salon and garden room. There is a well maintained garden available to people. People have access to equipment to aid in their mobility. The environment is regualrly audited by managers and external professionals to ensure it is safe. There are systems in place which enable the manitenance team to act quickly if there are areas of repair or damage that need addressing. The home is extremley clean and well presented. There is ongoing refurbishment to update peoples ensuites.

## Care and Support

People told us they are happy at the service and get along with the majority of care staff that support them. People's personal plans are detailed and individual. We found important information about the person is clearly recorded, such as where they go to church, how they like to shower or what days they see certain health professionals. Risks to people are clearly identified and there are good systems in place to alert staff when there is a concern regarding someone's health. We found staff respond quickly to any concerns identified. Medication systems in place are good. Medication Administration Records (MAR) charts are completed in full and Nurses have very good oversight and knowledge on clinical matters. Daily records reflect the persons needs as specified in their personal plan. This includes information such as weight monitoring and repositioning for people at risk. People have regular access to a GP and are referred to other professionals when needed. Information is regularly reviewed and there is excellent oversight of records by management.

People have access to activities and events throughout the week. Such as ping pong, darts, gardening, quizzes, Zumba, and clay modelling. There is a dedicated 'lifestyle' team in place. The lifestyle team told us how they encourage local volunteers from the community and invite local schools into the service which people enjoy and look forward to. Activities could be strengthened by ensuring people have something to do in the evening as well as during the day. The service uses a tool to assess people who are at risk of social isolation. For anyone identified as at risk the lifestyle team complete a one to one with that person every day. Management told us about an ongoing project at the service, to support people on a one-to-one basis into the community. One person told us they were going out shopping with their staff member, which they were looking forward to. Managers told us about different events that are organised to involve the local community. Events which include local veterans, the local police force and supporting people to the local community hub.

The food menus offered to people are diverse and offer a range of choices. We observed a dining experience. We saw people are offered choices of meals as well as portion size. We saw drinks are regularly provided. People are supported and encouraged to eat together in order to enable a social and interactive environment. We saw people having meaningful conversations with one another. However, dining rooms are very full with limited space for people to move around and some people have to wait for a longer period to receive their meal. Managers told us they are implementing plans to try and manage this to ensure people can eat when they choose in a relaxed environment but also enable social interaction. The majority of people we spoke to told us that the food could be improved. The Hospitality manager has systems in place to gain feedback from people. People and their families also have access to regular surveys. We found evidence to show that from this feedback the service modifies menus to cater to people's different requests.

The kitchen staff have a good level of knowledge regarding people's dietary needs. The catering team have good oversight of the kitchen and we saw regular audits are completed. The kitchen is audited by Environmental Health and have achieved the highest score.

## Environment

People told us they like their home and bedroom. We found bedrooms to be individual and included people's personal belongings. All bedrooms have an ensuite and these are currently being refurbished. People have access to a call bell system in their rooms and throughout the building. People told us that a member of staff will always come when they ring for support. During inspection we saw call bells being responded to in a timely manner. We found the service to be exceptionally clean throughout. People and relatives told us that the cleaning staff are '*amazing*' and '*really go over and above*'. The service has some excellent facilities available to people that are regularly used and loved. The service has well laid out communal lounges that encourage conversation and interaction. A well-presented garden, a social garden room, a mobile shop, a salon, a cinema room and a café. The café is located at the entrance and is a social hub for people and their loved ones. On the day of inspection we saw many people enjoying this with family and friends, laughing and talking. Drinks, biscuits and cakes are readily available for people. The reception team and management greet people with open arms.

There is excellent oversight regarding maintenance and any work required. The service uses a system where people and staff can alert the maintenance team of any issues so these can be rectified swiftly. The maintenance team carry out regular checks on fire systems to ensure these are working correctly. Regular fire drills are carried out. People have a Personal Emergency Evacuation plan in place. We saw that fire safety equipment is readily available throughout the home. The service has excellent systems in place to monitor and maintain the environment. There is a maintenance person who ensures that regular health and safety checks are undertaken and the service also uses external professionals to check the building is safe. The management team conduct regular and thorough audits of the environment.

## Leadership and Management

There are excellent and efficient systems in place to maintain governance and support the smooth operation of the service. The RI completes regular visits to the service to gain feedback from people and from care staff. There are many ways people and/or their loved ones can provide feedback either formally or informally and people are reminded of their right to vote. We found regular surveys are reviewed and a 'You said, we did' document is produced to show what action the service has taken. Complaints are appropriately managed. Investigations following concerns raised are robust and thorough. One relative told us that the manager '*addresses any problems very quickly*'. The RI completes a Quality of Care Review every six months. This document analyses information from the previous six months and identifies areas of improvement and areas the service does well. This document is extremely well presented, clear and very informative. There is a great attention to detail which enables the RI and managers to focus on clear goals in order to improve the service. There are managers for every area within the home enabling an excellent structure for oversight, leadership and governance. The Manager is described as '*supportive*', '*approachable*' '*compassionate*' and '*empathetic*.' Managers complete regular audits covering all aspects of the service. These documents are extremely detailed, honest and transparent and clearly identify areas that need to be addressed and improved. We found that areas of improvement are regularly discussed in meetings, these areas are then monitored and reviewed on a regular basis. The home has a 'policy of the month' to ensure that staff have a good awareness around each policy and we saw this being utilised to increase staff knowledge and understanding.

Care staff know the people they support well. People and their relatives described staff as '*lovely*', '*fantastic*' and one relative told us how the staff lift their loved ones spirits. We saw genuine pleasure in people's faces when they found out who was on shift. Care staff are aware of people's specific risks. We found there to be sufficient numbers of staff during our inspection and rotas show care staff are consistent. Care staff receive good levels of support from management. Training, an annual appraisal and supervisions are provided. We found there to be regular competencies carried out to ensure staff's skills remain up to date. Staff told us they feel supported in their role and feel confident raising concerns with their line manager. Staff are appropriately recruited and vetted prior to employment. We found that recruitment checks are extremely thorough, and we saw an attention to detail in ensuring that work histories are completed and references are sought and recorded. Care staff complete a Disclosure and Barring Service (DBS) check to ensure they are safe to work with vulnerable adults.

### Summary of Non-Compliance

Status	What each means
<b>New</b>	This non-compliance was identified at this inspection.
<b>Reviewed</b>	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.
<b>Not Achieved</b>	Compliance was tested at this inspection and was not achieved.
<b>Achieved</b>	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
N/A	No non-compliance of this type was identified at this inspection	N/A

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