



## Inspection Report on

**Regency House Care Home**

**Mill Road  
Ely  
Cardiff  
CF5 4AE**

## **Date Inspection Completed**

01 and 02 August 2022

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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	30 April 2021
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 told us that they are happy with the service they receive and have a good relationship with care staff. People do things they enjoy and have activities to look forward to. We observed most care staff being kind, caring and respectful to people. People are communicated to and informed about the care they are receiving but this is not consistent across the communities. Management is taking immediate action to ensure staff are always communicating effectively with people.

Personal care plans are in place, and these are followed to ensure identified outcomes are met. People's preferences are recorded, and they are encouraged to share their views of the service on a regular basis. People are supported to maintain their health and have access to health services.

Regency Care home offers a welcoming and homely environment and is suitable to meet people's needs. The home is well maintained, and regular health and safety checks are completed.

Staff are well supported through regular supervision and training. The service maintains clear oversight and leadership from the responsible individual and the manager. They are knowledgeable, visible, and supportive in their role.

## Well-being

People and their representatives are well informed and included in planning their care and support. People make choices about their day to day lives and they have a few ways they can express their views and opinions. People's care plans are detailed, and personal likes and preferences are recorded and catered for. Care staff follow the care plans to support people to achieve their personal outcomes.

Representatives told us that they know how to raise a concern and are confident that concerns will be acted upon. People have access to advocacy services to independently support the person in their best interest. Care staff have a good understanding and knowledge of the people they care for.

The layout and facilities of the home supports the well-being of people and has dedicated areas for activities and socialising. There is adapted furniture and equipment available to meet the needs of people living there. People said they feel safe. The home is secure, and staff follow procedures to ensure visits are safe. People have full use of the large garden. There are effective infection control arrangements in place. People's bedrooms are personalised. We saw individual bathrooms with poor storage facilities for personal items and a lack of oversight to ensure cleanliness.

People are supported to make daily choices and do things that matter to them. People benefit from a choice of meals which are healthy and nutritious. People choose whether to eat their meals in the communal dining areas to socialise with others, or in the privacy of their own room. People are provided with a weekly timetable of a range of activities, and we saw people choosing to take part and enjoying these. We mostly saw positive interaction between care staff with people playing board games and puzzles in one community. We saw people laughing and enjoying themselves with care staff. This is not consistent across all communities.

Recency Care Home has an 'Active Offer' of the Welsh language and provides bilingual information about the service. Management have taken immediate steps to update their Welsh language documentation.

People can be confident that there is clear governance and leadership of the service. The responsible individual seeks the views of people during their visits to the home. The manager and care staff receive regular supervision and support. Relatives speak highly of the manager and care staff, and told us, they "*Are kind, patient and respectful.*"

## Care and Support

People are involved in planning their care and support and are given information to let them know what to expect from the service. The statement of purpose accurately reflects the service people receive. Representatives told us that the admission procedure is supportive and comprehensive. Information is gathered from the person, their relatives, and relevant professionals, to inform care plan development.

Care plans are detailed, person centred and provide care staff with information about how best to care and support the person to ensure they achieve their personal outcomes. Care plans are updated regularly and reflect changes in care and support needs, and staff know how to access them. Daily recordings are not always being completed on time and we cannot be assured that people are receiving timely support. This was raised with the management who took immediate steps to address this. We saw care being delivered mostly in a respectful way.

Many of the care staff have worked in the service for several years. Therefore, people benefit from consistency and continuity of care and support. We found that people have a good relationship with care staff, and they felt confident to raise a concern. People told us *“Some staff go above and beyond,”* and *“Staff do a wonderful job.”*

We saw strong staff leadership in some communities resulting in better outcomes for people who receive positive engagement at every opportunity. Management is working across the staff teams to ensure that this is consistent across the communities.

People are encouraged to voice their opinions and views through meetings with the people they live with and staff. People, representatives, and professionals have access to surveys and questionnaires to express their views on the quality of the service and to help make improvements. The Responsible Individuals (RI) completes visits to the home to formally seek the views of people, representatives and staff which informs the future shaping of the service.

People are offered meals that are home cooked and nutritious. There are dining rooms in each community and the home has a varied daily menu. Alternative meals are available to people. Modified diets are catered for, and staff have a good understanding of dietary needs. People’s weights are monitored, and systems are in place to act on any concerns.

People are supported to take their medication safely and there is a thorough system in place to record and store medication. People have access to health care professionals.

## Environment

People can personalise their bedrooms with items that matter to them. Management is taking immediate actions to improve the ensuite facilities and are investing in renovations of the bathroom facilities. On the day of the inspection, we found a general lack of storage facilities for equipment, consumable products, and staff personal items. Management acted promptly to rectify this, ensuring access to fire exits, and communal bathrooms are not compromised. The communal areas are homely and welcoming. Furniture is arranged to promote and encourage people to socialise together. People told us that they enjoy spending time in the garden and are actively involved in gardening activities. The home recently celebrated 'Hallmark in Bloom' and people said they enjoyed the celebrations. The garden offers ample seating and we saw people meeting visitors in the outdoor space.

The service is committed to having a good standard of cleanliness and hygiene. Substances hazardous to health are mostly stored safely but we found some storage cupboards unlocked when not in use. The medicines and personal files are only accessible for those with authorised access, to ensure confidentiality and safety.

People can be assured that health and safety is routinely monitored to keep them safe from harm. There are robust arrangements in place for maintenance and servicing of equipment and facilities, and strong oversight that the works are being carried out. Health and safety audits are being completed on a regular basis. People have a personal emergency evacuation plan specific to their individual support needs in case of an emergency.

There are effective infection control arrangements in place which care staff follow. When we arrived at the home the staff followed procedures to ensure the visit was safe including checking that we had a negative lateral flow covid test. There is a sufficient supply of personal protective equipment (PPE) to manage infection control in the home. Most of the staff are trained in infection control and hand hygiene. There are up to date policies and procedures in place that staff can access. There is a Covid 19 risk assessment for those visiting the home and a risk assessment for people living in the home which is updated regularly.

## Leadership and Management

Staff we spoke with told us that the Responsible Individual (RI) and the management team are visible, approachable, and supportive. The staff structure is clear. The RI carries out regular visits to the home to seek the views of people and to inform them of the quality of the service. Detailed quality review reports are produced based on the monitoring and assessing of quality and effectiveness of the service. The report shows that the service is performing well. The service provider encourages feedback from staff, people, representatives and professionals with surveys and questionnaires through-out the year. We found that there are detailed internal audits in place to monitor and evaluate all aspects of the service which keeps the RI well informed. The manager has access to the RI and receives good support for their role and personal development.

The management team demonstrate positive, kind, and sensitive engagement with people living at the service, but we did not find this to be consistent throughout the whole staff team. We discussed this with the manager and area manager who took immediate action to remind some staff of the required standards of engagement with people when providing care and support. They are now considering how to continue to develop these skills.

People benefit from a consistent staff team that are well informed of their responsibilities. The staff team are mostly up to date with training, and they have access to policies and procedures. The home has a 'policy of the month' to ensure that staff have a good awareness around each policy. Staff recruitment is thorough, and all pre-employment checks are completed. New staff receive a detailed induction. Staff supervisions and appraisals are up to date and nursing staff are clinically supervised. Competencies across the staff team are regularly monitored. The home actively recruits staff and has a bank of care staff and nurses to call upon during busy times.

The staff team told us that contact with the manager is regular and they "*Would speak to the manager if I saw anything I was not happy with,*" "*We are given resources for activities when we ask for them*" and "*The training is good*". Senior care staff are instrumental in promoting person centred practice throughout the home, and a positive culture is promoted through the management'.

### 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
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N/A	No non-compliance of this type was identified at this inspection	N/A
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