



## Inspection Report on

**Regency House Residential Home**

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

## **Date Inspection Completed**

04/10/2023

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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	11 August 2022
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 receive a good standard of care and support at Regency House. We found a relaxed atmosphere where people looked comfortable and well cared for. We saw genuine, warm, and positive interactions between staff and the people they support. People are offered regular activities and support to maintain relationships with their loved ones. Each person receiving a service has a personal plan which is individualised, detailed and reviewed regularly. Staff recruitment practices are robust. Staff receive regular supervision to enable them to perform their duties. Staff training and registration with the work force regulator require improvement. The management team are approachable and visible in the running of the service with clear governance, auditing, and quality assurance arrangements in place. The Responsible Individual (RI) is based at the service and completes required reports in accordance with the regulations.

## Well-being

People are treated with dignity and respect at Regency House and are encouraged to make choices that affect their lives. People look well cared for and settled in their environment. Staff know the individuals they support well and are familiar to them. Staff support people in a warm and caring manner, with their wishes and views respected. Individuals are given the opportunity to make everyday selections such as clothes to wear, where to spend their day, and food and drink options. Activities are organised on a regular basis at the service and in the community. Friends and relatives can visit when they wish. A person-centred approach to care planning ensures people are at the forefront of the care and support they receive.

There are systems in place to help protect people from abuse and harm. Policies and procedures support good practice and can assist staff to report a safeguarding concern or 'whistle blow', should this be needed. The service has worked in partnership with other agencies to participate in the safeguarding process. Incidents and accidents are logged, and appropriate actions taken by the service. Risks to people are assessed and their safety managed and monitored so they are supported to stay safe, and their freedom respected. Screening and background checks are completed prior to staff starting work. Not all staff are registered with the workforce regulator demonstrating they have the right values, skills and training to be a social care worker. The service submits notifications to Care Inspectorate Wales (CIW) as required.

People are encouraged and assisted by care staff to be as healthy as they can be. A range of external healthcare professionals support people living at the service. Individuals' health is monitored to ensure consistent care and timely referrals. Individual dietary needs are considered, and a range of meals are available. Accidents, incidents and falls are recorded and monitored. We saw the management of medication is safe and in line with their medication policy.

The service provider is continuing to invest in the property to enhance people's wellbeing. The property has had areas decorated, flooring and furniture replaced. We were told of further work in respect of soft furnishing and reconfiguration of some communal areas. Arrangements are in place to ensure the environment is clean and safe. Individuals' rooms are personalised with their belongings on display which promotes belonging.

## Care and Support

Care staff are attentive and respond to people's needs with appropriate levels of prompting and support, in a warm and compassionate way. People look relaxed and comfortable in the presence of staff.

The service provides a good standard of person-centred care and support. Assessments are completed prior to people moving in. Each person receiving a service has a personal plan which is individualised and detailed. Plans are reflective of people's identified needs and contain guidance for staff to follow. Risk assessments highlight individual vulnerabilities and contain information on how to keep them safe. Plans include social histories, identify individual likes, dislikes, wishes and aspirations, ensuring the person's voice is central to the care provided to them. Care plans are reviewed and updated regularly.

Daily recordings and supplementary monitoring charts are in place, giving important information about people's progress and identifying changes in care needs. Appropriate referrals to health professionals are made, for example, district nurses, with recommendations acted upon by the service. Mental capacity assessments and best interests' assessments are completed. Deprivation of Liberty Safeguard (DoLS) authorisations are sought where people lack mental capacity to make decisions about their care and accommodation and need to be deprived of their liberty to keep them safe.

The service has systems in place for the management of medication. We noted improvements in the management of medicines since our last inspection. Medication is stored securely and can only be accessed by authorised care staff. There are monitoring systems in place, including monthly audits. Care staff receive medication training and competency checks are carried out. The home has an up-to-date medication policy in place.

## Environment

The premises, facilities and equipment are suitable for the provision of the service. The location, design and size of the premises are as described in the statement of purpose (SoP). The service provider has invested in ongoing renovations and updating of the environment. We walked around the environment and found it was clean, safe and comfortable. Redecoration of communal areas and people's individual rooms make the environment much more homely and welcoming. Bedrooms are individualised to people's tastes and contain photos, decorations, and keepsakes, which promote a feeling of belonging. There are sufficient toilet and bathing facilities available. Adapted bathrooms improve people's accessibility. Communal lounges provide people with alternative rooms to spend their time. Patio areas provides people the opportunity to sit out in warmer weather.

The service has systems in place to identify and mitigate risks to health and safety. People live in a safe environment, with safety checks and maintenance of equipment being conducted on a regular basis. Records demonstrate routine completion of utilities testing. Recent gaps in fire alarm tests were noted and action was taken immediately by the manager. Fire drills and checks on fire safety equipment are completed. Personal emergency evacuation plans are in place and provide guidance on how people can be safely evacuated in the event of an emergency. Substances hazardous to health are stored safely. Daily cleaning and laundry duties are being maintained.

## Leadership and Management

Governance, auditing and quality assurance arrangements are in place to support the running of the service. These systems help the service to self-evaluate and identify where improvements are required. The RI has a regular presence at the service and good oversight of service delivery. Policies and procedures are in place. They give guidance to care staff, for example telling them what to do if they thought someone was at risk of harm. We saw the service has procedures to deal with complaints and this is followed appropriately. There are systems in place to ensure people, their families and professionals can let them know what they think of the service provided.

The service has robust and safe recruitment systems in place demonstrating staff are fit to work at the service and with vulnerable people. Selection and vetting arrangements enable the service providers to decide upon the appointment of staff. We viewed staff files and found the necessary pre-employment checks have taken place. Employment histories are provided for applicants. Identification and references further support the individual fitness of staff to work at the service. Current Disclosure and Barring Security (DBS) checks are available for all staff.

A dependency tool is used to demonstrate there are sufficient staff working at the service to meet people's needs. Newly appointed care staff complete an induction programme which includes training and shadow shifts. Care staff receive regular supervision and appraisals are completed annually. This provides an opportunity for care staff to discuss any concerns they may have and for management to provide feedback on their work performance. Staff training records indicate care staff are not completing refresher training in a timely manner. The number of care staff registered with the workforce regulator; Social Care Wales (SCW) is very low. Registration demonstrates that staff have the right values, skills and training to be a social care worker. The above are areas for improvement, and we expect the provider to take action.

### 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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36	Staff refresher training is not completed in a timely manner and not all staff are registered with the workforce regulator.	New
58	Medicines are not always stored or administered safely.	Achieved
15	Personal plans are not person centred, do not include personal outcomes or identify steps to manage identified risks to peoples wellbeing.	Achieved
64	Records of actions taken and outcomes of complaints were not available.	Achieved
36	Care workers do not receive regular formal supervision with their line manager.	Achieved
21	Paperwork to evidence mental capacity assessments and associated best interests decisions were not available to ensure peoples liberties were protected.	Achieved

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