

Support for Living Limited

Tudor Avenue Residential Care Home

Inspection report

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11 November 2021

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Tudor Avenue Residential Care Home is a service providing accommodation and personal care for up to six people who have a learning disability. There were four people using the service at the time of our visit.

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

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were the underpinning principles of Right support, Right care, Right culture.

Right support:

Model of care and setting maximises people's choice, control and independence. People had a range of activities and personal items available to them. People were supported to engage in a range of activities and their independence was promoted.

Right care:

Care is person-centred and promotes people's dignity, privacy and human rights. People could live their lives how they chose and were supported to achieve this safely by staff who took responsibility for people's needs. People's privacy was respected.

Right culture:

Ethos, values, attitudes and behaviours of leaders and care staff ensure people using the services lead confident, inclusive and empowered lives. Staff were passionate about providing the best care for people. The service was relaxed, friendly and people knew each other and the staff team well.

Safeguarding procedures were followed, and staff were encouraged to report any concerns.

We saw risks were being regularly assessed and managed to help keep people safe. There were enough staff on duty for people to be supported safely. People received their medicines as prescribed and medicines were managed safely. The home was clean, tidy and staff promoted good infection control practices.

Staff felt supported and received appropriate training to carry out their roles. This included moving and positioning training although hoist equipment was not in use at the time of our inspection.

We were assured the service met good infection prevention and control guidelines. People were protected

from the risk of acquiring infections and the premises were kept clean and hygienic. Personal protective equipment (PPE) was in good supply and staff were following the latest guidance for its use.

Issues were identified during the inspection in relation to the electronic systems for training and care planning. It was of concern that the findings of a Serious Incident Review had only been supplied to the registered manager on the day before this visit took place.

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

Rating at last inspection

The last rating for this service was Good (published 8 November 2017).

Why we inspected

We undertook this inspection to follow up on specific concerns about the service in relation to moving and positioning. A decision was made for us to inspect and to review the key questions of safe, effective and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has not changed. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Tudor Avenue Residential Care Home on our website at www.cqc.org.uk.

We also looked at infection prevention and control measures under the Safe key question. We look at this in all care homes 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.

Follow up

We will 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 well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Tudor Avenue Residential Care Home

Detailed findings

Background to this 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

One inspector carried out the inspection.

Service and service type.

Tudor Avenue Residential 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.

Notice of inspection

This inspection visit took place on 11 November 2021. We gave the registered manager 24 hours notice of our inspection.

What we did before the inspection

We received concerning information about the service since the last inspection. We reviewed information we held about the service, including details about incidents the provider must notify us about, such as abuse or when a person is injured. We used all this information to plan our inspection.

The provider was asked to complete a provider information return prior to this inspection. This is information providers are required to send us with key information about their service, what they do 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 one person who used the service, three members of care staff and the registered manager. We reviewed two people's care records and other records relating to how the service is run.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Any risks to people were assessed and regularly reviewed to help ensure their safety. Identified risks were reflected in each person's support plan and addressed how these were to be minimized.
- Staff were aware of risks to people's wellbeing and how to manage them. Staff received training to help keep people safe including moving and positioning, fire safety and emergency first aid.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to protect people from the risk of harm or abuse. Staff received training on how to recognise, and report concerns if they thought a person may be at risk of harm. Safeguarding was discussed at team meetings and individual staff supervisions. One member of staff told us, "People are treated well here. You can speak to the managers and they will listen." Another staff member said, "The manager is always reachable. They respond and take action."
- The registered manager understood their responsibility to refer matters of concern to the local safeguarding team and appropriate referrals had been made where necessary for serious matters.

Staffing and recruitment

- There were adequate numbers of staff to help keep people safe. One person using the service told us there were enough staff around when they needed them. They said staff were "Really nice." Rotas showed that shift patterns supported people's safety and social wellbeing.
- Staff told us there were adequate numbers of staff to help keep people safe. One staff member said, "It's a small place and it's easy to do things with people. We have started going out more which they [people using the service] are happy about."
- Suitable organisational checks were carried out before staff started working for the provider. These included a Disclosure and Barring Service (DBS) check, identity checks and references to help ensure safe care delivery. The DBS carry out a criminal record and barring check on individuals who intend to work with vulnerable people.

Using medicines safely

- Medicines were being managed safely. Safe systems were in place to ensure people received their medicines as prescribed.
- Staff completed a medicine administration record [MAR] for each person which gave an accurate and up to date record of medicines which had been administered.
- Staff received training in safe medicines management and had their competency checked to do this important task safely.

Preventing and controlling infection

- The home was clean, tidy and staff promoted good infection control practices.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider would admit people safely to the service if necessary.
- We were assured that the provider was using Personal Protective Equipment (PPE) effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong

- There was an open culture within the home and staff told us they felt comfortable to speak up when things had gone wrong.
- Records showed staff reported accidents and incidents. These were reviewed by the registered manager and deputy to reduce the risk of re-occurrence and to identify any learning.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People received individualised care which was centred around their assessed needs, choices and decisions. One person told us, "I like it" and said everything was fine for them. Staff told us that people were happy and treated well.
- People's needs were continually assessed to ensure, as their needs changed, they continued to receive care that met their specific needs.
- Staff reported problems in using the electronic care planning system with feedback including, "It's very complicated" and, "It's so slow. Paper is easier." The managers were aware of staff concerns and had provided ongoing feedback to the organisation.

Staff support: induction, training, skills and experience

- Staff received on-going training to help meet people's needs safely. Staff completed the providers induction when they started to work at the home. This included a variety of training such as safeguarding, mental capacity and moving and positioning.
- The induction included training to achieve the Care Certificate. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of staff in health and social care. Staff also worked alongside experienced members of staff for them to understand how people preferred their care to be delivered.
- Staff training records were up to date however managers reported ongoing issues with the electronic records kept for training with multiple systems currently in use by the organisation. This had caused difficulties in ensuring accurate information was maintained with cross-checking having to take place within the service. This was described as being 'frustrating'.
- Staff felt supported in their roles and were able to discuss their development and training needs in their individual supervision meetings. One staff member told us, "I'm very happy here. The managers are supportive."

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat and drink enough to maintain a healthy and balanced diet. People were involved in a weekly meeting to plan food options for the week. Alternative options were offered on the day if people changed their minds.
- People were happy with the quality of the food and could access food and drinks when they wished. One person told us they liked having shepherd's pie and said they were involved in planning the menu each week.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The provider worked in partnership with other agencies to ensure people's health needs were met. Records confirmed people had access to a range of healthcare professionals such as GP's, dentists and opticians. Referrals were made to specialist services such as speech and language therapists and other health practitioners where necessary.
- In the event of a medical emergency, 'hospital passports' had been produced to help people transfer successfully between services. These passports contained significant information such as their communication needs, allergies and what things were important to them.

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

- The home environment met people's needs. The service was situated on a residential street. There were no obvious signs it was a care home and the people who lived there comfortably referred to their surroundings as 'home'.
- Communal spaces were decorated and updated according to the changing needs of people. Bedrooms were personalised to people's individual preferences.
- The registered manager had recognised the changing needs of the people living at the home. Adaptations had been made and ground floor bedrooms used in accordance with people's assessed mobility.

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.

- Staff involved people in decisions about their care, so their human and legal rights were upheld.
- People's mental capacity had been assessed and a best interests framework used to make a particular decision when required. Where restrictions were in place, DoLS applications had been made.

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 key question has now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Following an incident in January 2021, the organisation had carried out an internal Serious Incident Review with the written report dated 2 June 2021 supplied to CQC on 13 September 2021. The registered manager informed us that this report had not been sent to him until the day before this short notice announced inspection. This was of concern given the report contained actions regarding moving and positioning practice for the registered manager, to be 'taken immediately to reduce the risk of repeat incidents in his services'. We found that no people using the service required support with moving and positioning at the time of this inspection and we had no concerns with the care currently being provided to people.

- However, not all the systems and support provided to the registered manager and staff were fit for purpose. For example, both managers and staff reported problems in using the electronic care planning system. Managers additionally reported ongoing issues with the electronic records kept for training with multiple systems currently in use. This caused difficulties in ensuring accurate information was maintained to provide assurance that staff training was up to date and this was reflected in the organisations own Serious Incident Review report. Following our inspection visit, we were informed that further work was taking place within the organisation to develop and improve the care planning system. A new training database was also being piloted in early 2022.

- The registered manager understood the duty of candour and their duty to be open and honest about any incident which caused or placed people at risk of harm. Requested information regarding the incident had been supplied to CQC and immediate actions had been taken to reduce any associated risks for people using the service. Both the registered manager and their deputy were open and transparent during the inspection and demonstrated their commitment to ensuring people received safe, high quality care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The management team had a detailed knowledge of the people they supported and there was an established culture of care delivering person-centred care based on current good practice.

- The deputy manager was responsible for the day to day running of the home, alongside the support workers. The registered manager was also registered to manage one of the other providers locations nearby but attended the home regularly to support the deputy manager as needed.

- We received positive feedback about the leadership in the home from staff. Staff told us they enjoyed

working at the service, felt valued and the management team were always available for support.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Feedback was sought from people and staff through reviews, supervisions and meetings. The service encouraged people to share their views and discuss important topics such as staying safe in the coronavirus pandemic.
- Systems were in place to monitor day-to-day care being delivered for people. Managers and staff told us they had regular handover and team meetings to share important information about people and to discuss any ideas they may have in order to improvements to the service.

Working in partnership with others

- The service worked in partnership with other professionals to ensure people received the right care and support. Records showed positive joint working with social workers, speech and language therapists and other health professionals.