

# Tudor Care Limited

# Old Rectory (Bramshall)

# Limited

## Inspection report

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### Ratings

#### Overall rating for this service

Requires improvement



Is the service safe?

Good



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Requires improvement



### Overall summary

We inspected this service on 30 September 2015, it was an unannounced inspection. The Old Rectory (Bramshall) provides accommodation and nursing care for up to 30 people. At the time of our inspection 24 people were using the service. Most of the people living at the home had physical health needs and some people were living with dementia.

There was no registered manager in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the

# Summary of findings

service is run. An acting manager was working at the service at the time of our inspection and was about to start the process of registering with us. We refer to them as the acting manager in the body of the report.

At our last unannounced inspection on 8 May 2015, multiple regulatory breaches were identified and the service was judged to be 'Inadequate' and placed into 'Special Measures' by us. The purpose of special measures is to:

- Ensure that providers found to be providing inadequate care significantly improve.
- Provide a framework within which we use our enforcement powers in response to inadequate care and work with, or signpost to, other organisations in the system to ensure improvements are made.
- Provide a clear timeframe within which providers must improve the quality of care they provide or we will seek to take further action, for example cancel their registration.

This meant the service would be kept under review and inspected again within six months. We told the provider they needed to make significant improvements in this time frame to ensure there were enough staff to support people, that people received safe care and treatment and were protected from abuse and not unlawfully restricted. We also told them that they needed to demonstrate there was good leadership, management and governance.

At this inspection, we made the judgement that the provider had made sufficient improvements in the provision of safe and responsive care to take the service out of special measures. However, further improvements were needed to demonstrate that the service was consistently effective and well led.

We found the provider was not consistently meeting the legal requirements of the Mental Capacity Act 2005. The legislation sets out the actions needed to ensure that where appropriate, decisions are made in people's best interest when they are unable to do this for themselves. Some improvements had been made and the acting

manager had made referrals for approval to ensure people were being lawfully deprived of their liberty. However, the acting manager had not reviewed the mental capacity assessments in place for people to ensure they met the requirements of the Act.

The acting manager carried out some checks and had taken action to improve the service as required. However, further improvements were needed to ensure the quality and safety of the service was reviewed and monitored on a regular basis to drive continuous improvements in the service.

The provider had taken action to ensure there were enough staff on duty to keep people safe and provide care at the right time. The provider had a planned programme of checks, servicing and maintenance arrangements to ensure people were cared for in a safe environment. Staff were recruited in a safe way because the provider completed appropriate checks before they started work. Staff received an induction and ongoing training and support to equip them with the skills they needed to care for the people.

We found the provider had taken action to ensure risks to people's health and nutritional needs were met. People had assessments of their needs and care was planned and delivered in a person centred way. People were supported to maintain good health and accessed the services of health professionals when needed.

People told us the staff were good and treated them with kindness. Staff knew people's needs well and encouraged them to maximise their independence. Staff supported people to make choices about their daily routine and promoted their privacy and dignity. People were offered opportunities to participate in social activities and were supported to follow their religious and spiritual preferences.

There was a procedure for people and their relatives to raise complaints and the provider acted on feedback received.

# Summary of findings

## 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.

The provider had taken action to ensure there were enough staff to meet people's needs safely. The manager had made changes to ensure people's medicines were managed safely. Risks to people's health and safety were assessed and staff knew the actions they should take to minimise the identified risks. The provider carried out checks to assure themselves that staff were suitable to work with people who used the service. Staff knew how to keep people safe from abuse.

Good



### Is the service effective?

The service was not consistently effective.

Further improvements were required to demonstrate that the rights of people who did not have the capacity to make their own decisions about their care were protected. The provider had taken action to ensure staff received the training they needed to meet the needs of the people living at the home. People's nutritional needs were assessed and monitored and people had sufficient to eat and drink to enable them to maintain their health and wellbeing.

Requires improvement



### Is the service caring?

The service was caring.

The staff had positive, caring relationships with people and their relatives. People were supported to make decisions about their daily routine. Staff encouraged people to maximise their independence and promoted people's privacy and dignity.

Good



### Is the service responsive?

The service was responsive.

People received care which met their preferences because staff knew their likes and dislikes. People were offered opportunities to participate in social activities and were supported to follow their religious and spiritual preferences. There was a procedure for making complaints and people felt able to raise their concerns with the staff.

Good



### Is the service well-led?

The service was not consistently well led.

People had been made aware of the improvements needed at the home and the provider was making the necessary resources available. The acting

Requires improvement



# Summary of findings

manager had taken some action to improve the quality and safety of the service but further improvements were needed to ensure the systems in place were effective in driving continuous improvement. Staff understood their roles and responsibilities and felt supported by the manager and provider.

# Old Rectory (Bramshall) Limited

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. Services in special measures are kept under review and inspected again within six months to identify if the provider has made significant improvements within this timeframe. The inspection was planned to check if the provider had made the expected improvements and is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection was undertaken on 30 September 2015 by two inspectors. We reviewed the information we held about the service which included statutory notifications the acting manager had sent us. A statutory notification is information about important events which the provider is required to send us by law.

On this occasion, we had not asked the provider to send us a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. However during our inspection we offered the provider the opportunity to provide us with information that would support this.

We spoke with seven people who lived at the home and three relatives. We spoke with five care staff, the chef and acting manager. We also spoke with two health care professionals. We observed care and support being delivered in communal areas and observed how people were supported to eat and drink at lunch time.

We looked at six people's care records to see how their care and support was planned and delivered. We reviewed three staff files to check people were recruited safely. We looked at the training records to see if staff had the skills to meet people's individual care needs. We reviewed checks the acting manager and provider undertook to monitor the quality and safety of the service.

# Is the service safe?

## Our findings

At our inspection in May 2015, we found there were not enough staff to keep people safe. At this inspection, people told us there were enough staff to meet their needs. One person told us, “If you ring for help the staff come very quickly”. Another person said, “There is usually somebody in the lounge, but there is a buzzer and you don’t have to wait long for staff to come, just a minute or two”. We spent time observing care in the communal areas of the home and saw there were enough staff to respond promptly to people’s requests for assistance. We saw that call bells were responded to in a timely way. Staff told us staffing levels had improved. One member of staff said, “The staffing levels are okay now. We have a nice amount of staff”. The acting manager told us staffing levels had been reviewed and increased to meet people’s needs. They told us they sat in on handovers and liaised with the nursing staff to ensure staffing levels were sufficient to meet people’s changing needs. The acting manager told us they had a nursing vacancy and were using agency staff but always tried to book staff who had been to the home before to offer continuity for people. A member of staff told us, “We have some regular agency staff, so they have got to know the residents”.

At our last inspection, we found that people’s medication administration records (MAR) were not accurately maintained. The quantities of medicines listed did not tally with the medicines held in stock. At this inspection, we saw that people received their medicines as prescribed and that medicines were stored safely, in line with legal requirements. Staff spent time with people while they administered their medicines and explained what their medicines were for. Protocols were in place for medicines given on an ‘as required basis’ and where people could not communicate their need for the medicine, pain management assessments were in place to ensure staff could identify the person’s need for pain relief.

The acting manager carried out monthly audits and had taken action to address stock control. Medicines were now ordered on a monthly cycle and one member of staff was responsible for booking in the medicines. We checked the stocks of three people’s medicines and found they matched with their MAR, which showed accurate records were being maintained.

The acting manager told us that the medicines audits had identified that the nurses who administered medicines had not received any training which was specific to a care home setting. To address this, they were working with a local pharmacy and staff were booked to receive training accredited by a nationally recognised pharmaceutical organisation. This meant people would receive their medicines from staff who were following relevant professional guidance.

At our last inspection, we found that risks to people’s safety were not always effectively assessed and managed. We found improvements had been made and the care plans we looked at showed risks to people’s health and well being were being assessed and managed. For example, we saw detailed assessments of people’s mobility which identified the level of support and equipment needed to minimise the identified risks. Staff we spoke with knew about people’s individual risks and throughout our inspection, we saw staff moved people safely, in line with their documented requirements. This showed staff had the information they needed to keep people safe.

At our last inspection, staff did not know how to protect people from abuse. Staff we spoke with at this inspection told us they had received safeguarding training and were able to tell us the signs of potential abuse. Staff told us they would report any concerns to the acting manager. One member of staff told us, “I would go to the acting manager or if she wasn’t there, whoever was in charge”. Another said, “I have never needed to do it but I would go to the person in charge straight away and report it”. When asked about whistle blowing they told us they would raise concerns internally but would contact us or the local authority if they felt no action would be taken. We saw that during handover staff discussed an accident that had occurred which meant that any concerns could be escalated and appropriate action taken. Our records showed that the home had not made any safeguarding notifications for some time but discussions with the acting manager showed they understood their responsibilities to report suspected abuse.

The provider took action to minimise the risks to people’s safety in relation to the premises and equipment. We saw risk assessments were in place and there was a planned programme of checks, servicing and maintenance arrangements.

## Is the service safe?

Staff told us and records confirmed that references were followed up and a DBS check was carried out before staff

started work. The DBS is a national agency that keeps records of criminal convictions. This meant the provider followed the necessary procedures to demonstrate staff were suitable to work in a caring environment .

# Is the service effective?

## Our findings

At our last inspection in May 2015, staff were not meeting the legal requirements of the Mental Capacity Act 2005 (MCA). Mental capacity assessments were not always decision specific and people could not always be assured that their rights to make decisions about their care were being consistently protected. At this inspection, we found that insufficient improvement had been made. We reviewed records we looked at during at our last inspection and found that they had not been updated. This meant that the mental capacity assessments in place were not decision specific.

Staff understood what capacity meant and how it affected people's ability to make decisions over their care. We saw staff explained to people what they wanted to do and checked they were happy for them to proceed. For example, we observed the nurse at lunch time asking people if they were ready to take their medicines. One person said they would take their medicine after their meal. The nurse said she would return after this person had finished eating. This showed that staff recognised the importance of gaining consent.

At our last inspection, staff did not understand the requirements of the Deprivation of Liberty Safeguards (DoLS) which work alongside the MCA to ensure people are lawfully restricted where this is required. At this inspection, the acting manager told us they had carried out assessments to determine if anyone was being restricted within the home's environment. They had identified that some people were being restricted and had made referrals to the local supervisory body for DoLS authorisations. They explained that only one of the referrals remained valid and an assessment was awaited. This demonstrated the acting manager understood their responsibilities.

At our last inspection we found gaps in the staff's knowledge and skills which meant that some people's specialist needs were not being met. At this inspection, people and their relatives told us the staff looked after them well. One person told us, "The staff are good, it's good here. Another said, "Staff are helpful, they know what I need". A relative told us, "The staff have been amazing, they have looked after [Name of person] extremely well". Staff told us they received ongoing training and had undertaken training in areas such as dementia care and the MCA since the new acting manager had started. We saw there was an

ongoing training plan in place which confirmed that staff had received training in areas which were relevant to the needs of the people they were supporting. Staff were also being enrolled on a nationally recognised qualification in care to ensure they had the skills and knowledge to support people effectively. Staff told us they had received supervision with the new acting manager which gave them the opportunity to raise any concerns and receive feedback on their performance.

We found that new staff were supported with an induction programme which included training in skills such as safe moving and handling. Staff shadowed more experienced staff until they had been assessed as competent to work independently by senior staff. One member of staff told us, "I carried on working with more experienced staff until I felt confident and had been signed off as competent by the acting manager". Staff told us they received feedback from the acting manager and other staff on their progress during their induction. They said, "They told me I'm doing quite well". This showed staff received the support they needed to care for people effectively

At our last inspection we saw that people did not always get the support they needed to eat and drink to ensure their nutritional needs were met. At this inspection we saw that people who had poor appetites received encouragement to eat and drink and staff offered a variety of options. For example, we saw staff bring one person an alternative meal because they didn't like the meal on offer. The person told us, "It's my favourite". We saw staff supporting people to eat their meals according to their individual needs. Staff had a positive rapport with people and did not rush them.

The chef had information on people's dietary needs and was knowledgeable about people's conditions. For example they explained how they provided specialist diets to keep people with diabetes safe. This showed people received meals that met their dietary needs.

We observed staff recording people's food and fluid intake which ensured people's dietary risks were effectively monitored. Care records showed that people were regularly weighed and advice was sought from health professionals where needed. For example one person's care records showed that a dietician was due to visit to discuss the person's weight loss. This showed people were supported to maintain a healthy weight.



## Is the service effective?

We saw that people had their day to day health needs met and were supported to maintain good health . One person told us, “Staff get the doctor if I don’t feel well”. Another person said, “If I am unwell the staff call out the doctor, they don’t mess about”. People’s care plans recorded visits from the GP and other health professionals including the chiropodist and optician. One person told us, “The staff make sure I see the doctor when I need to. I also see the

optician when they come as well”. We saw the staff sought advice from health professionals when people’s needs changed. For example, the nurse had contacted the GP to discuss a person’s diabetes because of variation in their blood glucose readings. A relative told us the staff had been “Very proactive regarding their relation’s health”. This showed people had access to health care professionals when their needs changed.

# Is the service caring?

## Our findings

At our last inspection in May 2015, we found that staff did not always treat people with compassion and promote their dignity. At this inspection we saw that staff treated people with kindness and ensured they had the support they needed. People and their relatives were happy with the staff and spoke highly of them. One person told us, “I like all the staff”. Another said, “Staff do their job as if they enjoy it, it’s not a duty. A relative told us, “The staff can’t do enough for [Name of person], they have been a God send. [Name of person] speaks so highly of them”. We saw staff chatting with people and saw there was a relaxed and friendly atmosphere. We saw one member of staff joking with a person when they were taking them back to their room. They said, “I’ll have a bet with you that the lift is at the top floor and we’ll have to wait”. This showed staff developed positive, caring relationships with people and their relatives.

People told us they were able to make choices about how they wanted to spend their day. They told us they could choose what time they got up and went to bed. One person told us “I choose when I get up and go to bed. I choose what I wear”. Another person said, “I like to get up at 7am and that’s not a problem, the staff don’t mind. I also like to be in bed early, usually after tea. It’s my choice, I’ve always been an early riser”.

People and their relatives told us how staff respected their privacy and dignity. One person told us, “I like to watch TV late but like to leave my door ajar. Staff knock on the door before they come in”. They also told us staff maintained confidentiality, “Staff don’t tell you things about other people, they don’t gossip”. A relative told us, “We have visited round the clock and the staff have given us the privacy we need, they have been marvellous”. People told us how the staff encouraged them to be as independent as possible. One person told us, “Staff encourage me to do as much as I can for myself and I can go and sit on the terrace whenever I want.” Another said, “I wash and dress myself but staff help me with my stockings as I can’t manage them”.

People told us their relatives were made welcome and could visit any time. One person told us their relative couldn’t come during the day because they were working but it was no problem for them to come in the evening after they finished work. A relative told us the staff always asked if they wanted a cup of tea and if they were comfortable when they spent long periods sitting in their relation’s room. This showed people were supported to maintain relationships that were important to them.

# Is the service responsive?

## Our findings

At our last inspection we found that some people's specialist needs were not being met. At this inspection, we found that improvements had been made. One person told us they had seen a physiotherapist and the staff supported them to follow the exercises they had recommended. They told us, "It's a big help. I can walk with the zimmer and have managed to go out by myself. I don't need a wheelchair, it's the way I like it". Discussions with staff demonstrated they had an understanding of people's needs. For example, they told us about a person who had a soft diet and why they needed it. They also told us about the specialist equipment they needed. This demonstrated that people were supported to receive care and support that was responsive to their individual needs.

People told us the staff knew about their needs and preferences and provided care and support how they wanted it. One person told us, "The staff know what I like and what I don't. The care I get meets my needs completely". Staff told us about people's likes and dislikes and about things that were important to them and this was recorded in their care plans. For example, we saw that one person's preference for having a particular newspaper every day and then passing it on to others was being respected. Their care plan also recorded their preferred bedtime routine for a milky drink of their choice at 7pm. They told us this was respected by staff.

Care records we looked at had been reviewed to ensure they reflected people's needs and preferences accurately. People and their relatives told us they were involved in the planning of their care. One person told us they had chosen to have a flu vaccination and we saw this was recorded in their care plan. They told us, "It's my choice". A relative told us the home consulted them and kept them informed when their relation's needs changed. They told us, "One of us [family] acts as the main contact. The acting manager

has kept [Name of relative] involved and informed at all times and we feel confident that [Name of person] is looked after very well". Staff told us they got up to date information about people's needs from the nurses at handover and a message book was used to record important information, such as planned visits by professionals.

People told us they took part in social and leisure based activities that met their individual preferences. One person told us, "The activities are very good, we do quizzes and exercises. I like to join in". Another person told us, "People come in from outside to entertain us. There's enough to do here". We saw that one person was knitting. They told us the activities co-ordinator had encouraged her to knit a blanket which would be donated to charity. They told us, "I haven't knitted for ages. I'm really enjoying it". The activities co-ordinator was not at the home on the day of our inspection but one person showed us a copy of the activities timetable which showed that people could follow their religious and spiritual beliefs. One person told us, "We have communion once a month, it's held in the lounge. I used to like to go to church and one of the staff has offered to take me".

People told us they felt comfortable raising concerns with the acting manager and staff and felt confident action would be taken. One person told us, "I would speak to the staff on duty but I haven't had reason to complain. If I ask for anything, within reason I get it". Another person told us they had spoken to the acting manager about a problem with their room and they were taking action to address this. There was a complaints procedure in place and staff told us they would report any complaints to the person in charge of the shift or the acting manager. We saw that complaints were recorded and investigated and where appropriate, the acting manager and provider met with people to resolve issues and identify where improvements needed to be made.

# Is the service well-led?

## Our findings

At our last inspection in May 2015, people's care records were not stored securely and checks of care records and medicines were not being completed. At this inspection, we found the required improvements had been made.

People's care records were stored securely in the nurse's office and the acting manager carried out regular checks on care plans to ensure they were reviewed appropriately and completed accurately. One member of staff told us, "The acting manager monitors the care plans for accuracy and discusses any errors with us". The acting manager's monthly medicines audits had also identified stock control issues that had been addressed.

There was no registered manager at the time of our inspection but the acting manager told us they had been in post since May 2015 and would be starting the process of registering with us. The acting manager was developing systems to ensure the quality and safety of the service was reviewed and monitored on a regular basis. For example we saw that accidents and incidents were recorded but the acting manager had not developed a system to identify trends to enable action to be taken to prevent reoccurrence. People told us they did not always get their laundry returned promptly and we were aware some people had raised their concerns with the acting manager. We found the acting manager was not monitoring the changes they had made to the laundry to ensure people were happy with the service they were receiving.

At our last inspection, we found that equipment was not always used correctly and people were at risk of harm. Staff told us the acting manager checked their competence to ensure they had understood their moving and handling training and had the skills to support people safely.

At our last inspection, the provider had not displayed the rating for the service. At this inspection, the report of our last inspection was on display. The provider had written to people to let them know what action was being taken to address the concerns we had raised. The acting manager told us the provider was supportive and resources were available to make the required improvements.

People were complimentary about the acting manager and told us they kept them informed about changes at the home. We saw the acting manager had an 'open door' policy and had a good rapport with people and their relatives who came to speak to them. One person told us, "I wouldn't hesitate to tell them if I had a problem, I can talk to them, they listen to me". People told us they were asked their opinions on the running of the home and changes were made in response to their feedback. For example, one person told us changes had been made to the activities programme following a meeting with people that used the service. People's feedback was also sought through satisfaction questionnaires. The acting manager told us discussions were ongoing with the provider to address people's feedback, such as improving access to the gardens.

Staff understood of their roles and responsibilities and felt supported by the acting manager. They told us the acting manager asked for their feedback at meetings and they had the opportunity to raise any concerns with the provider when they attended staff meetings. We saw there was a positive atmosphere at the home and the acting manager and staff worked as a team to support people and their relatives.