

Direct Services

Tudor Gardens

Inspection report

27-31 Tudor Gardens
Kingsbury
London
NW9 8RL

Tel: 02089084692

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13 July 2016

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We inspected Tudor Gardens on 13 July 2016. This was an unannounced inspection.

During our previous comprehensive inspection of the home which took place on 8, 23 and 30 March 2016 we found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These related to safe care and treatment, staffing and good governance.

After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breaches. We undertook this focused inspection on 13 July 2016 to check that the provider had followed their plan and to confirm that they now met legal requirements. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Tudor Gardens on our website at www.cqc.org.uk.

Tudor Gardens is a care home registered for 15 people with learning disabilities situated in Kingsbury. Some of the people who live at the home have additional needs such as physical impairments, communication impairments and behaviours considered challenging. The home consists of three separate self-contained units, each with a separate door. At the time of our inspection there was one vacancy at the home.

At the time of our inspection the home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 service is run. The registered manager had recently taken over the management of another service managed by the provider. A new manager had been appointed to the home and at the time of our inspection they had commenced the process of applying for registration with CQC. Although the current registered manager was no longer based at the home, they visited regularly and covered for the new manager when they were on leave.

At our focused inspection on the 13 July 2016, we found that the provider had followed their action plan and put in place a range of systems to address the breaches of service identified at our previous inspection. Improvements had been made in relation to the storage and recording of medicines. We saw that medicines audits were properly completed and that identified actions had been addressed.

The provider had taken action to address our concerns about staffing. We saw that staff members had received recent supervisions from a manager. We also saw that actions had been taken to reduce staffing shortfalls through recruitment of agency staff who were working full time at the home. Appropriate recruitment, induction and training processes had been put in place for these staff. During our previous inspection we had been concerned that people had been required to move to another house within the home when there were staff shortages. The importance of not doing this had been discussed at a staff meeting in June 2016, and we observed that people remained where they wished to be during this

inspection.

However one person had been diagnosed with a progressive condition and we were told that, although the additional support that they required could be managed within current staffing levels, this was putting a strain on the staff team. We saw that an application had been submitted to the local authority for additional funding to meet the person's support needs. At the time of this inspection this had not been agreed.

We also saw that quality assurance processes in place and that actions had been taken to address concerns that we had raised at our previous inspection. The provider had consulted with family members and made applications to the Court of Protection in order to establish deputyships that would enable people to have full access to their monies. The provider was awaiting a response, so at the time of this inspection, people still had monies in dormant accounts that they could not access.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Action had been taken to improve the safety of the service. Arrangements for the storage and recording of medicines met good practice standards.

Staff recruitment had taken place and people were no longer required to move to other parts of the home when there were staff shortages. The support needs of a person had changed and an application had been made to the local authority commissioning team to seek funding for additional staffing to meet these.

This meant that the provider was now meeting legal requirements.

While improvements had been made we have not revised the rating for this key question; to improve the rating to 'Good' would require a longer term track record of consistent good practice. We will review our rating for safe at the next comprehensive inspection.

Requires Improvement ●

Is the service effective?

Action had been taken to improve the effectiveness of the service. Staff members had received recent supervision from a manager. The importance of attending supervision meetings had been discussed with staff members.

This meant that the provider was now meeting legal requirements.

Good ●

Is the service well-led?

Actions had been taken to improve quality assurance records maintained at the home. We saw that actions in relation to these had been addressed. The registered manager told us that a provider audit was due to take place shortly.

Applications had been made to the Court of Protection for deputyship in relation to people's monies.

This meant that the provider was now meeting legal

Requires Improvement ●

requirements.

While improvements had been made we have not revised the rating for this key question; to improve the rating to 'Good' would require a longer term track record of consistent good practice. We will review our rating for safe at the next comprehensive inspection.

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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. This inspection was planned to check whether the provider 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.

We undertook an unannounced focused inspection of Tudor Gardens on 13 July 2016. The intention of this inspection was to check that improvements had been made in relation to regulatory requirements identified during our previous inspection of the home on 8, 23 and 30 March 2016.

During our inspection we looked at a range of documentation, including one care files, five staff supervision records, staffing rotas, records relating to medicines, records of people's monies and quality assurance records. We observed support of people who lived at the home. We spoke with the registered manager, a team leader and a member of the care team.

Before our inspection we reviewed an action plan that had been sent to us by the provider, along with other records and notifications that we held in relation to the home.

Is the service safe?

Our findings

At our comprehensive inspection of Tudor Gardens which took place on 8, 23 and 30 March 2016 we found that the home was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found that PRN (as required) medicines for one person had been inappropriately stored. We were told that this medicine was no longer used, but there was no record of this fact and staff had not been made aware of this.

We served a warning notice requiring the provider to take action to meet Regulation 12 by 31 May 2016. Following the inspection the provider sent us an action plan setting out the action they had taken to improve the management of medicines at the home. We used this action plan when we reviewed progress on meeting the regulation during our inspection.

We found that medicines were now stored correctly. Records showed that the person was no longer using the PRN medicine and that this had been discussed with relevant health professionals. Staff members at the home were aware of this.

At our previous inspection we had also found that the home was in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. On 8 March and 23 March 2016 we observed that people were required to move from their houses to another house due to staff shortages. Arrangements were not in place to ensure that sufficient staff members were deployed to fully support planned activities for people at the service. .

We served a warning notice requiring the provider to take action to meet Regulation 18 by 31 May 2016. Following the inspection the provider sent us an action plan setting out the action they had taken to ensure that staffing levels were sufficient to meet the needs of people who lived at the home. We used this action plan when we reviewed progress on meeting the regulation during our inspection.

During this inspection we saw that there were sufficient staff members on duty to meet the needs of the people who lived at the home. The minutes of a staff meeting that took place on 8 June 2016 showed that staff had been told not to move people between houses at any time. We saw evidence that agency staff had been recruited to cover short term vacancies at the home, and that they had received an induction that included training and 'shadowing' of permanent staff.

We asked how staffing was planned for individual activities and the registered manager told us that staff members arranged to come early or stay late for their shifts. However this was not reflected in the rotas for the home and we discussed with the registered manager how systems for recording of staff rotas could be improved. We will check progress when we carry out our next comprehensive inspection.

The registered manager and the team leader that we spoke with told us that one person's needs had changed and they now required additional support. The staffing levels at the home had not changed to reflect this, although we saw that an application had been made to the local authority to agree funding for additional staff to support the person. This had not been agreed at the time of this inspection although we

observed that staff members were able to meet the person's needs at the time of this inspection. The registered manager and team leader that we spoke with told us that the nature of the person's condition was progressive and that it was becoming increasingly difficult to manage their support needs, putting a strain on the current staffing ratios at the home. We will check progress on meeting this person's support needs when we carry out our next comprehensive inspection.

While improvements had been made we have not revised the rating for this key question; to improve the rating to 'Good' would require a longer term track record of consistent good practice. We will review our rating for well-led at the next comprehensive inspection.

Is the service effective?

Our findings

At our comprehensive inspection of Tudor Gardens on 8, 23 and 30 March 2016 we found a further breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The records of staff supervisions by a manager showed that these had not always been regular. Therefore we could not be sure that staff members at Tudor Gardens were always receiving appropriate on-going supervision in their role to make sure that their competency was maintained.

During this inspection we found that improvements had been made in relation to our concerns. We looked at five staff supervision records and saw that these staff members had received supervisions from a manager within the previous month. We also saw that the importance of participation in regular supervisions had been discussed with staff members at a team meeting on 8 June 2016. We saw that plans had been put in place to ensure that supervision meetings took place regularly in the future. We were satisfied that the provider had taken action to ensure that staff members at the home received regular supervision from a manager.

Is the service well-led?

Our findings

When we last inspected Tudor Gardens on 8, 23 and 30 March 2016 we identified a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had not taken action to ensure that quality monitoring processes were always effective.

When we returned to the home on 13 July 2016 we found that some progress had been made to address our concerns and the provider was no longer in breach of legal requirements.. We saw that audits of medicines had been improved and that these now contained information about concerns and actions taken to address these. We were shown a copy of an unannounced service audit by the provider. This included audits of staff records, risk, health and safety, security of people's monies, and other records maintained by the home in respect of people who lived there. We saw evidence that actions identified in relation to this audit had been addressed. However we noted that a further service audit was very slightly overdue and this required improvement in order to ensure that quality assurance processes were effective. We discussed this with the registered manager who told us that this would take place but was unable to advise us of when as the provider visits were unannounced. We will check progress on ensuring that quality assurance processes are up to date when we carry out our next comprehensive inspection.

Our concerns about people's access to monies held in dormant passbook accounts had been partially addressed because the provider had taken action. Consultation had taken place with family members regarding the process of applying for deputyship regarding these monies. Applications had subsequently been made to the Court of Protection for the 11 people who were currently unable to access these accounts and the provider was awaiting a response. We will check progress on ensuring that people have access to all their monies when we carry out our next comprehensive inspection.

While improvements had been made we have not revised the rating for this key question; to improve the rating to 'Good' would require a longer term track record of consistent good practice. We will review our rating for well-led at the next comprehensive inspection.