Direct Services

Tudor Gardens

Inspection report

27-31 Tudor Gardens
Kingsbury
London
NW9 8RL

Tel: 02089084692

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20 June 2018

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

Our inspection of Tudor Gardens took place on 19 and 20 June 2018. The first day of the inspection was unannounced.

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 that could be considered 'challenging.'. The home consists of three self-contained houses, each with a separate entrance. At the time of our inspection 15 people lived at the home.

The home been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen. Although this is a service for 15 people, they live in small groups of five in separate buildings with and receive support from a staff team who only work in the building where they live. The Registering the Right Support CQC policy can be found at:

https://www.cqc.org.uk/sites/default/files/20170612_registering_the_right_support_final.pdf

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. However, at the time of our inspection the registered manager was working at another service. The manager responsible for the home at the time of this inspection told us that they would be applying for registration with CQC.

Following our previous inspection of Tudor Gardens on 9 and 13 June 2017 the home was rated as 'Requires Improvement.' People's support plans and risk assessments had not been updated to reflect their current needs. The provider's quality assurance processes had failed to ensure that regular monitoring and review of care and support documentation had taken place.

During this inspection we found that actions had been taken to address these failures. People's support plans and risk assessments were up to date. These contained guidance for staff members on how best to support people in accordance with their needs, wishes and preferences. We saw that care and support documents had been regularly reviewed and amended where there were any changes to people's needs and requirements.

People spoke positively about their experience of living at the home and the staff who supported them. Family members told us that they were happy with the support that people received. We saw that staff members engaged with people in a positive and respectful way. We also observed staff communicating with people in ways that they understood and offering them a range of choices.

People were protected from the risk of harm. Staff members had received safeguarding training and were able to demonstrate their understanding of what this meant for the people they were supporting. They were also knowledgeable about their role in ensuring that people were safe and that concerns were reported appropriately.

Medicines at the home were well managed and safely stored. Staff members responsible for administering medicines had received appropriate training and their competency was assessed through spot checks of practice.

Staff who worked at the home received training designed to ensure that they were able to meet people's needs and were knowledgeable about their roles and responsibilities in supporting people. All staff members received regular supervision from a manager to ensure that they were supported in their roles.

The home was meeting the requirements of The Mental Capacity Act 2005 (MCA). Information about people's capacity to make decisions was contained in people's care plans. Up to date authorisations in relation to the Deprivation of Liberty Safeguards (DoLS) had been obtained from the relevant local authority. Staff members had received training in MCA and DoLS, and those we spoke with were able to describe their roles and responsibilities in relation to supporting people who lacked capacity to make decisions.

People's nutritional needs were well met. People ate a varied and healthy diet and told us that they enjoyed the food. We saw that people were offered a choice of food at mealtimes and that drinks and snacks were offered to people throughout the day.

The home supported people to participate in a range of in-house and group activities. During our visit we saw that people were engaged in individual and group activities within the home. People also left the home to undertake community based activities supported by staff.

People and their family members that we spoke with knew what to do if they had a complaint.

The home liaised with health professionals to ensure that people received the support that they needed. during our inspection people were supported to attend health checks at a local surgery.

There were systems in place to review and monitor the quality of the service provides at the home. People were asked for their views on a regular basis and concerns were immediately addressed. Regular monitoring of, for example, records, health and safety, medicines and people's monies had taken place.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe. Risk assessments were detailed and included guidance on how to manage risk.

Staff members understood their responsibilities in ensuring that people were safeguarded from the risk of harm.

There were enough staff members on shift to ensure that people's needs were met.

People's medicines were well managed.

Is the service effective?

Good

The service was effective. Staff members were well trained and received regular supervision from a manager.

The service was meeting the requirements of the Mental Capacity Act 2015 and people were involved in decisions about their care and support.

A variety of healthy meals were provided and people said that they enjoyed these.

Is the service caring?

Good

The service was caring. Staff members spoke positively about people and supported them in a caring and respectful way.

People were supported to express their religious, cultural and relationship needs and preferences.

People had access to advocacy services.

Is the service responsive?

Good

The service was responsive. People's support plans were regularly reviewed and reflected people's needs and preferences.

People were supported to participate in a range of activities both within and outside of the home.

Is the service well-led?

Good

The service was well led. Systems for monitoring the quality of care were in place and actions to address any resulting concerns had been put in place and addressed.

There was a clear management structure in place and people and staff spoke positively of the management.

The service worked in partnership with health and social care professionals to achieve positive outcomes for people.

Tudor Gardens

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.

This inspection took place on 19 and 20 June 2018. The first day of our inspection was unannounced. The inspection team consisted of one inspector and an Expert by Experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection the provider had completed a Provider Information Record (PIR). This is a form that asks the provider for key information about the service, what the service does well, and what improvements they plan to make. We also reviewed our records about the service, including previous inspection reports, statutory notifications and enquiries.

During our inspection we spoke with 10 people who lived at the home. We spent time observing care and support being delivered in the communal areas, including interactions between staff members and people who lived at the home. In addition, we spoke with the manager, the services manager, the administrator, three senior workers and five members of the care team. Following our inspection we spoke with two family members by telephone. We looked at records, which included the care records for four people who lived at the home, six staff records, quality assurance records, medicines records, and other documents relating to the management of the home.

Good

Is the service safe?

Our findings

People told us that they felt safe living at the home and spoke positively about the support that they received. One person said, "I'm very happy. They look after me." A family member said, "I've never felt that [relative] was not cared for safely."

At our last inspection of the home on 9 and 13 June 2017 we found that people's individual risk assessments had not always been developed to ensure that potential risks were assessed. We recommended that actions should be taken to ensure that risk assessments fully reflected people's needs. During this inspection we found that people's individual risk assessments were person centred, up to date, and reflected people's individual support needs and preferences.

Assessments had been developed for a range of potential risks. These included, for example, personal care, health care, domestic and self care skills, eating, behaviours, medicines, eating and nutrition and social activities at home and in the wider community. The risk assessments showed that actions had been taken to minimise risks to people and included guidance for staff members on how to effectively support people to participate safely in activities where a risk had been identified. Behavioural risk assessments included guidance for staff in relation to positive approaches to creating a 'low arousal' environment for people and identifying and reducing 'triggers' that might create anxieties.

People's medicines were managed safely. The provider had an up to date medicines procedure. Staff members had received medicines administration training, which was confirmed by the staff members that we spoke with and the records that we viewed. Medicines were stored safely in locked cupboards in people's room. Additional storage was provided for medicines requiring refrigeration. Records of medicines were of a good standard, and included details of ordering, administration and disposal of medicines. Medicines administration records were up to date and correctly completed. A team leader described how medicines were checked on receipt to ensure that the pharmacy had provided the correct medicines for people. Monthly audits of medicines had taken place. We saw that any issues arising from medicines audits had been addressed immediately.

The home had an up to date safeguarding adults procedure. Staff members had received training in safeguarding and regular refresher sessions were arranged to ensure staff knowledge was up to date. Staff members that we spoke with demonstrated a good understanding of safeguarding and were aware of their responsibilities in ensuring that people were safe. They knew how to report concerns or suspicions of abuse using the procedure. We reviewed the safeguarding records for the home and saw that all concerns had been notified to CQC.

The home looked after small amounts of people's monies for day to day expenditure. We saw that records of these were well maintained, receipted, and that these matched people's cash balances. Monthly audits of people's monies had taken place. The provider also undertook an annual audit of people's finances. At our previous inspections of the home we had raised concerns about the fact that people did not have access to monies contained in old accounts. During this inspection we found that the provider had resolved this issue

in partnership with family members. A family member said, "I feel much happier with the way [relative's] money is managed. [Local authority] is now the appointee and I am in contact with the person responsible for this."

We looked at five staff files and these showed us that the provider had arrangements in place to ensure that they recruited staff who were suitable to work with the people whom they supported. Staff recruitment records included copies of identification documents, evidence of eligibility to work in the UK, two written references, application forms and criminal record checks. Criminal records checks had been sought and updated for existing staff members on a regular basis. Detailed policies and procedures were in place in relation to staff recruitment and the staffing records showed that these had been followed.

We saw that people had personalised their rooms with items of their own choosing. The communal areas were well decorated and there was sufficient space for people to move around safely. We saw that the communal areas and some people's bedrooms and en-suite bathrooms had recently been redecorated and refurnished. The services manager told us that arrangements were in place to ensure that all bedrooms, bathrooms and flooring were redecorated and refurbished in the near future, They also told us that new furniture, for example sofas and armchairs, were more robust and easier for people with mobility needs to get in to and out of. We saw from the records of meetings that people had been involved in choosing the decorations for their rooms and the communal areas. Lifts and accessible baths were in place for people who required these. We saw that these had been serviced in accordance with the requirements of the lifting operations and lifting equipment regulations (LOLER) 1998.

Staff members demonstrated an understanding of infection control procedures and we saw that the home was clean and free from infection risks. We saw that staff members used suitable protective clothing such as disposable gloves and aprons when carrying out cleaning and cooking tasks. We observed a cooking session with people living at the home where staff members encouraged and supported people to wear aprons and gloves.

Regular health and safety audits of the building had taken place. These included action plans, and we saw that identified actions had been addressed. Records showed that safety checks at the home, for example, in relation to gas, electricity, fire equipment and portable electrical appliances were up to date.

Accident and incident information was appropriately recorded. Fire drills and fire safety checks took place regularly and we saw that people had individual personal emergency evacuation plans (PEEPS) in place. An emergency out of hours call service was operated by the provider, and staff members knew who to call if required.

Good

Is the service effective?

Our findings

Two family members told us that they were happy with the support their relative received from staff. One said, "Although there have been changes to staffing I think the staff members now are good. [Relative's] key worker is outstanding." Another told us, "There have been many improvements. I know the other people who live there and they all seem very happy."

The staff members that we spoke with had worked at the home for some time. They demonstrated that they were knowledgeable about people's needs and preferences.
We looked at the supervision records for five staff members. We saw that staff had received monthly supervision from a manager. The notes of supervision meetings were detailed and showed that issues in relation to people living at the home, staff performance and training, changes to the home and good practice had been discussed. A staff member told us, "I get supervision every month but I never have to wait for this if I need to discuss anything with my manager."

The home's training records showed that staff members had received mandatory training such as safeguarding adults, infection control, manual handling, epilepsy awareness and medicines awareness. Additional training that related to people's specific needs was also provided, for example, in understanding learning disabilities, autism awareness, dementia awareness and positive behavioural approaches. Training was refreshed on a regular basis, and we saw that the provider maintained an on-line training matrix that alerted staff members and the manager if any training was due. Staff members told us that they thought that the training provided by the home was good. There were opportunities to take up care specific qualifications and we saw that several staff members had achieved a care qualification. All new staff members received an induction when they started working at the service. We saw that the induction included information about people using the service, policies and procedures and service specific information such as the fire procedure and maintaining a safe environment. Induction training for new staff met the requirements of the Care Certificate for staff working in health and social care services. The Care Certificate provides a set of core training standards for staff that is designed to be completed as part of the induction training for new staff in social care services.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the home was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. People's care plans showed that assessments of their capacity to make decisions had taken place. Authorisations in relation to DoLS had

been obtained where required. Where people were unable to make specific decisions about their care, best interests meetings had taken place involving health and social care professionals and family members or other representatives.

Staff members had received training in MCA and DoLS. The staff members we spoke with demonstrated that they knew how to support people to make choices and decisions. One staff member said, "If someone doesn't understand something and I have tried all sorts of ways to help them, I will speak to my manager about this."

People told us that they liked the food at the home. People told us, "The food is nice," "I have lovely meals" and, "I like the food here." During our inspection we observed that staff members offered people choices about the food that they would like to eat at lunchtime. We also saw that a person was supported to make their own sandwich. Where people made choices about food that wasn't on the menu we saw that this had been accommodated. Some people liked to have food that was specific to their culture. We saw from the records of meals that people ate that people's specific requests and preferences had been met. A senior support worker said, "Sometimes family members bring in food for people to eat, but we also cook things like jollof rice for them." We also saw that drinks and snacks were offered to people throughout the day. People's food and drink intake was recorded in their daily care notes and we saw from these that a variety of healthy foods were provided.

Guidance had been provided by a speech and language therapist for staff supporting a person who had difficulties with swallowing. We saw that the person's weight had increased to a healthier level because of the associated guidance provided to staff. A family member told us that they had reported concerns about their relative putting on weight. As a result of this the manager had sought advice from a dietician. The person's care plan in relation to nutrition was subsequently revised and staff members told us that they worked with the person to help them to make healthy food choices. Their family member told us that they were now satisfied with the subsequent reduction in their relative's weight.

There were effective working relationships with relevant health care professionals. We saw that regular appointments were in place, for example, with challenging behaviour and hospital services, as well as the GP and other primary care professionals such as dentists and opticians. Staff members accompanying people to appointments has completed records of outcomes which were passed on to other staff members. People living at the home also had up to date health care passports in place. These provided information about people's health, care and personal and communication needs and were designed to ensure that health staff had information to support people should they be admitted to hospital. The daily records maintained by the home showed that people's daily health needs were well managed. We saw that information about any health concerns were recorded and passed on to incoming staff for action or monitoring as required.

Good

Is the service caring?

Our findings

People spoke positively about the support that they received from staff. One person said, "Staff are quiet. They help me quite a lot. They bathe me and wash my hair." Another person said, "Staff are kind to me. They listen to me carefully." A family member told us, "Overall I think the staff are very caring and enthusiastic about supporting [relative]."

Staff members interacted with people in a friendly, positive and supportive way, chatting to them and asking them what they wished to do and how they wanted to be supported. Where people sought out staff members, they were given time and support to express their needs. We observed that where a staff member was busy they explained that they would come and speak with the person as soon as they had finished their task and that they did so. People appeared to be at ease with the staff who were supporting them. We observed that their reactions showed that they understood what was being said to them and could respond accordingly.

The staff members that we spoke with told us that they enjoyed working with the people who lived at Tudor Gardens. One staff member said, "The residents are wonderful. I work with them according to their ability and try to encourage them to be independent. I do things with them and not for them." Another said, "I really enjoy working with the clients. We are doing more activities with them now and this is better for them."

The service was sensitive to people's cultural, religious and personal needs. We saw that information about people's religious and cultural and personal needs were recorded in their care plans. Two people attended places of worship on a regular basis and the manager told us that they would support others attend services if they wished. We saw that information about a person's sexuality had been included in a recent risk assessment, with guidance for staff about how they should support them in a dignified and private way. The services manager told us that one of the benefits of increasing the range of activities that people participated in outside the home was they had opportunities to develop and maintain relationships with others.

People had strong links with their families who were involved in decisions about their care. Some people had access to advocacy support, and we saw that information about local advocacy services was available at the service.

Although the majority of people who lived at the home were unable to tell us about their support plans, one person said, "I know about this. They talk to me about it." Another person said, "They tell me to sit down and we have a talk. We decide on things together." A family member told us that they had been involved in supporting their relative at reviews of care and support. People told us that they had been involved in choosing decorations and furnishings for their rooms and the communal areas of the home.

Good

Is the service responsive?

Our findings

People said that the staff were responsive to their needs. One person said, "If I have any worries I tell a member of staff." Another person said, "When I had a problem I told a staff member. It was sorted."

At our last inspection of the home on 9 and 13 June 2017 we found that there was a breach of Regulation 9 of The Health and Social Care Act 2008 (Regulated Activities) 2014. People's support plans were not always complete or up to date. There was no record showing that support outcomes had been monitored to assess that they were being met. During this inspection we found that actions had been taken to ensure that support plans were up to date and regularly monitored and reviewed.

We looked at the support plans for four people. These were person centred and covered a range of support such as personal care, activities at home and in the community, medicines, money management, communication and maintaining a safe environment. Each plan identified the tasks that people that people required support with along with clear guidance for staff members on how to provide support in accordance with their needs and wishes. The plans included information about people's cultural and religious needs and preferences. Easy read picture assisted summaries had been developed to support people to understand their plans. We saw that people's support plans had been recently reviewed and updated to reflect changes in people's needs and wishes.

Daily notes of care and support were in place for people and we saw that these were well written and included information about, for example, the food that people ate, personal care and support that was delivered by staff, people's activities and health and medical needs. Important information was passed on to incoming staff members as part of a handover when there was a change in staffing shifts. There was a key working system at the home, and at our last inspection we found that there were no records of key working sessions having taken place for almost a year. During this inspection we saw that key worker sessions had taken place on a regular basis and the notes included information about how people's support needs were being met. We saw that they also showed how people had been involved in the key worker sessions.

Information about people's communication needs was included in their care plans. This included guidance for staff members on how to ensure that people were enabled to communicate their needs effectively. During our inspection we observed staff communicating with people, and we saw that efforts were made to ensure that people were supported to make choices, such as showing items such as food in addition to clear and simple language. People were given time to process and respond to information provided by staff. The staff members we spoke with described how they used pictures and objects of reference to assist with verbal communication. A staff member said, "I've worked here for a long time and I've seen how people who used to be quiet now tell us what they want from us. If they don't have the words they show us. It's brilliant."

People participated in a range of activities within the local community that included shopping, walks, classes, bowling, cinema visits and meals out. We saw that the range of activities in place for people had increased since our last inspection. This was confirmed by the people, family members and staff whom we spoke with. During our inspection we saw that people were supported to participate in activities within the

home such as cooking pizza and exercising to music. We saw that staff members joined in these activities alongside people. During our inspection people went out to day centres, classes, the library, for walks, to the shops and to medical appointments. One person showed us some pottery that they had made at college. We saw that people who remained at the home were engaged in activities, such as household tasks, food preparation, adult colouring in books and discussions. On the first day of our inspection people were looking forward to a visit from "the music man" that evening and others told us they were going to a nightclub. During the second day some people went to a party given by a friend from a day centre that they attended.

The home had a complaints procedure that was available in an easy read format. People told us that they would tell a member of staff if they were unhappy. A family member told us that they found that the management of the home was very responsive to concerns and suggestions about their relative's welfare. The complaints record maintained by the home showed that concerns had been addressed immediately.

Good

Is the service well-led?

Our findings

People told us that they liked the manager and services manager. One person said, "They come in [to my house] every day to check we are OK." A family member said, "They have made a lot of improvements and people are now more active and happy."

The manager was supported by three senior workers, each responsible for one of the three houses that comprised the home. The services manager regularly spent time working at the home. During our inspection we observed that the manager and services manager spent time in the communal areas and saw that they communicated in a positive and supportive way with people and the staff who were on shift.

During our previous inspection on 9 and 13 June 2017 we found that the home's quality assurance processes had failed to ensure that people's support plans and risk assessments were regularly monitored. During this inspection we found that that support plans and risk assessments were up to date and records showed that these were reviewed on a regular basis and amended where there were any changes in people's needs.

A range of other quality assurance processes were in place. People's views were sought by staff at regular monthly meetings. The manager had met with people on an individual basis at least quarterly to discuss and assess their satisfaction with the home. The records of these meetings showed high levels of satisfaction. Where actions were required, such as a change to activities, these were recorded and dealt with promptly in partnership with the person. During our inspection we asked people how they liked living at the home and their responses reflected those contained within the records that we viewed. Comments included, "It's relaxed here. I am really happy," and, "I do like living here."

Monthly audits of medicines had taken place and we saw that any discrepancies were investigated and addressed immediately. Monthly audits of people's monies had also taken place with a formal annual audit by the provider. Health and safety and maintenance audits took place at least monthly and actions from these had been addressed. A programme was in place for a full refurbishment of the home. We saw that the communal rooms and some people's bedrooms and bathrooms had been redecorated and re-furnished. The services manager told us that people whose rooms had not yet been refurbished had already been involved in selecting colour schemes and replacement furniture. A staff member described how they used colour charts and pictures to help them make choices. One person whose room had already been redecorated showed us their room and we saw that she had been able to choose her favourite colours.

Regular monthly staff meetings were in place and we saw that people's care and support, changes within the home and quality and practice issues had been discussed at these. A system of spot monitoring of care practice had been implemented and this included assessments of competency in medicines administration and moving and handling.

Staff members told us that they did not have to wait for a staff meeting or supervision session to raise concerns or ideas with their manager. One said, "There's an open-door policy and I always feel supported

whenever I want to raise anything." Another told us, "We can discuss anything and we are listened to. It feels like a family here." All the staff members we spoke with told us that team morale was high. Comments included, "I always look forward to coming to work," and, "Every day is different. I always go home laughing."

A range of policies and procedures were in place and these were up to date and reflected good practice. We saw that a number of these had been updated during the past six months and the services manager told us that all operational policies and procedures were being reviewed and revised to ensure that they fully reflected the needs of the home. At our previous inspection we noted that many policies and procedures were only available 'on line' which may create difficulties if the system was down, or where agency staff who did not have access to the provider's on-line system were working. During this inspection we saw that a manual of up to date 'hard copies' of policies and procedures was now available at the home.

Records maintained by the home showed that the provider worked with partners such as health and social care professionals to ensure that people received the services that they required. The care and support records for a person who had recently come to live at the home showed that the home had liaised with other professionals to ensure that their needs were effectively met.