

Direct Services

Tudor Gardens

Inspection report

27-31 Tudor Gardens
Kingsbury
London
NW9 8RL

Tel: 02089084692

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05 September 2023
27 September 2023
25 October 2023

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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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Tudor Gardens is a supported living service which provides personal care and support to people living in 3 shared houses for people with learning disabilities situated in Kingsbury. At the time of our inspection 15 people were being supported by the service.

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

Right Support: People were involved in the planning of their care and told us that they received support in accordance with their individual needs and preferences. Staff demonstrated a good understanding of people's needs, preferences, and interests. People were supported to live the life they wanted by staff who knew them well and put them at the centre of decision making. Staff supported people to access specialist health and social care support. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Right Care: Staff understood how to ensure people were protected from harm or abuse. Staff worked with people to identify and reduce the likelihood of risks to their wellbeing. Staff engaged with people in a respectful and friendly way. People were supported to participate in a wide range of activities of their choosing. People spoke positively about the staff who supported them.

Right Culture: The registered manager and staff knew and understood people well and were responsive in supporting their aspirations to live a quality life of their choosing. Staff ensured risks of a closed culture were minimised so that people received support based on respect and inclusivity. People were regularly asked for their views of the service and the support they received. The registered manager ensured staff received the training, information and support they required to support people effectively.

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 the service was good (published on 25 August 2018).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Tudor Gardens

Detailed findings

Background to this inspection

The 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 Health and Social Care Act 2008.

Inspection team

The inspection was carried out by 1 inspector.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

Inspection activity started 4 September 2023 and ended on 25 October 2023. We visited the location's services on 5 and 27 September and the provider's office on 25 October 2023.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 5 people who used the service about their experience of the care provided. We spoke with 7 members of staff including the registered manager, the service manager and 5 support staff. We reviewed a range of records. These included 4 people's care records and medicines records. We looked at a variety of records relating to the management of the service including quality assurance audits and policies and procedures.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were safeguarded from the risk of abuse.
- Staff had received adult safeguarding training. They understood their roles and responsibilities and the need to report suspicions and concerns about people's safety.
- The provider's safeguarding policies and procedures reflected best practice. The service's safeguarding records showed concerns had been reported to the local authority and the CQC appropriately.
- Staff managed small sums of money for people who were unable to manage their monies independently. The service's records showed people's monies were recorded accurately and audited on a regular basis.

Assessing risk, safety monitoring and management

- The provider had systems in place to ensure risks were assessed, safely managed and monitored.
- People had person-centred risk assessments which included guidance for staff on the management and reduction of identified risks. Behavioural risk assessments, where appropriate, included guidance for staff in relation to positive approaches to creating a low arousal environment for people and identifying and managing situations which might create anxieties.
- People's risk assessments were regularly reviewed and updated when changes had been identified.
- The provider had undertaken assessments of risk related to the environment within the supported living houses. The actions identified were recorded and showed the service had liaised with the housing provider to address any concerns relating to maintenance of the properties.

Staffing and recruitment

- Staff were safely recruited and managed.
- The provider had carried out pre-recruitment checks on staff. These included references, identity, eligibility to work in the UK, and Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- We reviewed the services staffing rotas. These showed sufficient staff were rostered to ensure people's needs were met. Additional staffing was provided, where appropriate to ensure people were supported to attend planned activities and appointments.
- The registered manager told us the service had rarely used agency staff to cover when there were staff shortages. Where this might be necessary, the provider used staff from trusted agencies which had undergone a due diligence process.

Using medicines safely

- People's medicines were safely managed.
- People's medicines were stored in locked cabinets in their rooms.
- People's medicines administration records were up to date with no unexplained gaps.
- The provider had carried out risk assessments in relation to people's medicines. Where people were prescribed PRN (as required medicines) protocols were in place with guidance for staff on when and how to administer these.
- Staff had received training in safe administration of medicines, Competency checks of medicines administration had been carried out for all staff.
- The provider had up to date policies and procedures in relation to medicines management. Regular audits of medicines records and storage had taken place.

Preventing and controlling infection

- The provider had systems in place to ensure risk of infection was prevented as far as possible and safely managed.
- The provider's policies and procedures in relation to infection prevention and control were up to date and reflected current best practice guidance. These included detailed guidance on safely managing outbreaks of, for example, COVID-19 and norovirus.
- Staff had received regular training on infection prevention and control. We observed staff used personal protective equipment (PPE), such as aprons, gloves and masks where this was appropriate to tasks being carried out.
- The communal areas in each supported living house were spacious and enabled people to socially distance in case of such a requirement.

Learning lessons when things go wrong

- The provider had procedures in place for ensuring improvements were made to reduce the risk of reoccurrences of any untoward incidents.
- The provider had maintained records of incidents and accidents. These were detailed and showed information about follow-up actions. People's risk assessments and care plans had been updated following incidents and accidents of concern.
- Staff were enabled to discuss and agree plans to reduce the risk of incidents and accidents in regular team meetings and individual supervision sessions.

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 our last inspection we rated this key question good. The rating for this key question has remained good. 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

- The provider ensured people needs and choices were assessed, and the care and support delivered to people met current best practice.
- People's needs were assessed when they first started using the service. These assessments were used to develop person centred care plans and risk assessments.
- People's care plans and risk assessments included guidance for staff about how to support people effectively in accordance with their needs and preferences. The care plans had been reviewed and updated when there were any changes in people's care and support needs.

Staff support: induction, training, skills and experience

- The provider had ensured staff were supported and equipped to carry out their roles.
- Staff who were new to the service had received an induction. This included information about people's needs, their roles in supporting these, and the provider's policies and procedures. New staff were also required to complete a set of training competencies linked to The Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- All staff were required to complete a range of training modules on an annual basis. These included mandatory subjects and training on understanding learning disabilities and autism. Staff were supported to achieve qualifications in health and social care.
- Staff received regular one to one supervision from a manager.
- Staff spoke positively about the training and support they received.

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

- People were supported to maintain a healthy, balanced diet.
- Staff supported people to plan their own menus and to shop for food. People were supported to prepare their own meals where they could safely do so.
- We observed people eating food of their choice at the times they preferred.
- Staff had received training in food safety.

Staff working with other agencies to provide consistent, effective, timely care;

Supporting people to live healthier lives, access healthcare services and support

- People's care records showed the service worked with other agencies to provide care and to ensure

people led healthy lives.

- People's care records included detailed information about their healthcare needs.
- Staff supported people to access a range of health services in accordance with their needs. These included GPs, dentists, opticians and specialist services such as psychiatry. Information about health appointments was recorded in people's care records. Guidance provided by health professionals was included in people's care plans where appropriate.
- Staff provided the support people required to live healthy lives. During this inspection for example, we saw people were supported by staff to go for walks, attend a gym and to go to a healthcare appointment.

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 MCA 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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The provider was working within the principles of the MCA
- People's care plans included information about their capacity to make decisions. These included person-centred guidance for staff on supported decision making. Best interests meetings had taken place where people needed to make a decision they could not fully understand, such as consent to medical treatment.
- The registered manager had worked with people's social workers to ensure applications to the Court of Protection were made where any potential deprivation of liberty had been identified.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated and supported well, and their equality and diversity needs and preferences were respected.
- People's care plans included information about their individual needs and preferences. Staff demonstrated they were knowledgeable about these.
- We observed positive, friendly interactions between people and staff. People told us they felt well supported by staff. One person said, "They are great. They help me do the things I like."
- Staff supported people to participate in cultural activities and to attend faith-based activities of their choice.

Supporting people to express their views and be involved in making decisions about their care

- People were supported to express their views and make decisions about their care and support.
- We observed staff encouraging people to make their own choices about, for example, food and activities. Where a person wasn't sure what they wanted to do, a staff member offered a range of choices,
- People's care plans showed they were involved, with family members or other representatives where appropriate, in making decisions about their care and support.
- People had regular meetings with staff to plan activities. Some activities were unplanned and were based on what people wanted to do at the time. For example, during the first day of our inspection, some people were in the garden listening to music and chatting with staff. A staff member said, "The weather is nice, so we suggested a little garden party." A person told us, "This is fun."

Respecting and promoting people's privacy, dignity and independence

- The service respected and promoted people's privacy, dignity and independence.
- We observed people being supported by kind and unhurried staff. Staff were seen to sit down with people and talk with them about their day and the things that were of interest to them.
- We observed staff asking for people's consent to any support they were providing.
- People's care plans showed independence was routinely promoted. These included information about the things people could do for themselves, tasks they required support with, and activities where they were being assisted to become more independent.
- The provider had systems in place to maintain confidentiality. People's personal records were stored securely.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care plans and daily care records demonstrated care and support was planned to ensure people had choice and control and their needs and preferences were met. This was confirmed by our observations of care and support and the feedback we received from people.
- People confirmed they had choices about their care and support. A person said, "Sometimes I change my mind. Staff are OK with that."
- People spoke positively about the support they received from staff to achieve their potential, for example in the planning of activities such as holidays and outings of their choice.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's individual communication needs were met by the service.
- People's care plans included information about their specific communication needs and support requirements. Guidance was in place for staff to use this information to support people's decision making.
- We observed staff engaging with people. They used language people understood and responded to positively.
- Some information was provided in easy read, picture assisted formats. Staff had recorded where they had used verbal and pictorial information to explain information to people.
- At the time of our inspection nobody using the service required specialist communication or language support. The registered manager described how they would ensure such support was provided in the future if there was a need. For example, by providing information in different formats, and through additional staff training.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to develop and maintain relationships and to participate in a wide range of activities.
- During our inspection a number of people attended activities outside the service. These included day centres, walks, shops, restaurants and a local gym. People's care records showed they were supported to

participate in a range of external activities. These included holidays and outings of their choice. Some people attended a regular local disco.

- People were supported to maintain relationships with their family members and other people who were important to them. Staff travelled with people to enable them to spend time with family members. A person told us about a party at their house which was attended by family members and friends.
- People were supported to follow their own interests when they were at home. A person showed us a collection of cuddly toys. Another person showed us their knitting.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure which was available in an easy-to-read format.
- We reviewed the service's complaints records. Concerns had been addressed at an early stage to the complainant's satisfaction. The provider had made changes following complaints where necessary.
- A person said, "If I'm not happy I tell staff. They sort it out."

End of life care and support

- At the time of our inspection the service was not supporting people at the end of life.
- the provider had policies and procedures in place in relation to end of life care and support.

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.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People and staff were engaged and involved in the planning and development of person-centred care and support.
- People and staff spoke positively about the management of the service. We observed the registered manager and service manager engaged with people and staff in a friendly and collaborative way.
- People's care plans were regularly reviewed and information in relation to outcomes was recorded.

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

- Managers and staff were clear about their roles and responsibilities in ensuring a high quality service which met regulatory requirements.
- The provider and registered manager carried out a range of quality assurance monitoring activities. These included audits of records, care practice, people's medicines and monies, infection prevention and control, and health and safety. The records of these showed prompt actions had been taken to address any concerns arising from the audits.
- The registered manager held regular meetings with the staff team. These meetings were used to discuss, for example, care and support practice, learning from incidents, changes at the service, and regulatory requirements.
- Staff told us they received the support they required to perform their roles effectively.

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

- The registered manager and service manager understood the importance of being open and honest when something goes wrong.
- The service's records showed incidents and concerns had been reported to the local authority and to the CQC where appropriate.

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

- People, the public and staff were engaged and involved with the service.
- People's care plans included information about their religious, cultural and other needs and preferences. People told us they were involved in agreeing the care and support they required.

- People were able to voice their opinions through regular house meetings and individual meetings with their key workers.
- Staff and management engaged regularly with people's family members and advocates, where appropriate.

Continuous learning and improving care

- The provider had systems in place to ensure a culture of continuous learning and improving care
- The service's records showed the registered manager and staff team worked collaboratively to reduce risk of reoccurrence of incidents, accidents and other concerns. Service improvements were discussed at team meetings and individual supervision sessions. Additional training and support were provided to staff where required.

Working in partnership with others

- The provider worked in partnership with others.
- People attended regular appointments with healthcare professionals. We saw evidence the management team had liaised with other professionals to ensure people's needs were met. Where appropriate, guidance provided by key professionals, such as psychiatrists and GPs were contained within people's care plans.