

Assured Services Limited

Tudor House Nursing Home

Inspection report

4 Birdhurst Road
South Croydon
Surrey
CR2 7EA

Tel: 02084103399

Date of inspection visit:
13 February 2020

Date of publication:
01 April 2020

Ratings

Overall rating for this service	Good ●
Is the service safe?	Requires Improvement ●
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

About the service

Tudor House Nursing Home is a residential care home providing accommodation with nursing and personal care. The home accommodates up to 37 people in one house. At the time of our inspection 34 people were living at the home, many of whom were older people living with dementia.

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

The provider carried out a range of health and safety checks. Although window restrictors were in place, some required adjusting to ensure the risk of falls was reduced. The provider carried out water safety checks although they had not carried out an assessment to ensure all risks were identified and managed. The provider told us they would improve immediately.

Staff supported people with their medicines safely. Risks to people, including those relating to dementia and any health conditions, were suitably managed. The provider carried out recruitment checks on staff, including checks of nursing registrations, to ensure they were suitable to work with people. There were enough staff to support people safely. Staff followed suitable infection control practices and received training to understand their responsibilities and the service was clean and free from malodours.

Staff received a suitable induction with ongoing training and support to care for people with dementia and nursing needs. People were supported to maintain their health and staff assessed and monitored their needs. People received food they enjoyed and were given food choices. 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.

People liked the staff who supported them and developed good relationships with them. Staff knew people well and treated them with dignity and respect. People were involved people in their care. People's care plans were based on their needs and preferences and people received personalised care. An activity officer engaged people in activities they were interested in and people had enough activities to occupy them. The provider had a suitable process to respond to any concerns or complaints.

The provider had sufficient oversight of the service and carried out a range of checks to ensure standards remained high, although their checks of window restrictors and water hygiene required improvement. A registered manager was in post who understood their role and responsibilities, as did the director and staff. Staff felt well supported by the management team. People, visitors and staff told us the service was well-led and the provider engaged well with them.

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

Rating at last inspection

The last rating for this service was good (report published August 2017).

Why we inspected

This was a planned inspection based on the rating at the last inspection.

Follow up

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Tudor House Nursing Home

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 Care Act 2014.

Inspection team

Our inspection was completed by 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.

Service and service type

Tudor House Nursing Home is a nursing home that provides accommodation with personal and nursing care for older adults with dementia.

People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that the registered manager and provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

Our inspection was informed by evidence we already held about the service. We also checked for feedback we received from members of the public, the local authority and clinical commissioning groups (CCGs).

We used the information the provider sent us in the provider information return. This is information

providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection

We spoke with 12 people using the service, seven relatives and a health and social care professional. We also spoke with the director, the registered manager, three support workers, three domestic assistants and the chef. We reviewed four people's care records, medicines records, four staff files, audits and other records about the management of the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question deteriorated to requires improvement. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- The provider carried out a range of health and safety checks to the premises and equipment to keep people safe. However, we identified some window restrictors were incorrectly adjusted so people may have been at risk from falls from height. The director told us they would immediately check and adjust all window restrictors across the service.
- The provider regularly checked there was no Legionella in the water system. However, the provider had not carried out a risk assessment to ensure any risks relating to water hygiene were identified and managed. The director told us they would commission a risk assessment immediately.
- The provider assessed risks to each person, providing robust guidance for staff to follow. Staff understood risks relating to each person and the support people needed to stay safe. A relative told us, "My family member is very well looked after here. The staff cannot do enough and I do feel they are safe at all times."
- Accidents and incidents were recorded appropriately and reviewed by the management team to look for any patterns to help reduce recurrence. A relative told us, "[My family member] has not fallen once here. The staff always walk with [them] and whenever I arrive a member of staff is always sitting with them."

Using medicines safely

- People and relatives were positive about the support provided relating to medicines management. Comments about medicines included, "The staff are very on top of things" and "The carers are very good and know what they are doing."
- Our checks of medicines stocks and records showed people received their medicines as prescribed. Medicines were stored, administered and disposed of securely. Only trained nurses administered medicines to people.
- The provider carried out regular checks on medicines management to assure themselves processes remained safe.
- The provider assessed the risks relating to medicines for people and support plans were in place to guide staff.

Staffing and recruitment

- People, relatives, staff and the registered manager told us there were enough nurses and care staff to support people safely. Comments included, "There are lots of staff around", "There are plenty of staff here. [My family member] always has someone with them if we are not around" and "Staff are always looking after me and you don't have to wait long for help." We observed there were sufficient staff with staff always present in communal areas. Staff were able to respond to people promptly.

- The provider carried out recruitment checks to ensure staff were suitable to work with vulnerable people. This included checks of nursing registrations, criminal records, previous work history, proof of identification and any health conditions. The provider did not always record reasons for any gaps in staff employment records and told us they would improve going forward.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People and relatives told us they felt safe at the home and with the staff who supported them. Comments included, "I am happy [my family member] is safe and I don't have to worry."
- Systems were in place to protect people from the potential risk of abuse and the registered manager understood their responsibilities, although there had been no allegations in the past year.
- Our discussions showed staff understood their responsibilities in relation to safeguarding and staff received training to keep their knowledge current.

Preventing and controlling infection

- People, relatives and staff told us the service was always clean and free of malodours. A team of domestic staff cleaned the service each day following a cleaning schedule. A person told us, "It is an extremely clean home. The bed sheets are wonderful and the laundry is very good, nothing goes missing!"
- Staff received training in infection control and food hygiene and followed best practice to reduce the risks to people.
- The management team carried out regular checks of infection control practices to ensure high standards.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

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

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

- The service was large with various communal spaces for people to meet together including a garden. People were encouraged to personalise their rooms to their tastes.
- The director told us they planned to renovate the dementia floor in line with current best practice, following advice from a local specialist.
- The director showed us plans to expand the service which included a range of additional communal spaces.

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

- Before admitting people the provider met with them and their relatives and reviewed any professional reports to check they could meet their needs.
- The provider continued to assess whether people's care met their needs through regularly reviewing their care plans and hosting reviews with people, their relatives and others involved in their care.

Staff support: induction, training, skills and experience

- People were supported by staff who received a suitable induction with regular training in a range of topics to help them understand people's needs. Topics included mental health, learning disabilities and autism, positive behaviour support and diabetes. Nursing staff were provided with specialist training to meet people's needs where necessary and were supported with training to help them retain their nursing registration. One person told us, "The staff are well trained and I hear them talking about different training they are attending, I think the management here are supportive and keen for staff to learn and develop."
- Staff received regular supervision and told us they felt supported by the management team.

Supporting people to live healthier lives, access healthcare services and support; Supporting people to eat and drink enough to maintain a balanced diet; Staff working with other agencies to provide consistent, effective, timely care

- Staff understood people's healthcare and nursing needs as they had received training and support in relation to them.
- People's oral healthcare needs were met as staff supported people with their daily needs and dentists often visited people at the service where necessary. People had suitable oral healthcare plans in place.
- People were supported to see the healthcare professionals they needed to maintain their physical health including seeing specialist nurses and their GPs. An optician was visiting people during our inspection and staff told us they visited regularly. One person told us, "You can ask to see the doctor, dentist and optician whenever you need to and the doctor visits weekly."

- People received a choice of food and liked the food. The chef was knowledgeable about people's dietary needs and preferences. Comments from people we received about food included, "I do look forward to the meals. You come down into the dining room and I enjoy that", "The food is quite good. I can chat to the chef they are helpful", "Very tasty", "I like the food, I look forward to it. Lots of tea and water!", "They do try here and are trying to get mum's appetite back, we have been impressed with how much they care!".

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The provider had followed the MCA and assessed people's capacity in relation to specific decisions where necessary. The provider had recorded their assessments and carried out meetings to make decisions in people's best interests.
- The provider had applied to deprive some people of their liberty as part of keeping them safe and kept authorisations under review.
- The provider ensured information relating people's DoLS authorisations was recorded in their care plans.
- Staff understood their responsibilities in relation to DoLS and they had received training in this.

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 the last inspection this key question was rated as good. At this inspection this key question remained the same. 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 liked the staff who supported them and had good relationships with them. Comments included, "Staff cannot do enough!", "I observe the staff being very caring and gentle. It is lovely to see", "The staff are gentle" and "Staff are caring and thoughtful."

People received consistency of care from staff who knew them well. Many staff had worked at the home for many years.

- Staff spent much time interacting with people and people were comfortable with staff. A relative told us, "There are plenty of staff around and it is lovely they are always popping in to see how [my family member] is. It's great to see so many staff here and all wanting to help." A second relative said, "Staff are always chatting and checking in on [my family member]." We saw staff treated people kindly, with patience and respect.
- Staff received training in equality and diversity and our discussions showed they understood people's religious, cultural and social needs. These needs were reflected in care planning. A health and social care professional told us staff were able to communicate with a person who was unable to speak English and this was very important for their wellbeing.

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

- Staff understood and respected people's preferences, such as their food and drink preferences and how they preferred to spend their day. Comments included, "Staff tell me what they are doing and explain so I know what is going on. They are caring" and "Staff are clear and helpful and spend time explaining."
- Each person had a 'keyworker', a member of staff who worked closely with them to help them express their views and make decisions about their care.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and dignity when carrying out personal care. Staff understood how to maintain people's confidentiality and we observed information was held securely. Staff received training to understand their responsibilities in relation to this.
- We observed staff maintained people's dignity by ensuring they were dressed in clean, pressed, matching clothes which were suitable for the weather. A hairdresser visited regularly and during our inspection we observed people enjoying receiving hair treatments. Comments included, "I am impressed with the respect and dignity here the staff and management really do care", "You can tell by the manager how important respect is and she trains her staff well" and "When I have to use the hoist they do treat me with respect and

dignity. I don't mind it because they use it so well."

- Staff supported people to maintain their independent living skills as far as possible by encouraging them to be involved in their personal care.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

End of life care and support

- The provider achieved beacon status with the 'gold standard framework' for end of life care which meant people received a high standard of end of life care.
- In addition, the provider worked closely with a local hospice to ensure staff received training in end of life care and people were supported to plan how they would like to spend the end of their lives.

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

- The activity officer followed an activity programme based on people's interests. This included arts and crafts, quizzes and discussions. People and relatives told us there was enough to occupy people. Comments included, "We are happy with the activities and we get plenty of information about what takes place", "There are things to do and you can join in and chat to everyone" and "I like playing dominoes, scrabble and doing the jigsaws. Every day there is something to do and there is a poster there with events coming up."
- Staff supported people to stay in touch with people who were important to them such as relatives and friends. Visitors were welcomed at any time.

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

- People's care plans detailed their health needs, their backgrounds, personalities, those who were important to them and how they preferred to receive their care. Care plans were personalised and kept up to date so they remained reliable for staff to follow.
- People were involved in their care plans. Comments included, "Staff do keep us well informed" and "The manager did explain that when [my family member] moved in she would keep us informed."
- Our discussions with staff showed they had a good understanding of people's needs and preferences. Staff followed people's care plans, so people received consistency of care.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager told us key information could be provided to people in alternative formats if necessary.
- The provider recorded people's communication needs in their care plans and any support they required in relation to equipment such as hearing aids.

Improving care quality in response to complaints or concerns

- The complaints procedure in place remained suitable. The registered manager told us they had received no complaints in the past year.
- People and relatives knew how to raise a concern and they had confidence the provider would investigate and respond appropriately. Comments included, "If we had any concerns we would ask straight away and I would go to see the manager who is very approachable", "I would go straight to the manager and would feel certain that she would sort it out" and "There is nothing to complain about because it is so lovely here. But if I had any problem I would chat to the manager. She is lovely and approachable and sorts everything out."

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

Continuous learning and improving care; Managers and staff being clear about their roles, understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The provider had a system of audits to check people received a high standard of care, covering all aspects of the service. However, these audits had not identified window restrictors were not always suitable to reduce the risk of falls from height and water safety management required improvement.
- The registered manager was experienced and our discussions showed they understood their role and responsibilities. The director closely supported the registered manager and was present at the service most days. The registered manager was supported by a deputy manager and a clear hierarchy was in place.
- People, relatives and staff were positive about the registered manager and director. Comments included, "The manager and the carers help me if there are any problems. The manager is very good", "The manager makes sure that everyone is doing their job properly, you can tell the manager really cares and so do staff", "The manager is just excellent and cannot do enough for everyone."
- The provider had sent us notifications in relation to significant events that had occurred in the service as required by law.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider kept people, relatives and staff informed of any developments at the service through regular meetings. People, staff and relatives told us these meetings were useful and the management team actioned suggestions they made. Relatives told us staff always kept them informed of any important information about their family members. Comments included, "There are relatives meetings and I there are questionnaires you can fill in", "The manager asks us what we think and listens to our ideas" and "Good communication, very thoughtful and caring."
- People and staff were asked their views on the service through an regular surveys and recent surveys showed people were happy with their care.

Working in partnership with others

- The provider communicated with external health and social care professionals, including review officers from the local authority, to ensure people received the care they needed. A healthcare professional told us staff understood their roles and people's needs and were professional.

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 understood their duty of candour responsibilities and their management style was open and transparent.