Cofresh Homes LLP

Tudor Care Home

Inspection report

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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 caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This was an unannounced comprehensive inspection that took place on 12 July 2016.

Tudor Care Home is a care home registered to provide accommodation for up to ten older people who are living with Dementia, or who a physical disability. The home is located on two floors. Each person had their own room. The home had a communal lounge, kitchen and dining room where people could spend time together. At the time of inspection there were nine people using the service.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People's medicines were handled safely and were given to them in accordance with their prescriptions. People's GPs and other healthcare professionals were contacted for advice whenever necessary. Creams and liquids had not been dated when they were opened. We found that staff had not always signed when they had administered medicines. The registered manager told us that checks had been completed to make sure that medicines had not been missed.

Checks and risk assessments to make sure the building was safe had not always been completed. . Evacuation plans had been written for most people, to help support them safely in the event of an emergency.

There were enough staff to meet people's needs. However, we found there were times when staff were not present in the communal areas. Staff were recruited using robust procedures to make sure people were supported by staff with the right skills and attributes. Staff received appropriate support through a structured induction and regular supervision. There was an on-going training programme to provide and update staff on safe ways of working.

People were supported to make their own decisions. Staff and managers had an understanding of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). We found that appropriate assessments of mental capacity had been completed for some specific decisions. One person had not been able to consent to a decision relating to their care. We found that the MCA had not been followed for this person. DoLS applications had been made where these were needed. Staff told us that they sought people's consent before delivering their support.

Systems were in place which assessed and monitored the quality of the service. However, we found that these had not always been completed within agreed timescales.

People were protected from the risk of harm at the service because staff had undertaken training to recognise and respond to safeguarding concerns. They had a good understanding about what safeguarding meant and how to report it.

There were effective systems in place to manage risks and this helped staff to know how to support people safely. Where people displayed behaviour that may be deemed as challenging the training and guidance given to staff helped them to manage situations in a consistent and positive way that protected the person, other people using the service and staff.

People were supported to maintain a balanced diet and guidance from health professionals in relation to eating and drinking was followed. We saw that people were able to choose their meals and were involved in making them.

People were involved in decisions about their support. They told us that staff treated them with respect. Staff interacted with people in a caring, compassionate and kind manner.

People received care and support that was responsive to their needs and preferences. Care plans provided detailed information about people so staff knew what people liked and what they enjoyed. People were encouraged to maintain and develop their independence. They took part in activities that they enjoyed. People did not always participate in reviewing their care plans.

People and staff felt the service was well managed. The service was led by a registered manager who understood most of their responsibilities under the Care Quality Commission (Registration) Regulations 2009.

The vision of the service was shared by the staff team and put into practice.

People were asked for feedback on the quality of the service that they received. This was acted upon.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

People's medicines were handled safely and given to them as prescribed. Creams and liquids were not dated when they were opened. We found that some staff had not signed to say that they had administered medicines.

Checks on the building and equipment in it had not always taken place within agreed timescales.

There were sufficient numbers of staff to meet people's needs. However, we found there were times when staff were not present in the communal areas. The service followed safe recruitment practices when employing new staff.

People were protected from risk of abuse and avoidable harm. Staff knew what actions they needed to take. Risks to people had been identified and assessed. There was guidance for staff on how to keep people safe.

Is the service effective?

Good

The service was effective.

Staff were trained to a standard that enabled them to meet people's needs.

People were encouraged to make decisions about their care and day to day lives. Consent to care and treatment was usually sought in line with the Mental Capacity Act (2005). Staff understood the requirements of this.

People received the support they required with their healthcare needs, to keep healthy and well. People were supported to maintain a balanced diet.

Is the service caring?

Good

The service was caring.

People were supported to be independent.

People were treated with dignity and respect. Staff interacted with people in a caring, compassionate and kind manner.

Staff knew people well and understood how each person wanted to be supported.

Is the service responsive?

Good

The service was responsive.

People's needs had been assessed with them. Care plans provided detailed information for staff about people's needs, their likes, dislikes and preferences. Staff demonstrated a person centred approach and put this into practice.

There was a range of activities that people participated in.

There was a complaints procedure in place. However, this was not displayed on the day of our visit. People felt confident to raise any concerns.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

There was a range of audit systems in place to measure the quality and care delivered and so that improvements could be made. These had not been completed within agreed timescales to make sure that people and equipment was safe.

The registered manager had not completed all notifications to the Care Quality Commission that they were required to make.

People knew who the registered manager was and felt that they were approachable.

People had been asked for their opinion on the quality of the service that they had received.

Tudor Care Home

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 12 July 2016 and was unannounced. The inspection was carried out 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. The expert had experience of caring for someone who used this type of service.

Before our inspection, we reviewed the Provider Information return (PIR). The PIR is a form that asks the provider to give some key information about what the service does well and improvements they plan to make. We also reviewed information we held about the service and information we had received about the service from people who contacted us. We contacted the local authority that had funding responsibility for some of the people who used the service and the local Healthwatch. Healthwatch are an organisation who collect important information about people's views and experiences of care.

We reviewed a range of records about people's care and how the service was managed. This included three people's plans of care and associated documents including risk assessments. We looked at four staff files including their recruitment and training records. We also looked at documentation about the service that was given to staff and people using the service and policies and procedures that the provider had in place. We spoke with the registered manager, a senior care worker, two care workers and a visiting GP.

We spoke with four people who used the service. We spoke with a friend of a person who used the service who was visiting as well as a relative of someone else who lived at Tudor Care Home. This was to gather their views of the service being provided.

Requires Improvement

Is the service safe?

Our findings

People were protected from the risk of harm because there were contingency plans in place in the event of an untoward event such as large scale sickness or accommodation loss due to flood or fire. Staff knew the fire response procedure and this was practised to make sure that everyone knew what to do in an emergency. Personal emergency evacuation plans were in place for most people living at the home. We found that one person did not have a plan in place. The registered manager implemented this plan on the day of our visit. These provided a guide for staff and emergency workers in regards to the assistance people required in the event of a fire. We saw that regular testing of fire equipment had taken place. However, checks had not been carried out at the required frequency since March 2016. The registered manager told us that a new member of staff had been identified to undertake these checks and that they were being trained how to carry out the checks. They told us that this person would start to complete checks by the end of the week of our visit.

Where people used equipment such as hoists, the required checks had been completed to make sure that these were safe for people to use. We found that slings that were used with hoists had not been checked at the required frequency. This meant that there was a risk that the slings were not safe to be used. The registered manager told us that staff visually checked these before use.

We found that there was no Legionella risk assessment in place. Legionella testing had been carried out in June 2016 and was due to be carried out at the time of our visit. The registered manager told us that the home did not have a water tank which reduced the risk of legionella; however this does not remove the risk. Appropriate safety measures to reduce risk such as regular descaling of taps and showerheads had not been completed. The registered manager agreed that they would follow this up and make sure that the control measures were carried out. Following our visit the registered manager sent us a copy of a legionella risk assessment that had been carried out.

People received their medicines safely as arrangements were in place for the safe storage, administration and disposal of medicines. People told us that they knew that they had to take medicine and why they had to take this. One person commented, "It is all done on time." The service had a policy in place which covered the administration and recording of medicines. Staff told us that they felt confident with the tasks related to medicines that they were being asked to complete. Staff said they had been trained to administer medicines. We saw that staff completed training and were also assessed to make sure that they were competent to administer medicines. Each person who used the service had a care plan around medicines to determine the support they needed and a medication administration record to record what medicine the person took. Where someone had a 'PRN' medicine we saw that a protocol had been written so that staff knew when this could be taken. PRN medicines are prescribed to be taken only when they are required. We looked at the records relating to medicine and found there were times when staff had not signed to say that they had given a person their medicine. We discussed this with the registered manager who told us they carried out checks to make sure that medicines had been given. They told us they would carry out more frequent checks on the medicine records.

Where people were prescribed cream this was stored in their rooms. We saw that there were medicine records for staff to sign to say this had been administered. However, we found that these were not signed on a regular basis. The registered manager told us that people had their creams applied as they had been prescribed. They told us they would remind staff about the importance of signing these records. We also found that when creams and liquid medicines had been opened they had not been dated. This is important as some medicines need to be discarded after being open for a period of time. The registered manager told us that they would make sure that these medicines were dated when they were opened.

People and their relatives told us that there were enough staff to meet their needs safely. One person told us, "There are enough staff." Staff told us that they felt there were enough staff to meet people's needs. The rota showed that suitably trained and experienced staff were deployed. We saw that staff responded to peoples requests in a timely manner. We found that staff had time to talk with people and support people when they asked for this. However, we found that there were times when there were no staff members in the communal lounge. We saw that two people fell asleep while holding their drink and spilt this on themselves. Staff responded as soon as they were aware of what had happened. However, staff were not present in the room to identify that people were falling asleep while holding drinks to avoid the accidents.

People we spoke with told us that they felt safe when receiving support from the care staff. One person told us, "Yes I feel safe here." A friend who was visiting someone who used the service said, "[Person's name] is safe in Tudor Care Home. I have not seen anything that concerns me." A relative commented, "[Person's name] is safe. I wouldn't let her be mistreated." Staff members we spoke with had a good understanding of types of abuse and what action they would take if they had concerns. All staff we spoke with told us that they would report any suspected abuse immediately to the manager or to external professionals if necessary. One staff member said, "I would report any concerns to the manager." Policies and procedures in relation to the safeguarding of adults were in place and the actions staff described were in line with the policy. Staff told us they had received training around safeguarding adults. Records we saw confirmed this. Staff we spoke with told us that they understood whistleblowing; felt they could raise concerns and that there was a procedure for this. The registered manager had an understanding of their responsibility for reporting allegations of abuse to the local authority and the Care Quality Commission. We saw that the registered manager had reported concerns appropriately to the local authority safeguarding team and the concerns had been investigated either internally when this had been requested by the local authority or by the local authority.

People's care plans included risk management plans and control measures to reduce the risk. These were individualised and provided staff with a clear description of any identified risk and specific guidance on how people should be supported in relation to this risk. These included assessments about going out independently and how to reduce the risk of falls for people. Risk assessments were reviewed quarterly unless a change had occurred in the person's circumstances. This was important to make sure that they information included in the assessment was based on the current needs of the person. We saw that where someone had behaviour that may be deemed as challenging plans were in place so that staff responded consistently. The plans identified triggers and ways to diffuse the situation. Staff told us that they were confident in following these plans and had been trained to do so.

Where accidents or incidents had occurred these had been appropriately documented and investigated. The documentation included a detailed description of what had happened. Where these investigations had found that changes were necessary in order to protect people these issues had been addressed and resolved promptly. For example, following a person having a fall the furniture in the communal lounge was moved to reduce any trip hazards.

People were cared for by suitable staff because the provider followed recruitment procedures. Staff had undergone recruitment checks as part of their application process and these were documented. We looked at the files of four staff members and found that all appropriate pre-employment checks had been carried out before they started work. These records included evidence of good conduct from previous employers, and a Disclosure and Barring Service (DBS) Check. The DBS helps employers make safer recruitment decisions and helps prevent the employment of staff who may be unsuitable to work with people who used care services. This meant that people could be confident that safe recruitment practices had been followed.

Good

Is the service effective?

Our findings

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). 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 were being met.

Where people were not able to make their own decisions we saw that mental capacity assessments had been completed for some decisions. However, we found that one person had not been able to agree to some elements of their care. A mental capacity assessment had not been completed in order to follow the process in the MCA. The registered manager told us after our visit that they had now completed a mental capacity assessment for the decision. We also found that relatives had been asked to sign a care plan to consent to care on behalf of a person. Under the MCA a relative only has a right to do this if they have a Lasting Power of Attorney (LPA) for making decisions about a person's health and welfare. A LPA is a legal authority to make decisions on behalf of someone else. We discussed this with the registered manager who agreed they would review the paperwork to make sure that paperwork had only been signed by a person who had a legal right to do so if the person was not able to consent themselves.

We found that DoLS had been requested for people who may have been at risk of being deprived of their liberty. The registered manager showed an understanding of DoLS which was evidenced through the appropriately submitted applications to the local authority.

Staff were able to demonstrate that they had understanding of the MCA and that they worked in line with the principles of this. They were confident discussing the principles of the MCA and what it meant in practice for the people they supported. This involved supporting people to make their own decisions and respecting their wishes. One staff member told us, "[Person's name] can't make decisions for herself. She is always consulted and will tell us when she has had enough." Another staff member commented, "I always ask for consent."
People and their relatives were positive about the ability of staff to meet each individual person's needs. One person told us, "The staff are all excellent. They know how to do their jobs." A friend told us, "They look after [person's name] well." People were supported by staff who received an induction into their role. Staff told us that they had induction. They described how they had been introduced to the people they supported and said they had been given time to complete training, read care plans and policies and procedures. The staff also said that they had shadowed more experienced staff before working alone with people using the service. Records we saw confirmed that staff had completed an induction.

People were supported by trained staff. We looked at the training records for all staff. These showed that staff had completed a range of training including training that was specific for the needs of the people who they supported. The staff we spoke with told us that they felt that they had completed adequate training to enable them to carry out their roles and that training was good quality. One staff member told us, "We do lots of training. It is good quality."

People were supported by staff who received guidance and support in their role. There were processes in place to supervise all staff to ensure they were meeting the requirements of their role. Supervisions are meetings with a line manager which offer support, assurance and learning to help support workers develop in their role. Staff told us that they had regular supervision meetings and felt supported. One staff member told us, "I have supervision every three months. I feel supported." Records we saw confirmed that supervisions had taken place.

People told us that they enjoyed the food. One person said, "The food is lovely." Another person commented, "I enjoyed my lunch." A relative told us, "Everyone says the dinners are nice. I have been invited to have one." People were supported to have sufficient amounts to eat and drink to maintain a balanced diet. We saw a menu was available with choices for each meal and this was based on what the people who used the service liked to eat. Throughout the day people were able to go to the kitchen and help themselves to drinks and snacks or the staff would offer people drinks. Where someone had a dietary need such as a soft diet this was provided. Staff were aware of people's needs and preferences in relation to eating and drinking. Staff told us that they prompted people to eat balanced meals. The registered manager told us that people were supported to follow diets of their choosing.

People were supported to maintain good health and could access health care services when needed. Relatives told us that they were kept informed, with the person's consent, of appointments and the outcome of the appointment. We saw that people were referred to therapists when appropriate, such as when their mobility had changed. People's healthcare was monitored and where a need was identified they were supported to visit the relevant healthcare professional. We spoke with a doctor who was visiting Tudor Care Home. They told us, "They seek GP input when necessary. Concerns are escalated when needed. They have put things in place when we have asked them to." Records showed that people were supported to attend routine appointments to maintain their wellbeing such as the dentist. Records showed that information from health appointments was recorded. We saw that care plans contained contact details of people's relatives, GP's or other involved health professionals so that staff were able to contact them if they needed to.

Good

Is the service caring?

Our findings

People had sometimes chosen how to decorate their home and their own rooms. We were invited to see three rooms. People had pictures of family, friends, activities and their own belongings in each room. The registered manager told us, "The rooms are decorated before people get here so they are freshly decorated and new. People can bring their own belongings." There was a communal lounge, dining room and kitchen where people could spend time together if they wanted to. We found that these areas appeared homely and had books, games, music and DVD's available so that people could use these if they wanted to. A relative commented, "I knew as soon as I walked in. This was the homeliest."

People were usually treated with dignity and respect. We observed staff interacted with people in a caring compassionate and kind manner throughout the inspection. This included laughing and joking with people. We heard light hearted conversations which led to laughter and joking. We saw that staff spent time chatting to people and took an interest in them. However, in order to keep the settees in the communal lounge clean plastic bags had been used to cover the seats under the covers. We found that you could feel these when you sat down. We discussed this with the registered manager who agreed to consider if there were any other options to keep the settee clean that were more dignified for people.

Tudor Care Home had received the Dignity in Care Award from Leicestershire County Council in June 2016. This meant that they had been assessed as demonstrating an on-going commitment to promoting and delivering dignified care services.

People were very positive about the support that they received and the caring nature of staff. One person told us, "The carers love their job." Another person said, "The carers are really good. I love them." One person commented, "I get on with the staff." A friend told us, "They look after person's name well." Another relative commented, "The staff are caring." A staff member told us, "One thing this home does well is the care." People's preferences and wishes were taken into account in how their care was delivered. For example routines that they wanted to follow were respected. Information had been gathered about people's personal histories, which enabled staff to have an understanding of people's backgrounds and what was important to them.

People were involved in making decisions about their care. This included decisions about meals, going out, attending activities and preferred times for care. We saw throughout the day of our visit that people were asked what they wanted to eat or drink, as well as being asked if they wanted support with things such as changing their clothes. Records showed that people had been asked for their favourite recipes and meals and these had then been included on the menu.

People's independence was promoted. For example, one person liked to cook and bake. They told us, "Wednesday is my day in the kitchen. I prepare lunch I enjoy doing this. I don't want to lose the knowledge I have." We saw that people were able to go into the kitchen to make their own food and drinks. Records showed that people were encouraged to maintain the skills that they already had. For example, we read in one care plan, 'Put toothpaste on the brush and hand it to [person's name] so that they can do this'. This

meant that staff were not doing things for people that they could still do for themselves.

Staff were knowledgeable about the people who used the service. They could tell us about people's histories and preferences. We saw that this information was recorded in people's care plans. This had been provided by each person and their family and friends. This included information about people's work history, family and holiday's people had been on. A friend commented, "[Person's name] has pictures of pigeons in his room to bring back memories." They explained that the person had enjoyed pigeon racing and how important this was to them. This meant that staff had access to information about what was important to the person and could use this to have conversations with people about things that mattered to them.

People's visitors were made welcome and were free to see them as they wished. A relative told us, "I can visit when I want to. I am made to feel welcome and I get a cup of tea."

Staff told us that if someone passed away that they would hold a buffet and invite the person's family so that people got a chance to say goodbye. One staff member said, "If we lose a resident we lose a family. It is a nice opportunity to observe their life. We release balloons."

The provider had made information on advocacy services available to people. An advocate is a trained professional who can support people to speak up for themselves. We saw that there was information in a communal area on advocacy services. We also saw in one person's support plan that an advocate had been involved to support them to make decisions about their finances. This meant that people were supported to be actively involved in decisions about their support.

Good

Is the service responsive?

Our findings

People were supported by a service that was responsive to their needs. We found staff knew people well and were able to discuss their needs and individual circumstances with us. A person told us, "The staff are excellent. I am happy here. They know me, especially the manager."

People participated in developing their care plans. We found that people had signed their own care plans where they were able to do this and information was included about what they liked and disliked. We saw that people had not consistently been involved in reviewing their care plan. A relative said, "I have not been involved in reviewing the care plan." The registered manager told us that some people, or their relatives, had been involved when they wanted to be. They told us that people were involved in completing information about their history, likes, dislikes and preferences and reviewing this information. The registered manager agreed to involve people in reviewing their care to make sure that they had the opportunity to make any changes that they wanted to do

People were offered activities to provide them with stimulation. People we spoke with were mainly positive about what they did during the day. One person told us, "I like to go for walks. Sometimes they take you out." Another person said, "If you want to go out they will take you; if they have the time." One person commented, "I like gardening. I can go out and garden." Another person said, "I don't mind what I do." A friend told us, "They go out a lot but [person's name] doesn't want to join in." On the day of our visit there was an activity taking place. This was facilitated by an external person who came to the home to carry out movement activities with people. We saw that the activity was planned for 11am but was unable to start until 11:30 as people were still eating their breakfast. When the activity started there were no staff members available to support the person. This meant that the facilitator struggled to get everyone actively engaged.

People were supported to take part in activities such as going out for a pub meal, to the local supermarket for coffee, or to shop, going to the park or the local community centre. A staff member told us, "We do lots of activities. It is up to people if they want to get involved. Staff will come in on their days off to make sure that people get to do their activities." The registered manager told us that people were encouraged to attend a church service if they wanted to. They told us that an external person from the Dementia Alliance came to Tudor Care Home to provide reminiscence activities for people. This is to help people remember things that they have done through their lives. We saw that staff did spend time with people doing one to one activities such as painting their nails.

People were able to be involved in household tasks if they wanted to be. We saw that one person did their own washing and another person cooked or baked. We saw that Tudor Care Home had two pets that people were involved in looking after. Each person who looked after the animals had a job to do. For example, putting the rabbit away and giving the animal's food and water. The registered manager told us that a coffee morning had been held where family and friends attended. This was based on a theme of share your hobby. They told us that people had brought things in to show everyone their hobby. The money raised from this was used to take people out on a trip of their choice.

People had been involved in an initial assessment of their needs before they moved to the home. Information had also been sought from their relatives and other professionals involved in their care. Information from the assessment had informed the care plan.

People's care plans were personalised and provided details of what the person liked and their preferences. Care plans had been kept under review to make sure that they reflected people's current circumstances. This helped ensure that staff provided appropriate support to people and could meet their needs as these changed. Staff had a good understanding of the support needs of the people they worked with and could tell us about these. This meant that staff knew the people who they supported and how they wanted to be supported.

Handover between staff at the start of each shift ensured important information was shared, acted upon where necessary and recorded. This showed that people's progress was monitored and any follow up actions were recorded. The handover was recorded so that all staff could see a record of what had happened. Key information was recorded in the communication book that all staff could access.

Staff knew how to support people if they became upset or distressed. We saw from one person's support plan that they could become anxious. The care plan identified examples of how to identify the triggers for the behaviour and de-escalate this behaviour. Staff were able to explain these to us. This meant that staff were able to support people effectively when they were upset or distressed.

People told us that they would speak with staff or the registered manager if they were worried or had any concerns. One person said, "I would tell the staff if I was unhappy." Another person commented, "I have no complaints but I would speak to a carer if I needed anything." Relatives told us that they felt confident in approaching the registered manager if they needed to discuss any aspects of people's care. A relative told us, "I have no complaints but would know how to complain if I needed to." A friend said, "If something was wrong I would say something." There were procedures for making compliments and complaints about the service. However, these were not displayed so that people had access to the policy. The registered manager agreed that these would be displayed. They told us that they had not received any complaints.

Requires Improvement

Is the service well-led?

Our findings

The provider monitored the quality of care at the service. They carried out their last inspection in September 2015 and records we saw confirmed this inspection had taken place. We saw that actions that had been identified had been addressed following this visit. The registered manager carried out audits on topics such as medicines, care plans, and environment checks. We saw that these audits were completed at different times throughout the year and there was no set schedule for these to take place. We found that some audits should have been completed monthly and had not always. For example, checks on water temperature had not been completed since April 2016 and an audit on falls had not taken place since February 2016. The registered manager told us that they would set a regular schedule to make sure that all audits were completed within a reasonable timescale.

The registered manager was aware of most of their registration responsibilities. Providers and registered managers are required to notify us of certain incidents which have occurred during, or as a result of, the provision of care and support to people. The registered manager had informed us about incidents that had happened. However the registered manager had not notified us when someone had a DoLS application agreed. This is a notification that they are required to make. Since the inspection the registered manager has submitted the required notifications in relation to DoLS applications.

People told us that they were pleased with the service. One person told us, "I like living here." Another person said, "This is a good home I think." A relative told us, "I like it. [Person's name] is happy and safe." A friend commented, "[Person's name] is happy here." A visiting doctor told us, "It is great. [Registered manager] knows all that they need to know. As do the staff." People had been asked for their feedback on the quality of the service. We found that a survey had been sent out to people who used the service and relatives in February and October 2015. The registered manager told us that they sent the questionnaires over a period of time to get feedback at different points throughout the year. Outcomes from the 2015 survey were positive. The registered manager told us that people chatted to the staff and told them if they had any issues. They told us that the staff would then bring the issue to the registered manager. The registered manager went on to say that they did not keep records of any of the issues that had been raised or actions that had been taken. They agreed to start recording this to show that people were being given opportunities to discuss their experience of the service with staff and managers on a regular basis.

The service had an experienced registered manager. We received positive feedback about how they managed the service and supported the staff. Staff spoke highly of the registered manager and the service. One staff member told us, "[Registered manager] is very approachable and supportive." Another staff member said, "I feel supported. I can speak to [registered manager]." The management structure in the home provided clear lines of responsibility and accountability. The registered manager was supported by the provider, senior carers, and a team of care workers. Staff told us that the registered manager was always available and that they spent time in the service working with people. We saw staff and people who lived at the service were comfortable speaking with them.

Tudor Care Home had a statement about the values it promoted. We saw that there was a sign on the wall

that said, "Our residents do not live in our workplace. We work in their home." Staff understood and were able to tell us about the values. One staff member told us, "It is one big family. We all converse." Throughout our visit we found that staff promoted these values in the way they provided support to people. For example, in the way they spoke with people and understood their needs. The registered manager told us that they were aiming for all staff to complete a Dementia tour course. This is something that has been developed to help people to understand what it is like for people who are living with Dementia. They told us that they wanted to make this available to relatives and people in the local community to help people empathise with people who used the service and to develop more understanding. This meant that the registered manager was identifying new initiatives and finding ways to use these to benefit the people who used the service, staff and relatives.

Tudor Care Home had received an award through Leicestershire County Council in the form of a Quality Assessment Framework (QAF) Award at Gold level in March 2016. The QAF evaluates the experiences of people who used the service to identify that people are receiving a quality service. This meant that the registered manager and staff were working to recognised standards of quality and maintaining or improving these.

Records were maintained at the service and those we asked to see were located promptly. Staff had access to general operating policies and procedures on areas of practice such as safeguarding, the MCA, whistleblowing and safe handling of medicines. These provided staff with up to date guidance.