

## Direct Services

# Tudor Gardens

### Inspection report

27-31 Tudor Gardens  
Kingsbury  
London  
NW9 8RL

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09 June 2017  
13 June 2017

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### Ratings

#### Overall rating for this service

Requires Improvement 

Is the service safe?	<b>Requires Improvement</b> 
Is the service effective?	<b>Good</b> 
Is the service caring?	<b>Good</b> 
Is the service responsive?	<b>Requires Improvement</b> 
Is the service well-led?	<b>Requires Improvement</b> 

# Summary of findings

## Overall summary

Our inspection of Tudor Gardens took place on 9 and 13 June 2017 and was unannounced.

Tudor Gardens is a care home registered for 15 people with learning disabilities situated in Kingsbury. Some of the people who live at the home have additional needs such as physical impairments, communication impairments and behaviours considered challenging. The home consists of three self-contained houses, each with a separate entrance. At the time of our inspection 14 people lived at the home.

During our previous comprehensive inspection of 8, 23 and 30 March 2016 we found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These related to safe care and treatment, staffing and good governance. We returned to the home on 13 July 2016 and found that actions had been taken to meet legal requirements. At this inspection we rated the service as requires improvement in the areas of safe and well led as we required to provider to evidence a track record of continuous improvement.

At the time of our inspection the home did not have a registered manager on site. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. A new manager had been appointed to the home and at the time of our inspection they had commenced the process of applying for registration with CQC.

People spoke positively about their experience of living at the home. Staff members engaged with them in a positive and respectful way and supported them to engage in a range of activities. We observed that staff communicated with people in ways that they understood and offered them a range of choices.

People had support plans that identified their needs and preferences and provided guidance on how care and support should be delivered. However these were out of date for some people and we could not be sure that they reflected people's current needs. New support plans were being developed for people but this process had only recently commenced. People's risk assessments had been recently reviewed and updated and included guidance on how to manage risk. However these did not always correspond with information contained within people's support records.

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

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

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

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

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

The home supported people to participate in a range of in-house and group activities. During our visit people came and went from the home to undertake activities supported by staff.

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

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

There were systems in place to review and monitor the quality of the service. People were asked for their views on a regular basis and concerns were immediately addressed. However these were limited. Regular monitoring of, for example, health and safety, medicines and people's monies took place. However, there were no quality assurance measures and audits in relation to people's care and support documentation.

We found one breach of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Aspects of the service were not safe. Although risk assessments were in place these did not always correspond with other information about people.

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

People's medicines were well managed.

**Requires Improvement** ●

### Is the service effective?

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

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

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

**Good** ●

### Is the service caring?

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

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

People had access to advocacy services.

**Good** ●

### Is the service responsive?

Aspects of the service were not responsive. Some support plans were out of date and had there was no evidence of outcomes being monitored.

Support plans were being reviewed and updated but this process had not been completed.

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

**Requires Improvement** ●

### Is the service well-led?

Aspects of the service were not well led. Although a range of quality assurance processes were in place there had been no regular monitoring of support plans.

A new manager was in place and had commenced the process of applying for registration with CQC.

Action plans had been put in place to address shortcomings within the service.

**Requires Improvement** 

# Tudor Gardens

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 9 and 13 June 2017 and was unannounced. The inspection team consisted of one inspector.

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

During our inspection we spoke with five people who lived at the home. We also had a telephone discussion with a family member. We spent time observing care and support being delivered in the communal areas, including interactions between staff members and people who lived at the home. In addition, we spoke with the new manager who was in the process of applying for registration, the services manager and three members of the care team. We looked at records, which included the care records for four people who lived at the home, six staff recruitment records, six staff supervision records, quality assurance records, medicines records, and other documents relating to the management of the home.

# Is the service safe?

## Our findings

One person said, "Staff look after me and keep me safe." A family member told us that, "I have no concerns at all about [my relative's] safety."

We looked at the risk assessments that had been developed to support five people living at the home. On the first day of our inspection we noted that the risk assessments contained within people's files had not been updated for over a year. We discussed this with the manager and services manager. They told us that more recent risk assessments were maintained on line. When we returned to complete our inspection, updated risk assessments had been printed out and placed in people's care files. These included risk management guidance for staff providing support. However we found that one person's risk assessment had not been updated to include information about an activity that was new to them. Some of the risk assessments did not reflect information that was contained within people's current care plans. The manager and services manager told us that people's care plans were currently being reviewed and updated and that associated risk assessments would be revised in accordance with the outcomes of these reviews. We recommended that actions should be taken to ensure that risk assessments fully reflected people's needs.

The updated risk assessments that we saw covered a range of areas including people's behaviours, personal care and health needs. Situational risk assessments were in place for activities both inside the home and within the local community. Behavioural risk assessments included guidance for staff around providing positive approaches to supporting people and identifying and reducing 'triggers' that might create anxieties for people.

People's medicines were managed safely. The provider had an up to date medicines procedure. Staff members had received medicines administration training, which was confirmed by the staff members that we spoke with and the records that we viewed. Medicines were stored safely and records of medicines were of a good standard, and included details of ordering, administration and disposal of medicines. People's risk assessments included guidance in relations to people's medicines.

We looked at the staffing rota and observed how support was provided. The rotas showed that staff members were allocated to a specific unit. The manager and services manager told us that, in the past, staff worked across units, but this had been changed because it was important for people to see the same staff who were familiar with their needs on a regular basis. During our inspection a number of people were away from the home participating in activities or attending appointments. We observed that there were sufficient staff at the home to support people who had not gone out. People coming and going from the home were accompanied by staff members. We asked the manager how they managed staffing for external activities. They told us that these were usually regular or planned and that staffing rotas were adjusted accordingly. The rotas showed where additional staff members were in place to support activities.

The home had an up to date safeguarding adults procedure. Staff members had received training in safeguarding and regular refresher sessions were arranged to ensure staff knowledge was up to date. Staff members that we spoke with demonstrated a good understanding of safeguarding and were aware of their

responsibilities in ensuring that people were safe. They knew how to report concerns or suspicions of abuse using the procedure. We reviewed the safeguarding records and history for the home and saw that there had been no safeguarding concerns raised since our previous inspection.

Small amounts of people's monies for day to day expenditure were looked after. We saw that records of these were well maintained, receipted, and that these matched people's cash balances. We observed that checks of monies took place on a weekly and monthly basis. We also saw evidence that the provider undertook an annual audit of people's finances.

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

The home environment was suitable for the needs of the people who lived there. The communal areas were spacious and there was sufficient space for people to move around safely. Lifts and accessible bathrooms were in place for people who required these. People were able to personalise their rooms as they wished. The units at the home were well maintained. Regular health and safety audits of the building had taken place. These included action plans, and we saw that identified actions had been addressed. Records showed that safety checks at the home, for example, in relation to gas, electricity, fire equipment and portable electrical appliances were up to date.

Accident and incident information was appropriately recorded. Staff members described emergency procedures at the home, and we saw evidence that fire drills and fire safety checks took place regularly. An emergency out of hours call service was operated by the provider, and staff members knew who to call if required.



# Is the service effective?

## Our findings

A family member told that they were happy with the support from staff. They said, "they have always been good at meeting [my relative's] needs."

The staff members that we spoke with had worked at the home for some time. They were knowledgeable about people's needs and preferences.

We looked at the supervision records for five staff members. The provider's policy on staff supervision is that staff members should receive supervision from a manager on an approximately six week cycle. However, we found that between September 2016 and February 2017 no recorded supervisions had taken place for these staff members. The records showed that regular supervision of staff members had re-commenced from March 2017. The notes of these meetings were detailed and showed that issues in relation to people living at the home, staff performance and training, changes to the home and good practice had been discussed. A staff member said, "We didn't have supervision for a long time, but we have it regularly now."

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

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the home was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

During the first day of our inspection we found that the DoLS authorisations contained within people's care

files were out of date. We asked the manager and services manager about this and they told us that up to date authorisations had been completed for people within the past six months. When we returned to complete our inspection, we found that these more recent authorisations had been printed and placed in people's files. These were all within date and reflected the needs of people to whom they applied.

Staff members had received training in the MCA 2005 and demonstrated that they understood their roles in supporting people where there was limited capacity to make decisions. We observed that staff members used a range of methods, including words, signs, and objects to support people to make decisions. Information about people's capacity to make decisions was included in their care plans.

People told us that they liked the food at the home. One person said, "The food is good. I can choose what I want." During our inspection we observed that staff members offered people choices about the food that they would like to eat at lunchtime. Where people made choices about food that wasn't on the menu we saw that this had been accommodated. We observed a person assisting with the preparation of their lunch. A staff member said, "We encourage people to do as much as they can for themselves." We also saw that drinks and snacks were offered to people throughout the day. People's food and drink intake was recorded in their daily care notes and we saw from these that a variety of healthy foods were provided. Guidance had been provided by a speech and language therapist for staff supporting a person who had difficulties with swallowing. We saw that soft food of their choosing had been prepared for lunch and they indicated that they enjoyed this meal.

There were effective working relationships with relevant health care professionals. We saw that regular appointments were in place, for example, with challenging behaviour and hospital services, as well as the GP and dentist. During our inspection some people were attending a local GP surgery for health checks and we saw from people's care files that these took place on at least an annual basis, and more frequently where there were ongoing conditions or health concerns. Staff members accompanying people to appointments had completed a record of what had been discussed and agreed. The daily records maintained by the home showed that people's daily health needs were well managed. We saw that information about any health concerns were recorded and passed on to incoming staff for action or monitoring as required.

## Is the service caring?

### Our findings

People spoke positively about the support that they received from staff. One person said, "They are great," and another person listed the names of their favourite staff members. A family member told us, "There have been some changes but overall I think the staff are very caring."

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

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

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

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

Although the majority of people who lived at the home were unable to tell us about their support plans, one person said, "I know about this. They talk to me about it." A family member told us that they had been involved in supporting their relative at reviews of care and support.

## Is the service responsive?

### Our findings

People said that the service was responsive. We were told, "They help me when I need," and, "They sort things out." A family member said, "They have involved us when there are things going on for [my relative]."

We looked at the support plans for four people. On the first day of our inspection we found that none of these plans had been reviewed or updated for at least a year. We were told that more recent plans were maintained on the provider's IT system. When we returned to the home the support plans had been printed and we found that two of these had been reviewed in October and November 2016. However, we found that there was no revised support plan for one person. There was a document showing that a review of support had commenced for another person, but this was undated and incomplete. The manager and services manager told us that the majority of people's support plans required updating and that, although a process for this had commenced within the past year, plans had not been completed and 'signed off.' We noted that support plans included outcomes for people, but there was no record of how these were monitored to assess whether they were being met. This meant that we could not be sure that care and support was always being delivered in accordance with people's assessed needs.

This was a breach of Regulation 9 of The Health and Social Care Act 2008 (Regulated Activities) 2014.

We discussed this with the manager and services manager. They recognised that there had been a gap in the review of people's plans and informed us that actions were in place to ensure that these were up to date and regularly reviewed in the future. We met with an independent social worker who had been commissioned to undertake assessments and develop care plans and risk assessments for everyone living at the home. She told us that she was based at the service and had spent time getting to know people and familiarising herself with their preferences and needs. The assessment process had commenced and an occupational therapist was due to attend the home during the week following our inspection to provide specialist support in relation to these. The social worker told us that family members had been invited to participate in review meetings, and this was confirmed by a family member that we spoke with.

Daily notes of care and support were in place for people and we saw that these were well written and included information about, for example, the food that people ate, personal care and support that was delivered by staff, people's activities and health and medical needs. Important information was passed on to incoming staff members as part of a handover when there was a change in staffing shifts. There was a key working system at the home, but we noted that there were no records of key working sessions having taken place since October 2016. The services manager told us that there had been staffing changes, but that people all now had key workers and regular recorded sessions would be taking place in the future.

Information about people's communication needs was included in their care plans. This included guidance for staff members on how to ensure that people were enabled to communicate their needs effectively. During our inspection we were able to observe staff communicating with people, and we saw that efforts were made to ensure that people were supported to make choices, such as showing items such as food in addition to clear and simple language. People were given time to process and respond to information

provided by staff.

People participated in a range of activities within the local community that included shopping, walks, classes and meals out. During our inspection. One person attended a day service on two days each week. During our inspection people went out to classes, for walks, to lunch and to medical appointments. One person told us that they went to Zumba classes and another person who had returned from a yoga session showed us some yoga poses that they had learnt. Two people had recently started to attend a pottery class at a local college and one proudly showed us their student card. People also went out to clubs and pubs. We saw that people who remained at the home were engaged in activities, such as household tasks, food preparation, adult colouring in books and a discussion about planning a party. The manager told us that the range of activities offered to people had increased, and that staff members were looking at new opportunities for people based on their interests. A staff member that we spoke with described how they had identified a college course and supported two people to join and participate in this.

The home had a complaints procedure that was available in an easy read format. People told us that they would tell a member of staff if they were unhappy and a family member told us that they raised any concerns immediately with the manager. The complaints record maintained by the home showed that concerns had been addressed immediately.

## Is the service well-led?

### Our findings

People told us that they liked the new manager. A family member said, "We liked the old manager and have to get used to the changes in management, but they seem good so far."

The new manager was in the process of applying for registration with the Care Quality Commission. The previous manager, who was still the registered manager for the service, had left to manage another service run by the provider and the services manager told us that she would be making an application to remove her registration.

The manager was supported by an administrator. Recruitment was taken place for team leader positions for each of the three houses that comprised the home. During our inspection we observed that the manager spoke in a positive and supportive way to people and the staff who were on shift. We saw that where people wished to speak with her, or required support when a staff member was busy, that she made them her priority.

A range of quality assurance processes were in place. People's views were sought by staff at regular monthly meetings. The manager had commenced a process of quarterly individual meetings with people to further seek their views. We saw that records were maintained of these meetings, and actions arising were dealt with promptly. Where people were unable or did not wish to participate in these meetings, this was noted. The most recent annual survey of people's views of the home showed high levels of satisfaction. The manager told us that another survey was due to take place and that this was being produced in an easy read, picture assisted format to ensure that it was a more accessible process.

Monthly audits of medicines had taken place and we saw that any discrepancies were investigated and addressed immediately. Audits of people's monies took place on a weekly basis with a formal annual audit by the provider. Health and safety audits took place at least monthly and actions from these had been addressed in a timely manner. However we were concerned that there had been no recorded monitoring of support plans and risk assessments. The manager and services manager told us that they had identified that this had been an issue as reviews of people's support plans and risk assessments had not taken place during the period prior to their appointment. They told us that regular audits and reviews were being put in place following the current review of care and support documents.

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

Staff members told us that there had been improvements to the home since the new manager was appointed. One said, "Everything was in chaos before, it's really good now." Another said, "They've put in good systems and it's 100% better. I look forward to coming to work now"

A range of policies and procedures were in place and these were up to date and reflected good practice.

However the majority of these were on line and were not always easy to access. We discussed the fact that, although people's most recent care documents had been printed during our inspection, there was an over reliance on IT based records, that might cause difficulties if the system was down, or where agency staff who did not have access to the system were working. The services manager told us that he recognised that this was an issue and that they would ensure that key documents were always accessible as hard copies.

Records maintained by the home showed that the provider worked with partners such as health and social care professionals to ensure that people received the services that they required. Information regarding appointments, meetings and visits with such professionals was recorded in people's care files. During our inspection some people were attending annual health checks at a local GP surgery.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care  Assessments of people care needs had not been revised to ensure that they reflected all current needs. Regulation 9(1)(3)(a)(b)