Janes Care Homes Limited

Tudor House

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This inspection took place on 25 October 2016 and it was unannounced. At the last comprehensive inspection in October 2015, we asked the provider to take action to make improvements to staffing level at the service, the training of all members of the staff team and the frequency of supervisions and appraisal for staff. We also asked the provider to make improvements to the care records maintained at the service for people and to the assessment of risk. We also found concerns in relation to the cleanliness and management of the service and the quality assurance processes. We received a provider action plan which stated the service would meet the regulations by May 2016.

During this comprehensive inspection we found that improvements had been made in all areas that we had previously identified.

Tudor House provides accommodation, care and support for up to 18 people with a variety of care needs including chronic conditions and physical disabilities. Some people may be living with dementia. At the time of our inspection there were 13 people living at the service.

A new manager had been appointed and was in the process of applying to the Commission to register. The nominated individual from the provider organisation had also applied to become a registered manager and was awaiting the outcome of their application. 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.

People felt safe. Staff were knowledgeable with regards to safeguarding people and understood their responsibilities to report concerns. There were effective safeguarding procedures in place and staff had received safeguarding training.

Potential risks to people's health, safety and wellbeing had been identified and personalised risk assessments were in place. The assessments gave clear guidance to staff on how individual risks to people could be minimised. Incident and accidents were recorded and analysed by management to ensure that action was taken to reduce the risk of reoccurrence.

People received their medicines as prescribed. There were effective systems in place for the safe storage and management of medicine and regular audits were completed.

There were sufficient numbers of staff on duty to meet people's needs. Staff recruitment was managed safely and robust procedures were followed to ensure that staff were suitable for the role they had been appointed to, prior to commencing work.

Staff received regular supervisions and appraisals and felt supported in their roles. A full induction was

completed by staff when they commenced work at the service followed by an ongoing programme of training and development. Staff were positive about the training they received.

People were supported to make decisions about their care and support. Decisions made on behalf of people were in line with the principles of the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty Safeguards (DoLS). Consent was gained from people before any care or support was provided.

A varied, balanced diet was offered at the service and people were very complimentary about the meals provided to them. People were supported to access the services of health and care professionals to maintain their health and wellbeing. Care plans detailed people's support needs in relation to their health and the support required from the service.

People and their relatives spoke positively about staff. They told us that staff were caring, kind and friendly. Staff engaged people in social conversation and understood their needs and preferences. People felt staff were respectful and their privacy and dignity was maintained and promoted throughout their care

People felt involved in deciding the care there were to receive and how this was to be given. People's needs had been assessed prior to admission at the service and individualised care plans took account of their needs, preferences and choices. Care plans and risk assessments had been regularly reviewed and updated to ensure that they were reflective of people's current needs.

People were encouraged and supported to participate in a range of activities and received relevant information regarding the services available to them.

People we spoke with were aware of the complaints procedure and knew who they could raise concerns with. People and their relatives also spoke positively about 'resident and relative' meetings. People felt listened to by the management team and that they were responsive to any concerns or complaints that they may have.

The service was led two managers. People, relatives and staff spoke highly of the managers, their ability to manage the service and the improvements that had been made.

The service had an open culture and staff were committed to delivering high quality care. People and their relatives were asked for their feedback on the service and comments were encouraged. Robust quality monitoring systems and processes were used effectively to drive improvements in the service and identify where action needed to be taken.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People felt safe and were supported by staff who were knowledgeable about safeguarding people from harm and knew how to identify and raise concerns.

Risk assessments were in place to protect and promote people's safety and well-being.

Staffing levels were sufficient to meet people's needs and robust recruitment procedures had been used to recruit staff.

People received their medicines as prescribed and the service had systems to ensure medicines were managed safely.

An appropriate standard of cleanliness was maintained throughout the service.

Is the service effective?

Good

The service was effective.

Staff had undertaken a variety of training and had the skills to provide the care and support required by people. Staff felt supported and had regular supervision and appraisals.

People's consent to the care and support they received was sought.

People were supported to have sufficient to eat, drink and maintain a balanced diet. People were very complimentary regarding the meals provided.

People were supported to maintain good health and had access to relevant healthcare professionals.

Is the service caring?

Good

The service was caring.

People were supported by staff that were kind, caring and

friendly.

People's privacy and dignity was respected and promoted by staff.

People received personalised care that was responsive to their needs. Staff knew people and respected their choices and preferences.

People were provided with a range of information regarding the services available to them.

Is the service responsive?

Good

The service was responsive.

Care plans in place were personalised and reflected people's individual requirements.

People were encouraged and supported to participate in a range of activities, based upon their preferences.

There was an effective system to manage complaints and people were aware of this.

Is the service well-led?

Good

The service was well-led.

There were two managers at the service who were visible, approachable and fully involved in the day to day running of the service.

People, relatives and staff spoke highly of the managers.

Visible improvements had been made at the service. The system for monitoring the quality of the service was effective and used to drive continuous improvements in the service.

The service had a positive, open culture amongst the staff team and staff felt management were supportive and approachable.

People, their relatives and staff were encouraged to give feedback on the service provided.

Tudor House

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 25 October 2016 and was unannounced. The inspection was undertaken 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 used for this inspection had experience of a family member using this type of service.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information available to us about the service such as information from the local authority, information received about the service and notifications. A notification is information about important events which the provider is required to send us by law. We found that no recent concerns had been raised.

During the inspection we spoke with five people who lived at the service, four relatives, five care workers, one senior care worker, one cook and the kitchen assistant. We also spoke with the two managers of the service, one of whom is the nominated individual from the provider organisation.

We carried out observations of the interactions between staff and the people living at the service. We reviewed the care records and risk assessments of four people who lived at the service, and also checked four medicines administration records to ensure these were reflective of people's current needs. We also looked at three staff records and the training records for all the staff employed at the service to ensure that staff training was up to date. We reviewed additional information on how the quality of the service was monitored and managed to drive future improvement.

Good

Is the service safe?

Our findings

When we inspected the service in October 2015, we found that an appropriate standard of cleanliness was not maintained throughout the service; the environment was cluttered and décor tired. We asked the provider to take action to ensure that the concerns found in the environment were addressed.

This was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We received a provider action plan which stated the service would meet the regulation by May 2016. The action required to meet this breach had been completed.

People told us that the service was cleaned to a good standard and our observations confirmed this. A relative told us, "The home is clean, and homely, just comfortable." We found that communal areas had been cleaned to an appropriate standard and the environment was free from clutter and obstructions. Housekeeping staff had access to sufficient equipment and materials required to complete tasks and a schedule was in place to ensure all areas of the service were cleaned regularly.

We also found that communal lounges had been decorated and there was a re-decoration and maintenance schedule in place for the service. We saw that repair works had been completed promptly when identified and further maintenance and redecoration planned for the coming months. The provider described how improvement works throughout the service were to continue in the future.

When we inspected the service in October 2015, we found that there were insufficient members of staff on duty at all times. We asked the provider to take action to ensure that there was sufficient members of staff on duty at all times and a visible presence of staff for everyone living at the service.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We received a provider action plan which stated the service would meet the regulation by May 2016. The action required to meet this breach had been completed.

There were sufficient staff to keep people safe and meet their needs. People and the relatives we spoke with told us that there was enough staff on duty. One person told us, "There always plenty of them around to help us." A relative told us, "I visit regularly and always unannounced. There is always enough staff working, taking care of everyone." Staff were in agreement that the staffing levels were sufficient. One member of staff told us, "It's much better now. There is enough of us on duty now to provide the care and have more social time with people. I don't feel like everything is a rush now."

We observed that staff were available to meet the needs of people living in the service when required or requested and there was a visible staff presence in the communal areas. A dependency tool was used to assess the level of need of all the people living in the service and the support they required to determine the number of staff required to be on duty. This was reviewed on a monthly basis and took into account any changes to people's needs or any new admissions to the service. We reviewed past rotas and found that there was consistently the required number of staff on duty as determined by the dependency tool.

Staff recruitment was managed safely and effectively. We looked at the recruitment files for three staff including one member of staff that had recently started work at the service. The provider organisation had robust procedures in place and relevant pre-employment checks had been completed for all staff. These checks included Disclosure and Barring Service checks (DBS), two written references and evidence of their identity. This enabled the provider and manager to ensure that the applicant was suitable for the role to which they had been appointed before they had started work.

People and relatives told us they had no concerns for their, or their relatives, safety within the service. One person said, "Yes, I feel very safe here. I have no concerns for my safety at all." Another person told us, "I am completely secure here. I feel very safe and have absolutely no worries at all." A relative told us, "My [Name of person] is one hundred percent safe at this home. I have no concerns whatsoever regarding [their] safety."

People were safeguarded from the risk of harm by knowledgeable staff. Staff received safeguarding training and were able to explain the processes in place, as well as describe the types of concerns they would raise. They were also aware of the procedures for reporting to the local authority or other external agencies. One member of staff said, "I have worked here for [number] years now and have never witnessed abuse or had any concerns for someone's safety. I would alert the manager immediately if I saw anything wrong." Another member of staff said, "I am up to date with all my training and if I suspected abuse I would report it to the manager straight away."

Training records for staff confirmed that they had undergone training in safeguarding people from the possible risk of harm. There was a current safeguarding policy in place and information about safeguarding, including the details of the local safeguarding team, was displayed in the entrance hallway and in the staff room. Records showed that safeguarding concerns had been recorded and referrals had been made to the local authority when required.

Potential risks to people's health, safety and well-being had been identified and personalised risk assessments were in place for each person who lived in the service. One person told us, "I feel very safe. The staff are wonderful in keeping me safe." Another person told us, "I'm at no risk. It's all first class." The provider told us that all care plans and associated risk assessments were reviewed monthly to ensure that the level of risk to people was still appropriate for them. These reviews took into account any incidents that may have occurred or any changes in people's needs or health. Actions that staff should take to reduce the risk of harm to people were included in the risk assessments and within detailed care plans. This included identified support regarding nutrition and hydration, communication, personal care, continence care, falls and skin integrity. For some people, these also identified specific support with regards to their mobility and the steps that staff should take and the equipment to use to keep people safe.

Staff were aware of the identified risks for each person and the measures in place to manage risks. One member of staff told us, "The computerised plans help us to manage any risks for people. The colours tell us where the high risks are and what action we need to take." Another member of staff told us, "The risk assessments are in the care plans and we can access them at any time." The colour coded system of risk assessments in use clearly identified to staff the level of risk of harm and the additional support that people required in each area of their daily living.

A computerised record of all incidents and accidents was held, with evidence that the manager had analysed each report and appropriate action had been taken to reduce the risk of reoccurrence. Where required, people's risk assessments were updated to reflect any changes to their care as a result of these so they continued to have care that was appropriate for them.

The manager had also carried out assessments to identify and address any risks posed to people by the environment. These had included fire risk assessments, slips and falls, medicines, use of equipment and the presence of stairs in the building. People living at the service had Personal Emergency Evacuation Plans (PEEP's). Information and guidance was displayed in the entrance hallway to tell people, visitors and staff how they should evacuate the service should an emergency occur.

People confirmed they received their medicines as prescribed. There were effective processes in place for the management and administration of people's medicines and there was a current medicines policy available for staff to refer to should the need arise. We reviewed records relating to how people's medicines were managed and they had been completed properly, with no gaps or omissions in the records we saw.

Medicines were stored securely and audits were in place to ensure these were in date and stored according to the manufacturer's guidelines. Regular audits of medicines were completed so that all medicines were accounted for and the computerised system aided the stock control of medicines in the service. These robust systems helped to ensure that medicine errors were minimised, and that people received their medicines safely and at the right time. We observed one senior member of staff administering medicines and they demonstrated safe practices.

Good

Is the service effective?

Our findings

When we inspected the service in October 2015, we found that members of staff received infrequent supervisions and that appraisals had not been conducted. We asked the provider to take action to ensure that members of staff received supervision and appraisals on a regular basis and in line with their policy.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We received a provider action plan which stated the service would meet the regulation by May 2016. The action required to meet this breach had been completed.

Staff told us they received regular supervision and felt supported in their roles. One member of staff told us, "I am supported here. We get lots of encouragement to progress in care and develop ourselves." A member of staff who had recently begun working at the home told us, "I've not had my first supervision with [manager] just yet but I've been told about the process and other staff have commented how approachable [Name of provider] is and that supervision is a great chance to speak about how you are doing and get the support you need." Staff we spoke with confirmed that they had received an appraisal. Records showed that staff received regular supervisions and that annual appraisals had taken place or were planned in line with the provider policy.

People thought that staff understood their needs and had the skills required to care for them. One person said, "Staff understand me and the needs I have. They have the skills to help in any way they can." Another person told us, "I don't need a lot of support for personal care but I see them caring so well for everyone else, it makes me happy." A relative told us, "Staff here are trained and know my [Name of person]'s needs well."

Staff told us that there was a full induction period for new members of staff. One member of staff told us, "The induction is very good. It's a mix of training and shadowing and helps a new member of staff settle in and learn the ropes." Another member of staff confirmed how more experienced staff had guided them and provided them with support when they initially commenced working at the service. The provider explained to us that the induction for new staff had been reviewed and included the requirements of the Care Certificate and training specific to the needs of people living in the service. Once inducted, members of staff were provided with the opportunity to complete a vocational qualification.

There was an ongoing training programme in place for staff which gave them the skills they required for their roles and to ensure their personal development continued. One member of staff told us, "I am up to date with all my training. I am very happy with all the courses I have been able to do." Another member of staff told us, "Refresher training is continuous for all staff and we can ask for more if we want it." Staff discussed the variety of training courses they attended and how it assisted them to deliver high quality care. Records confirmed that staff were appropriately trained and supported to meet people's needs.

People told us that staff sought their consent. One person told us, "The staff ask me all the time. They treat me with kindness and ask for my permission." Another person told us, "Everything is done with agreement.

The staff are very good at asking." A relative told us, "I see staff asking people all the time. It's just second nature and they never assume." Staff made sure that people consented to care and supported before assisting them. One member of staff told us, "I treat people with respect and ask permission to help them, explain what I am going to do and listen to them." Our observations confirmed that staff obtained people's consent before assisting them with personal care or supporting them with their meal. Where people declined, we saw that their decisions were respected.

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.

People's capacity to make and understand the implication of decisions about their care were assessed and documented within their care records. Staff had received training on the requirements of the MCA and the associated DoLs and we saw evidence that these were followed in the delivery of care. Where it had been assessed that people lacked capacity we saw that decisions had been made on behalf of people following best interest principles and were documented within their care plans. Authorisations of deprivation of liberty were in place for some people who lived at the service and we found that a comprehensive record of associated assessments and approvals was maintained.

People were supported to have a varied and balanced diet and were very complimentary about the meals that were provided at the service. One person told us, "We get plenty of good food. The new cook is lovely." Another person told us, "The food is very tasty here. We get lots and plenty of choice." A relative told us, "The food is excellent and I see everyone getting plenty." The menu we viewed offered people a wide variety of meals, in line with their preferences. We observed that meal times were relaxed and people were supported to move to the dining area or remain in the lounge area should they wish. Where people required assistance to eat their meals we saw that this was provided in a sensitive manner which enhanced the mealtime for the person. We observed staff join people at the dining table and encourage people, where needed, to eat independently at their own pace. Staff spoke with people in a relaxed, sociable manner and we heard chatting and laughter throughout the meal.

We spoke with the cook, who had recently commenced working at the service, who told us that all food was freshly prepared at the service and that they ensured a varied, nutritionally balanced diet was provided. People were regularly asked for their likes and dislikes in respect of food and drink and their preferences recorded. Kitchen staff had a good awareness of people's preferences and specific dietary needs such as allergies and consistency requirements; for example, a soft or pureed diet. Members of care staff were aware of people's dietary needs and this information was documented in the care plans and risk assessments. Records confirmed that nutritional guidance was sought, when required, from relevant health professionals in response to changes in people's needs.

People were supported to access a range of health and care services to maintain their health and well-being. A review of people's records showed that they had received support from professionals such as their GP, district nurses and dietitians as appropriate to their needs. We saw that care plans detailed people's medical conditions and the support they required from staff of healthcare professionals and the outcomes

of any treatment received.

Good

Is the service caring?

Our findings

People spoke positively about the service and the staff. They told us that staff were caring, kind and friendly and they were happy with the care they received. One person told us, "I like the comradery of the team here. Everyone is happy and so nice." Another person said, "The staff are very caring. They treat me with kindness." A third person told us, "The staff are very good here. They are all so friendly to everyone and happy with it."

Relatives were also complimentary about staff. One relative told us, "The carers are friendly, respectful and very patient with [Name of person]." Another relative told us, "I think the staff here are first class. They can't do enough for people."

Staff had developed positive relationships with people. One person told us, "They are just lovely. It's just my memory that lets me down but they lift your spirits when you are feeling down and they make me smile." We observed interactions between staff and people and found these to be caring, friendly and respectful. Staff were patient and supportive when they interacted with people and displayed a genuine interest in the people they were supporting. Members of staff used each person's preferred name and took the time to engage people in social conversation and answer people's questions. Responses to requests for assistance were prompt and we observed people laughing and smiling with staff throughout our inspection.

People we observed appeared comfortable and happy in the company of staff. One member of staff told us, "We try our best here and listen to people. That's the key to our support and the care. We really do care." Staff knew people well, understood their preferences and spoke about people with interest and affection. Regular discussions were held with people to review the information within their care plans and record any additional information that would assist staff to increase their knowledge of their likes, dislikes and life history. The comprehensive information in the care plans enabled staff to understand how to care for people in their preferred way and to ensure their needs were met.

Staff respected people's privacy and dignity. A relative told us, "I chose this home because it's small and personal. The respect shown to [Name of person] and the compassion to treat [them] with dignity is superb." One member of staff told us, "We take our time with people and are patient when providing care. It's not dignified to rush people or not remember their privacy." Staff members were able to describe ways in which people's dignity was preserved such as knocking on doors before entering, making sure they offered assistance to people in a discreet manner and ensuring that doors were closed when providing personal care. Staff also understood that information held about the people who lived at the service was confidential and would not be discussed outside of the service or with agencies that were not directly involved in people's care. The promotion of people's privacy and dignity was observed throughout the day.

There were a number of information posters displayed within the entrance hallway which included information about the service and the provider organisation, safeguarding, the complaints procedure, fire safety notices and forthcoming activities and events. We also saw the monthly newsletter compiled for people and their relatives and information from charitable organisations who provide services to older

people and people living with dementia. This meant that people and their relatives received information on the services that were available to them and enabled them to make informed choices about their care.

Good

Is the service responsive?

Our findings

People and their relatives told us that they felt involved in deciding what care they were to receive and how this was to be given. One person told us, "I am involved in my care plan and they listen to what I like and need." A relative told us, "I am involved in all [Name of person's] care plans and the communication is very good. We've had meetings to discuss everything." Another relative told us, "I have been involved in all of the care plans and I insist on being there for reviews."

Records showed that people's care needs had been assessed prior to their admission to the service. The computerised care plans followed a standard template however they individualised to reflect people's needs, preferences and background and included clear instructions for staff on how best to support people. We found that the care plans reflected people's individual needs and had been updated regularly with changes as they occurred.

People's likes, dislikes and preferences of how care was to be carried out were assessed at the time of admission and reviewed on a regular basis. One person told us, "I choose when I get up or go to bed. It's all up to me." A relative told us, "The service is comfortable and homely, just as [Name of person] wants. It's a smaller place, perfect for [them] and the care is individual to [their] needs and wants." Staff were knowledgeable about people they supported and were aware of their preferences and interests, as well as their health and support needs. This enabled them to provide care in a way that was appropriate to each person. The care plans contained detailed plans for areas of the person's life including personal care, medicines, cognition, nutrition, communication, safety and wellbeing. People's care plans were reviewed regularly which ensured their choices and views were recorded and remained relevant.

People told us that they took part in various activities. One person told us, "We have activities that keep us busy. Music to movement and the staff talk with us which is what I like." Another person told us, "We have activities here and we get singers occasionally. We have parties and events at certain times of the year."

Activities were provided by the care staff on duty. Members of staff we spoke with were able to describe the different activities that people enjoyed such as quizzes, bingo or craft activities. One member of staff told us, "We ask people what they like to do and encourage them to take part in the variety of activities we can provide. Social events and occasions are always popular and we have celebrations for different reasons."

There was an activity noticeboard in the communal corridor and information available in the entrance hall so people and their relatives knew the activities that were on offer or any future events that were planned. During our inspection we saw a discussion group in the morning and a quiz in the afternoon. We also saw staff engaging people in social conversation and completing individual activities with people, such as reading the newspaper, as opportunities arose.

People we spoke with were aware of the complaints procedure and knew who they could raise concerns with. One person we spoke to told us, "I am very vocal so would let them know if I am happy or not but we have no problems here." Another person told us, "I had a few niggles and the manager sorted it all out. Staff

respond quickly." A relative told us, "Complaints are dealt with and sorted out so yes they are responsive."

We saw that formal complaints that had been received in the past year were recorded. An investigation into each concern was completed and the actions to be taken in response included in the record. Each complainant had received a response to their concern and the manager had recorded the outcome from each. There was an up to date complaints policy in place and a poster containing the complaints procedure displayed in the entrance hallway.

People and their relatives also spoke positively about 'resident and relative' meetings where they were provided with the opportunity to discuss any concerns regarding the service or raise any queries. Meeting minutes seen confirmed this was the case and we saw that dates for forthcoming meetings were displayed in communal areas. This meant that people and their relative were provided with, and made aware of, opportunities to raise concerns or complaints, formally and informally. Everyone that we spoke to confirmed that they felt listened to by the management team and that they were responsive to any concerns or complaints that they may have.

Good

Is the service well-led?

Our findings

When we inspected the service in October 2015, we found that previous inspection feedback had not been acted upon and improvements were still required in areas previously identified. We also found that quality assurance audits were ineffective and had failed to identify inconsistencies found within people's care plans, risk assessments and the care provided. We asked the provider to take action to ensure that care records were reviewed, quality assurance processes were improved and the findings from inspections were acted upon.

These concerns resulted in two breaches of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We received a provider action plan which stated the service would meet the regulation by May 2016. The action required to meet this breach had been completed.

We saw that there had been a considerable improvement in the management of the service and that action had been taken to assess, and make improvements to, the service being provided. People, relatives and staff told us that improvements had been visible. One person told us, "The management have worked really hard to get things right for us". A member of staff said, "Times have been difficult here in the past but it's much better now. It has improved a lot lately" and a relative commented, "I have seen lots of improvements." Action had been taken in response to inspection feedback, to meet previous breaches in regulation and as the result of audits completed by the managers of the service.

An effective quality assurance system in place. We found that there were a range of audits and systems put in place by the provider organisation to monitor the quality of the service. As the nominated individual from the provider organisation was managing the service on a daily basis, another manager from the organisation had been appointed to complete audits at provider level. Internal audits completed covered a range of areas, including incidents and accidents, environment and infection control, medicines and an audit of care plans. Any issues in these audits were recorded in the service action plan and a timescale for completion recorded. Actions recorded as required were reviewed upon completion of the following monthly audit. This demonstrated how the managers used the audit process to drive improvements at the service and ensure actions were completed.

A satisfaction survey had been completed. The provider showed us satisfaction survey forms that had been completed by people who lived at the service and their relatives. Comments received included, "Care staff are kind and friendly as well as respectful to residents and their visitors", "In my opinion Tudor House is quite excellent" and "I feel part of a family." A summary of the responses had been compiled and shared with people, relatives and staff and an action plan for improvements completed. This meant that the views of people and their relatives were included in the evaluation of the service provided and used to identify, and address, any concerns highlighted.

When we inspected the service in October 2015, we found that the person registered with the Care Quality Commission as the manager was not in post and had left the role six months previously. The provider organisation had notified the Commission of their absence prior to leaving, as is required by law, but had

not submitted a notification with regards to their resignation.
This was a breach of Regulation 15 of The Care Quality Commission (Registration) Regulations 2009. The action required to meet this breach had been completed.

The manager in post during the inspection conducted in October 2015 had since left the service. The nominated individual from the provider organisation had been managing the service on a day to day basis alongside a new manager. Both managers were in the process of applying to the Commission to register and appropriate notifications had been submitted.

When we inspected the service in October 2015, we found that statutory notifications regarding authorisations of Deprivation of Liberty had not been submitted to the Commission. This meant that prior to the inspection we were aware that authorisations had been granted, whether the service was working within the principles of the MCA, and whether any conditions on the authorisations were being met.

This was a breach of Regulation 18 of The Care Quality Commission (Registration) Regulations 2009. The action required to meet this breach had been completed.

The Commission had received statutory notifications, as is required by law, for important events. The provider maintained an accurate record of the notifications submitted to the Commission and this corresponded to the notifications received. Notifications in relation to authorisations to deprive people of their liberty had been received and a comprehensive record of mental capacity assessments, authorisation approvals and the associated notifications submitted was maintained.

People and relatives spoke highly of the managers and confirmed that they were visible in the service. One person told us, "We see [Name of provider] and [Name of manager] all the time. They stop and chat to everyone. I think the managers are lovely here. It's a well-run home." Another person told us, "We see [Name of provider] and [Name of manager] all the time. They chat to me a lot and ask me if everything is ok. They are very approachable." A relative told us, "The managers are approachable and very friendly. They have a drop in service as well for relatives, couldn't ask for better than that." Other relatives we spoke with said they had confidence in the managers and would be comfortable about approaching them and knew that they would be listened to.

We noted that there was a positive, welcoming atmosphere within the service. We saw that both the managers were actively involved in the running of the service. They ensured that they were available to support the wellbeing of people living in the service and accessible to staff, so that any issues could be dealt with promptly.

Staff told us there was positive leadership in place from the managers. One member of staff told us, "We get lots of encouragement, support and praise. We are a good team and are committed to the residents." None of the staff we spoke with had any concerns about how the service was being run and told us they felt appreciated and valued. Staff were motivated and committed to improving the service that they provided to ensure that people received the best possible care.

Staff were aware of their roles and responsibilities and were clear on the lines of accountability within the staff structure. They told us that the managers consulted with them prior to making changes in the service and that they felt involved in decision making. Staff were clear on the values of the provider of the organisation and the plans for overall service development.

Staff were encouraged to attend team meetings at which they could make suggestions and share

information. This included discussions of ways in which the service could be improved and to raise any concerns directly with management. Recent discussions had included staffing, training, activities, communication and handover. Members of staff we spoke with confirmed that they were given the opportunity to request topics for discussion.

There were robust arrangements for the management and storage of data and documents. We saw that records were stored securely within the computerised system with password protection or within the manager's office. This meant that confidential records about people and members of staff could only be accessed by those authorised to do so.