

# Janes Care Homes Limited

## Tudor House

### Inspection report

76 West Street,  
Dunstable,  
Bedfordshire  
LU6 1NX

Tel: 01582 663700

Website: [www.janescarehomes.co.uk](http://www.janescarehomes.co.uk)

Date of inspection visit: 22 October 2015

Date of publication: 08/04/2016

### Ratings

#### Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



### Overall summary

This inspection took place on 22 October 2015 and it was unannounced. When we inspected the service in May 2014 we found the provider was not meeting all the legal requirements in the areas that we looked at. We found the care provided to people was not in line with their care plans, insufficient infection control procedures in the home and concerns regarding the cleanliness of the environment. Recruitment procedures were not robust. At this inspection although we found some improvements had been made in these areas there were

still inconsistencies between care plans, risk assessments and the care that was provided to people, and appropriate standards of cleanliness in communal areas were not maintained.

The service provides accommodation and care for up to 18 people with a variety of social and physical needs. Some people may be living with dementia. At the time of our inspection there were 13 people living at the home.

The manager registered by the Care Quality Commission is no longer employed by the service but has not cancelled their registration. A new manager has been

# Summary of findings

appointed but is not yet registered. 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.

Staff understood their responsibilities with regards to safeguarding people and they had received effective training. However, some members of staff required refresher training. Referrals to the local authority safeguarding team had been made appropriately when concerns had been raised.

We found insufficient members of staff were on duty and this meant people were left without a member of staff to attend to them for significant periods of time. Staff were competent in their roles and felt supported, but regular supervisions and appraisals had not been completed. Robust recruitment procedures were in place.

It was not clear whether or not people had been involved in planning their care and deciding the way their care was provided. Each person had a care plan which reflected their preferences and included personalised risk assessments, but these did not always accurately reflect people's needs. There were inconsistencies within the care records and some required reviewing. People's

health care needs were being met and they were assisted to receive support from healthcare professionals when required. Medicines were managed safely and audits completed.

Appropriate standards of cleanliness were not maintained in some areas of the home. Communal areas were cluttered and decor appeared tired.

Positive relationships had been formed between people and members of staff. Staff were kind, caring and spoke warmly about people living in the home. They provided care in a relaxed and friendly manner, treating people with respect and maintaining their dignity. Staff knew people's needs and preferences well and provided encouragement when supporting them.

There was a clear management structure within the home and people, their relatives and staff knew who to raise concerns with. Quality assurance processes were not always effective or used with a view to improve the service being provided. The provider had not acted upon previous inspection feedback with a view to evaluate and improve their practice and ensure compliance with the regulations.

During this inspection we found the service to be in breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and The Care Quality Commission (Registration) Regulations 2009.

You can see what action we told the provider to take at the back of the full version of the report.

# Summary of findings

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

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

There were insufficient member of staff on duty at all times to ensure people's safety and that their needs were met.

Some areas of the home had not been cleaned to an appropriate standard.

Personalised risk assessments had been completed with a view to reduce the risk of harm to people but there were inconsistencies within these records.

Staff knew how to safeguard people.

**Requires improvement**



### Is the service effective?

The service was not always effective.

Staff did not receive regular supervision and appraisals to assist in identifying their learning and development needs.

Staff received effective training but some members of staff had not completed all the training required of them or refresher courses.

People were supported to make choices in relation to their food and drink.

People were supported in meeting their health needs.

**Requires improvement**



### Is the service caring?

The service was caring.

Staff were kind, friendly and patient.

Staff treated people with dignity and respect.

Support was individualised to meet people's needs.

**Good**



### Is the service responsive?

The service was not always responsive.

Care plans did not accurately reflect people's needs and preferences, and had not been consistently reviewed.

A range of activities were on offer and people were encouraged to participate.

There was a complaints policy in place.

**Requires improvement**



### Is the service well-led?

The service was not always well-led.

The provider had not acted upon previous inspection feedback with a view to evaluate and improve their practice and ensure compliance with the regulations.

**Requires improvement**



# Summary of findings

The manager registered with the CQC was no longer in post.

Statutory notifications to the CQC had not been completed.

Quality assurance processes were not always effective or used to improve the service being provided.

Staff felt supported in their roles. There was an open culture amongst the staff team.

# 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 22 October 2015 and was unannounced. The inspection team was made up of one inspector and an inspection manager.

Before the inspection we reviewed the information available to us about the home 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.

During the inspection we spoke with four people who lived at the home, three care workers, one cook, a visiting health professional, the manager and the operations manager from the provider organisation.

We carried out observations of the interactions between staff and the people living at the home. We reviewed the care records and risk assessments of three people who lived at the home, checked medicines administration records and reviewed how complaints were managed. We also looked at three staff records and the training for all the staff employed at the service. We reviewed information on how the quality of the service was monitored and managed.

# Is the service safe?

## Our findings

When we inspected the home in May 2014 we found there were insufficient infection control procedures within the home, the presence of damaged furniture and areas of the home where appropriate standards of cleanliness had not been maintained. During this inspection we found that infection control procedures had improved and there were no damaged items of furniture which could cause harm to people. However, we found that appropriate standards of cleanliness were still not being maintained in some areas of the home. In one of the lounges there was decaying food debris present in the armchairs and a soiled clothes protector had been discarded on the floor beside a chair. Both the lounges were cluttered with furniture and mobility equipment, surfaces and windowsills were dirty and the décor was tired. The toilet sink on the ground floor was inaccessible at times due to soiled towels being left in it by the hairdresser. These items and the areas of concern identified were accessible to people living in the home and could present a hazard.

An appropriate standard of cleanliness not being maintained was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During our inspection in May 2014 we found that robust recruitment procedures were not always completed. However at this inspection we looked at the recruitment files for three staff including one care worker that had recently started work at the service and found that robust recruitment and selection procedures were followed. Relevant pre-employment checks had been completed to ensure that applicants were suitable for the role to which they had been appointed before they had started work.

At the time of our inspection in May 2014 we found inconsistencies between the care documented as being required by people within care plans and the care that was being provided. At this inspection we found that inconsistencies within records were still present. There were personalised risk assessments in place for each person who lived in the home which addressed identified risks. The actions that staff should take to reduce the risk of harm to people were included in the care plans but some information was in conflict with that in the risk assessment. For example, for one person the risk assessment detailed that they required the support of two members of staff and

the use of a hoist where the care plan stated that they required assistance with the use of a walking frame. Risk assessments also included identified support regarding nutrition and hydration, receiving personal care and specific medical conditions. Some risk assessments that we viewed were in need of review and had not been updated. This included an assessment for one person who was identified as being at high risk of developing pressure ulcers which was overdue for review.

Staff told us that they were made aware of the identified risks for each person and how these should be managed by a variety of means. These included reading people's care plans and their risk assessments, reviewing daily records and by talking about people's needs at team meetings.

We received consistent views from staff about the staffing levels in the home. A formal staffing level assessment which considered the needs of people and ensured safety whilst considering the layout of the building was not in place. One member of staff commented they felt, "Very stretched at times." Other staff we spoke with confirmed that at times they felt there was not enough staff on duty. We looked at the rotas and the care plans of people living at the home. These indicated that there would be insufficient staff on duty to meet the needs of people and monitor the safety and wellbeing of the rest of the people living in the home. During our inspection we observed significant periods of time where the two care staff on duty were needed to support a person. This resulted in the people in the communal lounges having no staff to attend to them. We discussed the lack of staff with the manager who informed us that the staffing levels were being increased in the coming days due another person moving to the home.

The lack of sufficient staff at all times was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People we spoke with said that they felt safe and secure living at the home. One person said, "I feel safe, they look after us very well." A visiting healthcare professional told us that they made weekly visits to the home and had no concerns over safety or the standard of care provided.

There was a current safeguarding policy and information about safeguarding was displayed in the entrance hallway and in the staff room. We observed that a safeguarding information poster displayed in the hallway made reference to the registered manager who was no longer in

## Is the service safe?

post and a member of staff no longer employed at the service; however contact details for the local authority were correct. All the members of staff we spoke with told us they had received training on safeguarding procedures and were able to explain these to us, as well as describe the types of concerns they would report. They were also aware of reporting to safeguarding teams. Training records for staff confirmed that the majority of them had undergone training in safeguarding people from the possible risk of harm. However a high number of staff were overdue in completing their refresher course.

Accident and incidents had been reported appropriately and these had been reviewed by the operations manager from the provider organisation. However, it was not always clear in the records what action was taken to prevent recurrence and reduce the risk of possible harm from accidents and incidents to people.

The operations manager had carried out assessments to identify and address any risks posed to people by the

environment. These included fire risk assessments. Information and guidance was displayed in the entrance hallway to tell people, visitors and staff how they should evacuate the home if there was a fire.

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. Medicines were stored securely and audits were in place to ensure these were in date and stored according to the manufacturers guidelines. Senior members of staff carried out regular audits of medicines so that that all medicines were accounted for and the computerised system aided the ordering and stock control of all medicines in the home. These processes 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 at lunchtime and they demonstrated safe practices.

# Is the service effective?

## Our findings

People told us they thought staff were well trained and had the skills required to care for them. The manager told us that there was a training programme in place and that staff had the training they required for their roles. Staff told us that this was conducted in a number of ways including formal training sessions, practical observations and e-learning courses. One member of staff told us, "There is good training." Another member of staff told us that they had not worked in a care environment prior to working at Tudor House but had received "plenty of training" and "good support." This was supported by records we checked although we noted that some other staff required initial or refresher training in a number of topics.

Staff told us that they felt supported in their roles. One member of staff told us, "I feel very supported by colleagues." Whilst staff felt supported in their roles, regular supervision meetings were not being conducted by the management team. All three members of staff whose records we looked at had received infrequent supervision and had not had an appraisal, one for a period of three years. The manager confirmed that this was an area that required improvement.

The lack of regular supervisions and appraisals for staff was a further breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 best interest decisions had been made on their behalf following meetings with relatives and health professionals and these were documented within their care plans. Authorisations of deprivation of liberty were in place for seven people who lived at the home as they could not leave unaccompanied and were under continuous supervision. We saw the manager had made appropriate applications for two other people living at the home and was awaiting the outcome of these applications from the relevant supervisory bodies.

Staff told us they asked for people's consent before assisting them and we observed them doing so throughout the day. We saw evidence in care records that people, or a relative on their behalf where appropriate, had agreed with and given written consent to the content of their care plans.

People told us that they had a variety of food at mealtimes. One person told us, "The food is excellent, can't fault it." A visiting health professional commented, "Food is very good. Quantity is adequate and it's appetising." We observed people being offered choices of breakfast and people's preferences being prepared freshly for them. We saw that there was a menu displayed in the lounge informing people of the choices available but the cook confirmed that people could, "Have anything that they want."

The cook told us that all food was prepared at the home. People were asked for their likes and dislikes in respect of food and drink prior to moving to the home and the kitchen staff were notified. The cook had worked at the home for many years and had a good knowledge of people's preferences and understood the requirement to provide healthy, nutritious food. Records held in the kitchen detailed preferences and specific dietary needs, such as diabetic diet and allergies. There was no-one living at the home at the time of our inspection that required a special diet for cultural or religious reasons but the cook confirmed that cultural diet choices could be catered for. Members of staff were aware of people's dietary needs and this information was documented in the care plans. Staff recorded what people had eaten in the daily records.



## Is the service effective?

Staff told us that people were assisted to access other healthcare services to maintain their health and well-being, if needed. One member of staff said, “We have good support from the surgery if people require attention.” A visiting health professional confirmed they had no concerns over the staff seeking additional support if required for people and also stated that the home

recognised when they were unable to meet the needs of people due to the deterioration of their health and well being. Records confirmed that people had been seen by a variety of healthcare professionals, including the GP and district nurse. Referrals had also been made to other healthcare professionals, such as dietitians and physiotherapists.

# Is the service caring?

## Our findings

People were very complimentary about the staff. One person told us, "The staff are lovely and very caring." Feedback from the most recent meeting attended by people and their relatives was that staff were polite and helpful. A visiting health professional told us, "Staff are very caring."

Positive relationships had developed between people who lived at the home and the staff. Staff knew most people well, spoke about people with warmth and understood their preferences. The knowledge staff had about people enabled them to understand how to care for people in their preferred way and to ensure their needs were met. People we observed appeared confident and at ease in the relationships that they had developed with staff and staff spoke with them about things they enjoyed and referred to their family members in conversation.

People's bedrooms had been furnished and decorated in the way they like and many had brought their own furniture and personal items with them when they came to live at the home.

We observed the interaction between staff and people who lived at the home and found this to be kind and caring. We observed members of staff using each person's preferred

name and using appropriate reassuring touch to offer comfort to people. Staff were patient and gave encouragement when supporting people. We saw members of staff assisting people with their meals in the lounge areas; they were friendly and positive when communicating with people and additional assistance was provided in a pleasant way.

Staff told us that they protected people's dignity and treated them with respect. One member of staff told us, "We need to be compassionate and think about how people want to be treated." Staff members were able to describe ways in which people's dignity was preserved such as knocking on bedroom doors, making sure they closed curtains and ensuring that doors were closed when providing personal care in bathrooms or in people's bedrooms. We observed staff carry out these measures when supporting people. Staff explained that all information held about the people who lived at the home was confidential and would not be discussed outside of the home to protect people's privacy.

People had access to information about the service that was provided. There were a number of information posters displayed within the entrance hallway which included information about the home and the contact details for the provider organisation, safeguarding information, the complaints procedure and a fire safety notice.

# Is the service responsive?

## Our findings

People we spoke with were unable to tell us if they had been involved in deciding what care they were to receive and how this was to be given. However records showed that pre-admission assessment visits were undertaken by the manager or operations manager to establish whether the home could provide the care people needed. The computerised care plans followed a standard template which included information on people's personal background, individual preferences and interests. Each plan was individualised to reflect people's needs and included instructions for staff on how best to support people. We found that the care plans did not always accurately reflect people's individual needs and had not been updated with any changes as they occurred. There were also two computerised systems in use within the home which were not compatible with one another. The manager confirmed that the provider organisation was seeking an appropriate alternative software package.

The care staff we spoke with were aware of what was important to many people who lived at the home and were knowledgeable about their life history, likes and dislikes, hobbies and interests. They had been able to gain information on this by talking with people and their families. The information gained enabled staff to provide care in a way that was appropriate to the person.

People we spoke with were unable to tell us or were unclear if they or their relatives were involved in the review of their needs. However, we observed members of staff discussing who would contact the family of a person to inform them that their relative was feeling unwell at the time of our inspection and that the person's GP had been contacted.

Activities for people were provided by the care staff on duty. Staff we spoke with were able to describe the activities that people enjoyed. We saw that activities were discussed with people living in the home at meetings and their opinions sought. Photographs of recent activities that had taken place were on display in the hallway on the ground floor.

There was an up to date complaints policy in place and a notice about the complaints procedure displayed in the entrance hallway. People we spoke with were aware of the complaints procedure and who they could raise concerns with. At a recent residents meeting all the people who attended confirmed they knew who to complain to. Formal complaints that had been received in the past year were recorded. There was an investigation into each concern and the actions to be taken in response included in the record. Each complainant had received a response to their concern and the operations manager had recorded the outcome from each.

# Is the service well-led?

## Our findings

When we inspected the service in May 2014 we found the provider was not meeting all the legal requirements in the areas that we looked at and during this inspection there were still improvements required in these areas.

The provider had not take sufficient action to fully rectify the earlier inspection findings and had not acted on the feedback provided. Satisfaction surveys were being prepared to be sent to people and their relatives on the day of our inspection. It had been over a year since the last survey had been completed and results from this survey were not available. Without completing a satisfaction survey or seeking the views of the people living in the home with a view to develop actions from the feedback received the manager could not evidence how the views of people would be used to improve the service in the future. This had led to a lack of effective action to evaluate and improve practice and ensure compliance with the regulations.

This was breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found that there were a range of audits and systems in place and carried out by the operations manager from the provider organisation. These included reviews of care plans, medicines audits, falls audit, incident and accident audit and complaints management. However, these were ineffective in identifying the inconsistencies found with people's care plans and it was not clear how any issues found in audits would be addressed by the manager and where improvements required were recorded. We found inconsistencies between care plans, risk assessments and the care that was provided to people. They were in place however; they had not been reviewed and did not accurately reflect the needs of the people living in the home.

Not having up to date records relating to the care and treatment of each person was an additional breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The person registered with the Care Quality Commission (CQC) as the manager was not in post at the time of our

inspection 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.

Not giving notice of the resignation of the registered manager by completion of a statutory notification was a breach of Regulation 15 The Care Quality Commission (Registration) Regulations 2009.

The manager in post had previously worked at another home belonging to the provider and was intending to complete their registration. The deputy manager post was vacant at the time of our inspection and recruitment for this role was planned.

Services that provide health and social care are required to inform the CQC when Deprivation of Liberty authorisations are granted by supervisory bodies for a person living within the service. Authorisations of Deprivation of Liberty were in place for seven people who lived at the home but the CQC had not been notified. This meant that prior to completing this inspection; we were unaware that authorisations had been granted, whether the service was working within the principles of the MCA, and whether any conditions on the authorisations to deprive a person of their liberty were being met.

Not submitting statutory notifications to the Commission regarding these authorisations was a breach of Regulation 18 of The Care Quality Commission (Registration) Regulations 2009.

We noted that there was a relaxed, comfortable atmosphere within the home. A member of staff told us that they very happy working at the home and, "Wouldn't want to work anywhere else." During our inspection we saw that the manager spoke with people to find out how they were and was involved in their support and wellbeing.

Staff told us that there was a very open culture and they would be supported by the manager. One member of staff told us, "[Name] seems approachable and is working hard to improve things." Another member of staff told us, "The manager is new but is listening to us staff who have worked here for a long time." They were aware of their roles and responsibilities.

Meetings for people and their relatives were held regularly in the home and minutes from these meeting were available in the entrance hallway. At the most recent

## Is the service well-led?

meeting we saw that people who attended discussed their happiness living at the home, the staff, who to raise complaints with, the menu and the activities on offer within the home.

Staff were also encouraged to attend team meetings at which they could discuss ways in which the service could be improved and raise any concerns directly with management. At a recent meeting staff members present

had discussed activities, training, rotas, menus and confidentiality. Staff we spoke with confirmed that they were given the opportunities to request topics for discussion.

We noted that people's records were stored securely within the computerised system or within the manager's office. This meant that confidential records about people could only be accessed by those authorised to do so.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures	Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment <b>Premises used by the service provider were not clean.</b> Regulation 15 (1)(a)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures	Regulation 18 HSCA (RA) Regulations 2014 Staffing <b>People who use services and others were not protected against the risks associated with insufficient numbers of staff on duty.</b> Regulation 18 (1)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures	Regulation 18 HSCA (RA) Regulations 2014 Staffing <b>Persons employed by the service provider did not receive supervisions and appraisals as is necessary to enable them to carry out the duties they are employed to perform.</b> Regulation 18 (2)(a)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures	Regulation 17 HSCA (RA) Regulations 2014 Good governance <b>Care records had not been reviewed and did not accurately reflect the current needs of the people living in the home.</b> Regulation 17(2)(c)

This section is primarily information for the provider

## Action we have told the provider to take

### Regulated activity

Accommodation for persons who require nursing or personal care

Diagnostic and screening procedures

### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

**The provider had not acted on previous inspection feedback with a view to evaluate and improve their practice.**

Regulation 17(2)(e)(f)

### Regulated activity

Accommodation for persons who require nursing or personal care

Diagnostic and screening procedures

### Regulation

Regulation 15 CQC (Registration) Regulations 2009 Notifications – notice of changes

**The registered provider had failed to notify the Commission when a registered person ceased to carry on or manage the regulated activity.**

Regulation 15 (1)(b)

### Regulated activity

Accommodation for persons who require nursing or personal care

Diagnostic and screening procedures

### Regulation

Regulation 18 CQC (Registration) Regulations 2009 Notification of other incidents

**The registered person had failed to notify the Commission of any request to a supervisory body made pursuant to Part 4 of the Schedule A1 to the 2005 Act by the registered person for a standard authorisation.**

Regulation 18 (4A)(a)