

Assured Services Limited

Tudor House Nursing Home

Inspection report

4 Birdhurst Road
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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

Tudor House Nursing Home provides accommodation and nursing care for up to 37 older people. It is a purpose built care home that offers accommodation to people on three floors. There were 35 people using the service at the time of our inspection.

At the last inspection in May 2016, the service was rated Good.

At this inspection we found the service remained Good.

The service demonstrated they continued to meet the regulations and fundamental standards.

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

People using the service were positive about the care and support provided. They said staff treated them in a kind and caring manner.

Feedback about staffing levels was however mixed and the registered manager acknowledged there had been staffing shortfalls earlier in 2017 following some experienced staff leaving the employment of the service. New staff had now been recruited and the staffing ratios were now restored to previous levels. Staff spoken with and records seen confirmed this.

Staff had received training around safeguarding vulnerable people and knew what action to take if they had or received a concern. They were confident that any concerns raised would be taken seriously by the registered manager and acted upon.

Staff were positive about the service provided and felt confident in the quality of care given to people using the service. Staff felt able to speak to the registered manager or other senior staff to raise any issues or concerns.

People were supported effectively to have their health needs met. We saw that people's prescribed medicines were being stored securely and managed safely.

Some people using the service said they enjoyed the food provided to them whilst others said they would welcome more variety in the menus offered.

The staff attended regular training which gave them the knowledge and skills to support people effectively. The service understood and complied with the requirements of the Mental Capacity Act (MCA) 2005 and the

Deprivation of Liberty Safeguards (DoLS). Staff understood the importance of gaining people's consent before assisting people.

An experienced registered manager was in post who knew the service well. There were systems in place to help ensure the safety and quality of the service provided.

Further information is in the detailed findings below

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 remains Good.	Good ●
Is the service effective? The service improved to Good	Good ●
Is the service caring? The service remains Good.	Good ●
Is the service responsive? The service remains Good.	Good ●
Is the service well-led? The service remains Good.	Good ●

Tudor House Nursing Home

Detailed findings

Background to this inspection

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

Prior to our inspection we reviewed the information we held about the service. This included any safeguarding alerts and outcomes, complaints, previous inspection reports and notifications that the provider had sent to CQC. Notifications are information about important events which the service is required to tell us about by law.

This inspection took place on 30 June and 5 July 2017. Our first visit was unannounced. The inspection was carried out by one inspector. We spoke with 15 people who used the service and two relatives during our visit.

We also spoke with the registered manager and six members of staff. We observed care and support in communal areas, spoke with people in private and looked at the care records for three people. We looked around the premises and at records for the management of the service including health and safety records. We reviewed how medicines were managed and the records relating to this.

Is the service safe?

Our findings

People told us that they liked living at Tudor House Nursing Home and felt safe there. One person using the service told us, "I like this place, it's very nice." Another person commented, "I think it's good, I do feel safe." A third person said, "It's alright, I'm quite happy here. They treat me well." A relative told us, "It's excellent, I have no concerns."

People were protected by staff who knew how to recognise the signs of possible abuse. Training records showed that staff had completed safeguarding training and staff we spoke with confirmed this. They were able to describe the action they would take to protect people and to report any allegations of abuse. Staff were confident that senior staff would take appropriate action to keep the people at the home safe. One staff member said, "People are treated very well here." Another staff member told us, "I would go to the managers straight away."

We asked people if there were enough staff on duty to meet their needs. There was mixed feedback with some people saying there were sufficient numbers on duty whilst others felt there should be more staff. One person told us, "Sometimes I feel there is not enough staff." Another person said, "There are not enough carers now and then but when I ring the bell they do come." A third person commented, "They have difficulty in recruiting staff." Other comments included, "There are enough around, They come sharpish if I call them", "They seem to be ok in numbers" and "Enough staff? Yes I think so." One relative felt that staffing levels were sufficient whilst another person told us that they felt staffing levels and visibility needed to be improved.

The registered manager acknowledged that there had been some difficulties when some experienced staff had left the employment of the service earlier in the year and this, combined with staff sickness, had caused shortfalls on some shifts. They told us that new staff had now been recruited and the staffing ratios were now at normal levels.

Records seen and staff we spoke with confirmed this. The majority of staff told us that they felt the staffing levels were now safe. One staff member said, "Before we had a shortage of staff but now it's fine." Another staff member commented, "For a short period we were short staffed but it's fine now." A third member of staff said, "It's ok now."

We gave feedback to the registered manager at the time of our inspection. Issues discussed also included making sure that staff were present in the lounge at all times when people using the service were using this communal area and recording any staff sickness consistently on the rota with the cover arrangements also specified.

We saw medicines were stored safely and securely and our checks showed that medicines were being administered correctly. One person said, "They certainly give me my medicines regularly." Another person commented, "Always give me an extra tablet for pain when I need it." The records for medicines supplied in their original containers corresponded with the quantities of medicines being kept on behalf of people using the service. Daily stock records were maintained for these medicines so that the quantities kept could be

accurately checked against the records to make sure people were receiving their medicines as prescribed.

Assessments were carried out which looked at any risks to people's safety and how these could be reduced. These were completed for areas such as risk of falls, moving and handling, nutrition and skin integrity. Care plans were drawn up as appropriate following these assessments to help prevent or minimise the risk of harm to people using the service. For example, where a nutritional risk was identified for one person, care plans addressed the support and monitoring required to support their changing needs.

Staff recruitment procedures in the service were safe. Appropriate checks were undertaken by the organisation before staff began work. Records showed that staff were subject to identity and criminal records checks before they commenced work with people using the service.

The risks associated with the environment and equipment in use were assessed and reviewed. Safety checks were regularly carried out such as those for installed fire, water and electrical equipment. Hoists were checked regularly to make sure they were safe to use with people using the service.

We looked at the homes system for reporting and monitoring incidents and accidents. These were recorded, reviewed and monitored by the managers with a quarterly audit looking for any trends or patterns. Any incidents or accidents were reported and records we saw confirmed this with the action taken logged in each instance. For example, the GP or ambulance being called and the next of kin being informed.

All areas of the home were seen to be kept very clean and hygienic. No malodours were noted during our inspection and people using the service commented positively about the cleanliness of the home environment. Domestic staff were seen to be working on each floor on both days of our inspection.

Is the service effective?

Our findings

People were supported by staff who had the skills and knowledge to meet their needs. One person told us, "I like the staff, they are very helpful." Another person commented, "They are good at what they do, they do get trained."

We saw staff completed training relevant to their role and responsibilities. This included mandatory training to keep people safe such as safeguarding adults, moving and handling and the Mental Capacity Act. Staff told us that they had regular training and that courses were refreshed annually or as required. Some staff shared examples of recent training courses relevant to their roles and the more specialist needs of people they supported. For example, around dementia and nursing interventions.

New staff were supported to complete an induction programme which was tailored to the home. One staff told us that they had six days induction including shadowing other staff. The service planned to implement the Care Certificate as part of their induction training for all new staff in 2017. This is a set of standards that have been developed for support workers to demonstrate that they have gained the knowledge, skills and attitudes needed to provide high quality and compassionate care and support.

Records showed that staff were also supported through regular supervision and appraisal sessions which considered their role, training and future development. In addition to these formal one to one meetings, staff said they could approach the managers informally to discuss any issues they had.

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).

The registered manager understood how the Deprivation of Liberty Safeguards (DoLS) applied to the people who used the service and had sought DoLS authorisations where required. We saw staff had received training around the MCA and DoLS and the staff we spoke with knew the importance of obtaining people's consent when supporting them. One staff said, "We always have to give people choice, whether to have a shower or what clothes they would like to wear." Another staff member said, "We ask them. If you don't then the managers will be on to you."

Records included assessments of capacity, for example, around the use of covert medicines. The assessments documented each person's ability to understand, remember, weigh and communicate the information provided to them and look at what was in their best interests. We saw their family and friends had been consulted about the decision being made. Some assessments seen however were inconsistently completed and we highlighted this to the registered manager during our inspection.

People's feedback was mixed about the variety and quality of food provided. One person said, "It doesn't please everybody." Another person said, "There's not enough choice." A third person said, "The food? That's lovely." Other comments included, "Not enough variety", "It's alright, choice of a couple of dishes, not bad", "Very good, nicely varied" and "Not enough salad." People's feedback was provided to the registered manager during our visits who agreed to review the menus with the catering staff and people using the service.

We observed people requiring support with their meals receiving unhurried assistance from staff upholding their dignity. People's individual weight was monitored. Care plans seen addressed nutritional requirements with screening assessments completed to help safeguard people from the risk of malnutrition. Food and fluid charts were used when identified as necessary to monitor people's nutritional intake. One person told us, "I'm diabetic. They make sure I don't have the wrong things to eat."

People were supported to keep healthy and had access to appropriate health care professionals when needed. People told us they were happy with the support they received in order to keep healthy and said staff arranged visits from health care professionals as required. One person said, "They keep me safe and well here." Another person commented, "The GP comes round every week, I can always see them." Records seen confirmed this support.

Is the service caring?

Our findings

Feedback from people using the service was positive about the quality of care and support people received. One person said, "The staff are always polite, they look after me very well." Another person commented, "The staff are generally good. They are polite and respectful." A third person told us, "The people are friendly and amiable. I get all that I need." Other comments included, "They look after you well" and "I think it's quite good really."

Our observations showed staff were kind, caring and treated people with respect. It was evident they knew people well and made sure their privacy and dignity was respected. Staff spoke to people respectfully and gave them choice when making everyday decisions such as what they wanted to do, eat or drink. We observed people requiring support with their meals receiving unhurried assistance from staff upholding their dignity.

Staff spoke positively about the service provided and gave us examples of how they ensured the privacy and dignity of people using the service including knocking on doors and making sure the person received personal care in private. One staff member said, "It's good care here." Another staff member told us, "We try to do everything possible to help people here." A third staff member commented, "If we don't treat people with dignity then we do not have a job."

Some staff knew people they cared for very well and were able to tell us about the person's likes and dislikes. Care plans captured information about people's background and history including areas such as people's early years, their working life, favourite entertainments and family and friends.

Minutes of regular meetings held with people using the service and their relatives or friends included discussion about activities, food, the home environment and any concerns or suggestions. The minutes were displayed and addressed where action was required. Activities were used to help keep people connected to the local community and their family and friends. For example, a fair had been held with people's friends and relations invited along. An annual memorial service was held at the home to remember people who had previously lived at Tudor House Nursing Home. Regular religious services were also held for the people currently living there.

People's end of life care was planned with them and their family or representatives. The service had attained beacon status accreditation for end of life care through the Gold Standard Framework (GSF).

Is the service responsive?

Our findings

People's needs were regularly assessed and responded to. People's individual needs were assessed before they came to live at Tudor House Nursing Home. A basic pre-admission assessment form was completed that staff used to discuss with the person and/or their representatives about the support they required. Care plans were then written and developed as the staff got to know people's support needs better.

We saw each care plan was reviewed regularly and kept up to date to help make sure they met people's support needs. Records were kept that showed each plan was reviewed on a monthly basis and were subject to audits by senior staff. Each person's care plan addressed their activities of daily living such as mobility, nutrition, personal care and social activities. The plans differed as to how individualised they were with many focusing mainly on the health and physical care provided. A senior staff member spoke about on-going work to make the plans more individualised and reflect the support required around people's emotional wellbeing.

We saw that people's relatives or representatives were kept informed about any changes to their health or support needs. Relatives and friends visited on both days of our inspection. The visitors spoken with confirmed they felt welcomed by staff.

Staff kept daily records in the care records documenting how care was delivered on each day. This information was shared with the staff team during the shift handovers to ensure continuity of care and that no important information was missed.

Regular activities sessions were held at the home. Two part time activities co-ordinators provided activities during the week and at weekends. An exercise session was held at the home on both days we visited. A monthly activities schedule was shared with people using the service including quizzes, pampering and bingo sessions. People were able to enjoy trips out into the local community using the home's minibus.

One person using the service said, "I'm busy enough. I play bingo and do my reading." Another person said, "They have activities. The activities co-ordinator is absolutely brilliant." A third person commented, "Nothing much to do, we sometimes play dominos." Three people using the service said they would welcome more activities. A relative commented that there was sometimes too much reliance on people watching the television in the lounge and they felt that care staff could interact more with people using the service in addition to the activities staff. This feedback was provided to the registered manager at the time of inspection.

People knew who they could speak to if they had any concerns about the care they received. One person said, "They listen and take it on board." Another person told us, "I made a complaint once. They did apologise and it was sorted out." A third person commented, "If you have a problem, they sort it out."

The home had a complaints procedure which was available for people, relatives and staff to access. There had been one recent complaint raised formally with the home and the action taken had been documented

appropriately.

Is the service well-led?

Our findings

Overall comments made by people using the service included, "I'd rather stay here, I'm quite comfortable", "Without this place I would not be alive" and "I like the home, very nice." One person told us, "I like it here. I would not want to be moved from here."

Tudor House Nursing Home was led by an experienced registered manager with the support of a deputy manager and senior staff members leading on each shift. People told us the manager walked around the home each morning and was approachable. One person said, "He comes round every day and has a chat. He listens and takes it on board." Another person said, "I can talk to the manager."

The majority of staff told us they felt supported by the registered manager and other senior staff. One staff member said, "They listen, they act." Another staff member commented, "I go to them all the time." Most staff told us that they worked well as a team and all expressed confidence in the quality of care provided to people staying at the home. They told us that they felt able to approach the managers and senior staff if they had any issues or concerns. One staff member commented, "People work well together." Another staff member commented, "There's good teamwork now."

There were systems in place to monitor the quality of the service being provided. There was a quality assurance system in place that included regular audits of care records, medicine administration and health and safety.

People and relatives were provided with satisfaction questionnaires every year. Results from recent surveys were positive with responses recorded by the service including, "Overall friendly and caring", "Always so very welcoming" and "Tudor House looks after the residents very well." An annual development plans was not available at the time of inspection and we discussed this with the registered manager.

The provider worked in partnership with other professionals to make sure people received appropriate support to meet their needs. Care records showed how the service engaged with other healthcare agencies and specialists to respond to people's care needs and to maintain people's safety and welfare. An example was the home's beacon status as accredited by the GSF.