Tudor House Limited

Tudor House

Inspection report

159-161 Monyhull Hall Road
Kings Norton
B30- 3QN
Tel: 0121 451 2529
Website:

Date of inspection visit: 9 and 10 December 2015
Date of publication: 18/03/2016

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?	Good
Is the service well-led?	Good

Overall summary

We inspected this home on the 9 and 10 December 2015. This was an unannounced inspection. Tudor House provides accommodation for a maximum of 22 older people, many of whom live with dementia and who require support with personal care. There were 22 people living at the home when we visited although two of these people were in hospital.

At our last inspection in September 2014 we found that the provider was not meeting the requirements of the law in relation to meeting people's nutritional needs and the monitoring systems in place had not always been completed accurately. Following that inspection the provider sent us an action plan detailing the action they would take to address the breach. At this inspection we found that whilst some improvements had been made, work was still needed in this area to ensure accurate monitoring of nutritional intake.

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

Summary of findings

The majority of people living at the home and their relatives told us they felt safe. One person who had expressed concerns about their safety had been supported by staff and the registered manager to feel safe. People were encouraged to raise any concerns they had. Staff knew how to recognise when people may be at risk of harm and how to report any concerns. Risks to people had been assessed and identified and measures put in place to reduce the risk for the person.

People were supported by staff who had received training in people's specific healthcare needs. We saw that whilst there were enough staff on shift they were not always deployed effectively in order to meet people's needs. Staff knew people well and could tell us people's preferences for support and likes and dislikes.

Medicines were given in a dignified and safe manner. Only staff who had received medication training were able to give medicines.

People we spoke with felt cared for and relatives were complimentary of the staff. People had access to healthcare professionals and the service was proactive in seeking advice when people's healthcare needs changed. When advice was given prompt action was taken.

Staff we spoke with had received training on the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS), although the understanding and application of this legislation by individual staff varied.

People told us that they were happy living at the home and were involved in planning and reviewing their care to ensure care was provided in the way they wished. Activities were provided and feedback sought from people about what future activities they would like to do.

People and their relatives knew how to raise any concerns or complaints and felt assured that these would be dealt with promptly. We saw the complaints procedure was accessible to all people living at the home.

There were systems in place to monitor the quality and safety of the service although they were not consistently effective and had failed to identify where improvements were needed in the monitoring of the service.

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 enough suitable recruited staff but they had not been deployed effectively to keep people safe at all times.

Medicines were given safely and risks to people had been identified and assessed.

Staff had received safeguarding training and were clear about action they would take to keep people safe from abuse.

Requires improvement

Is the service effective?
The service was not always effective.

People were not being supported in line with The Mental Capacity Act (2005).

Although improvements had been made in monitoring people's dietary needs, records were not been completed accurately to monitor food and fluid intake.

Staff had the skills to be able to meet the needs of the people they supported.

Requires improvement

Is the service caring?
The service was caring.

People and relatives felt the staff were caring and staff we spoke with knew people well.

People were involved in developing their care plan including stating their preferences for care.

Good

Is the service responsive?
The service was responsive.

People were involved in reviewing their care and felt able to raise any concerns they may have.

People told us that staff were responsive to their needs.

Good

Is the service well-led?
The service was well-led

People were happy with how the service was managed and staff felt supported in their role.

The registered manager sought feedback from people, staff and relatives.

Monitoring systems were not consistently robust and had not identified where improvements were needed in record completion and application of the MCA.

Good

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 unannounced inspection took place on the 9 and 10 December 2015. On the 9 December the inspection team consisted of 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. On the 10 December the inspection was carried out by one inspector.

As part of our inspection we looked at information we already had about the provider. Providers are required to notify the Care Quality Commission about specific events and incidents that occur including serious injuries to people receiving care. We refer to these as notifications. Before the inspection, the provider had completed 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 from notifications and the PIR to plan the areas we wanted to focus our inspection on. We also contacted the local authority who commission services from the provider for their views of the service.

We visited the home and spoke with nine people who lived at the home, five members of staff and the registered manager of the service. We also spoke with five relatives and two visiting healthcare professionals. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked at records including four care plans and medication administration records. We looked at three staff files including a review of the provider's recruitment process. We sampled records from training plans, incident and accident reports and quality assurance records to see how the provider monitored assessed and monitored the quality of the service.

Requires improvement

Is the service safe?

Our findings

Most of the people we spoke with told us that they felt safe. One person told us, "I feel safe and warm here." Another person told us, "I feel safe here, it's like a little community." One person had expressed some concerns about their safety and we were advised by the manager that they and the staff were aware of the person's specific needs and had suitable steps to keep the person safe. Relatives that we spoke with told us their relative was safe at the service and one relative said, "She is safe, happy and well cared for."

Staff we spoke with were able to describe the possible types of abuse people were at risk from and explained that it was important to know people well to recognise any changes in behaviour that may indicate possible abuse. Staff were able to tell us what action they would take to keep people safe and were confident in being able to inform the registered manager if they had any concerns. Staff were also aware of other agencies they could contact if they felt the registered manager had not taken appropriate action. The registered manager was aware of their responsibilities for safeguarding people from harm and had responded appropriately to safeguarding issues that were raised. Records confirmed that safeguarding training had taken place to ensure staff were aware of current safeguarding practices.

We looked at the way the service managed risks to people living at the home. We found that each person had their individual risks identified and assessed and action had been taken to reduce the likelihood of these risks occurring. We saw that accident records were completed accurately and there were systems to review accidents including analysing the cause and frequency of accidents. On two occasions we observed people being supported to move from their chair to a wheelchair using some elements of unsafe practice. We spoke to the registered manager about this who informed us that staff had been informed of and should have been carrying out the correct procedures.

People who used the service and their relatives told us there were enough staff to meet people's needs. A number of people had chosen to spend most of their time in their bedrooms. These people told us that they hardly saw staff except for meal times or when staff brought them drinks. Staff told us there were enough staff on shift. Although there were sufficient numbers of staff on shift they were not always deployed in an effective way to meet people's needs. During our visit we observed people had been left unsupervised for substantial periods of time without being able to seek assistance or communicate their needs to staff. On one occasion a student on placement at the home was left on their own with people without any support from staff over a period of time. We spoke to the registered manager about this and they confirmed that the student should not have been left alone and that staff should always be available in the lounges so people could seek assistance should they need to. The registered manager assured us that staff were usually available to assist people. The registered manager told us that the service did not use agency staff as they had access to regular bank staff that were able to cover any staff absences.

There were processes in place that were followed for safe staff recruitment. These included obtaining Disclosure and Barring Service (DBS) checks to ensure staff employed were safe to be working with people. Further checks, such as obtaining appropriate references, were carried out to ensure staff were suitable to support the people who used the service.

People were supported to receive medication in a dignified and sensitive manner. Staff explained to people what medication they were taking and where appropriate people were asked if they needed their 'as required' pain relief medication. People's care records contained information for staff about what the medication was taken for and possible side effects of the medicine. We saw that medicines were stored safely. We saw that only staff who had received medication training were able to administer medication and the registered manager carried out checks to make sure staff were competent to give medication. Audits of medication were carried out to ensure medicines had been given safely.

Requires improvement

Is the service effective?

Our findings

At our last inspection in September 2014 we found that the service had not always protected people from the risks of inadequate nutrition because monitoring of people's dietary intake was not been recorded accurately and action had not always been taken when it had been identified that a person had lost weight. This was a breach of the Health and Social Care Act 2008.

At this inspection we found that whilst some improvements had been made there was still work needed in this area to ensure accurate records were kept. When people had been identified as at risk of malnutrition the person's weight was monitored weekly and supplements had been introduced to people's diets. We saw that the majority of people were maintaining their weights over a number of months. The registered manager described the action he had taken to seek advice from other professionals when it had been identified that a person was losing weight. However, we found that staff were not consistently or accurately completing records of amounts of food and drink people were consuming so dietary intake could not be monitored effectively. This meant that it wouldn't be easily identifiable if a person's dietary intake had reduced. The registered manager acknowledged that staff should have been completing these records accurately. We spoke with the chef who was aware that certain people's foods needed to be fortified. The chef was aware of people's dietary preferences and tailored the menu to meet these preferences. We saw that the chef asked people what they would like to eat each day. Staff had access to the kitchen at all times so that they could prepare food and drinks to meet people's requests at any time of day.

People that we spoke with were generally happy with the food they received. One person told us "The food is good, we are well fed." We saw that staff responded to people's requests during meal times and people were supported to sit with whom they chose.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the 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 parameters of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. We found that although staff had received training on MCA and DoLS there was little understanding of this legislation and what it meant for people living at the home. Assessments of people's capacity had been carried out although many of these did not follow the principles of the MCA and concluded that people lacked capacity without determining which decisions the person couldn't make for themselves. Where it had been concluded that people lacked capacity there was no evidence that best interest decisions had been made. Some people's care plans showed that relatives had given consent for care without the correct authorisation been in place. The registered manager had applied for one person to have their liberty deprived following the correct procedures but had yet to receive a response from the supervisory body.

Staff told us about the different ways that they would seek consent from the person, based on the person's communication, before supporting them with care needs. Staff spoke of the importance of knowing people's likes and dislikes in supporting people to make decisions. The registered manager was introducing communication aids to assist people with decision making.

People told us that in their opinion the staff had the necessary skills when providing care and support to them. One person told us "I think the staff know what they are doing."

Staff we spoke with felt supported in their role. Staff informed us that they received regular training, including training in people's specific needs, to enable them to support people effectively. One staff member told us, "I have enough training to be able to do my job." The registered manager informed us that new staff were completing the care certificate which is a nationally recognised induction course providing care staff with a general understanding of how to meet the basic needs of

Requires improvement

Is the service effective?

people who use social care services. We saw that there were systems in place to schedule training to ensure staff were kept up to date with the knowledge they needed to support people living at the home.

Staff informed us that they received regular supervisions and appraisals to help improve their knowledge. Staff told us that they were able to approach the registered manager at any time should they have any concerns and didn't feel the need to wait until their next planned supervision.

People told us that they saw healthcare professionals regularly to maintain their health. Whilst carrying out the inspection we saw that staff responded quickly to a person who was feeling unwell and arranged for the doctor to come and see them that day. We spoke with a visiting healthcare professional who told us that staff were always quick to alert them if they had concerns about a person's health and acted promptly on any advice given. Relatives informed us that the service monitored people closely for any changes to healthcare needs and took action when needed. We found that information about emergency treatment for some people's health conditions was not available. The registered manager told us they would put this in place so that staff could take appropriate action should they need to and assured us that staff had completed training in handling and dealing with medical emergencies.

Good

Is the service caring?

Our findings

People we spoke with felt cared for and one person told us, "I'm happy here." Comments from one relative that we spoke with included, "The staff are very friendly they are brilliant with mum", and another relative commented, "The home has been a godsend…we are lucky he is here"

Staff that we spoke with emphasised the importance of making sure people were well looked after and happy. Staff knew people well and were able to describe their likes, dislikes and their family background. Staff knew parts of people's life histories and when asked staff said they would look in people's care plans for more information. The registered manager explained they were introducing more detailed information about people's life histories to provide better care.

Care plans were developed with the person and their family to find out the person's likes, dislikes and preferred routines. One person told us "They have done a care plan and it is reviewed, from what I have seen and what they do I am happy with." Staff explained how they used information from people's care plans to provide people with care in the way they wished. Staff were able to tell us how they used different approaches to provide care depending on the person's personality and communication style. Many of the people at the home were living with dementia. We saw that these people's care plans had specific information about how dementia affected them as an individual.

People were supported to express how they wanted to receive their care. People had stated the gender of staff they would prefer to support them with care. This was carried out. One person explained how she had been able to bring items from home and told us, "In my own room I can have everything." This person had a phone in their bedroom which the person told us they used every night to speak with their family.

People told us that visitors were welcome to visit at any time and that there were no rules of when or how often they visited. One relative told us, "It's like an open house, we just come when we want to." Another relative gave an example of how the service had organised a birthday party for her relative and had invited and welcomed all of the family. One relative gave an example of how the service had purchased equipment to enable the person to keep in touch with family who lived abroad.

Most of the people living at the home were treated with dignity and respect. One person told us, "My eyesight is failing and I still do most things for myself but I do feel safe when they assist me with my shower." Another person told us, "They treat me with respect." However, a couple of people living at the home told us that staff did not talk to them whilst delivering personal care. We observed that staff did not always explain to people what was happening and one person said, "Where are we going?" as staff moved her in her wheelchair without explanation. We spoke to the registered manager about this and they agreed that staff should be communicating with people living at the home. Another person that we spoke with told us that staff didn't communicate in a way she had previously requested. The registered manager informed us that they were aware of the issue that had been raised by the person and that he was in the process of resolving this to ensure staff communicated in the way the person requested.

Wherever possible people had been supported to be as independent as possible. One person told us, "I love it here, I do most things for myself." Staff told us how they encouraged people to maintain their independence by carrying out tasks around the home such as helping with the laundry in line with their wishes.

Good

Is the service responsive?

Our findings

People we spoke with told us that staff responded appropriately to their needs. One person told us, “I press the buzzer and they come and help quickly”. Another person told us, “When I press my buzzer I don’t have to wait long for a carer.” One relative told us, “Everything I’ve asked for they’ve done.”

People told us about the activities that they took part in. One person told us, “The carers help me to put on the talking books which my daughter brings in for me.” Most of the people living at the home told us there were activities to participate in such as film afternoons, quizzes and arts and crafts. Whilst carrying out the inspection we saw an exercise coordinator carrying out a gentle exercise session to music. People were engaging with the exercises which enhanced mobility skills. The home had pet turtles and we saw people enjoyed interacting with these pets.

Some people, who had chosen to spend most of their time in their bedrooms, felt there was nothing to do but watch television. Relatives explained that, “Mum doesn’t want to take part she’s always been a loner”. Another relative told us, “Its mums choice she prefers to be on her own.” The registered manager was aware of the need to provide people who preferred to be in their bedrooms with activities and assured us that this would take place.

Care reviews were carried out with the person and their family on a yearly basis. One person told us, “I am aware of my care plan, it is reviewed and I am happy with what I am getting”. The registered manager informed us that they planned to increase this review to twice yearly. We saw that care records were reviewed monthly by senior staff to ensure records were kept up to date that reflected the person’s most current needs.

One relative we spoke with gave an example of how the service had responded to their relatives changing needs such as organising extra equipment to make things better for their family member. The relative described the actions taken as, “They are really on the ball and deal with things straight away”.

People and their relatives told us that if they had any concerns they would speak to the registered manager and had confidence that they would try and resolve the issue promptly. One relative gave an example of a concern they had raised and the prompt response they received from the registered manager.

We saw that the complaints procedure was available in people’s bedrooms and in communal areas of the home. Although there had been no formal complaints in the last twelve months we saw that the registered manager had acted quickly when concerns were raised.

Good

Is the service well-led?

Our findings

People we spoke with were happy with how the home was managed. One person told us, "I get on very well with [name]" when talking about the registered manager. One relative told us, "Any problems and I know [name] will sort it out." Another relative told us, "The manager is approachable."

The registered manager followed legal requirements to inform the Care Quality Commission of specific events that had occurred in the home. The registered manager was aware that there had been changes to regulations and what this meant for the service.

There was a clear leadership structure in place which staff understood. The registered manager was supported by senior staff at the service and also received support from the managers of the providers other services. There had recently been a period of time where the registered manager was supporting managers in the providers other homes. This meant that the registered manager was not fully up to date with monitoring the service. At the time of inspection the registered manager felt confident that they would be able to carry out their full duties in the future.

People and staff informed us that they felt they were involved in the running of the home and were able to express suggestions for improvement to the registered manager.

The registered manager explained that residents meetings had not occurred frequently as they were found to be ineffective. However, the registered manager was putting other systems in place to seek feedback from people living at the home such as having an 'open surgery' where people could meet with senior staff to make suggestions. Although meetings didn't take place the registered manager had involved people in making decisions about how the home was run. Resident's questionnaires had recently been carried out and generally people were happy with the service they were receiving. Where areas had been rated as 'poor' the registered manager had sought explanations from people and had resolved the situation. Less than half of the people had responded to this questionnaire. The registered manager had recognised this and was planning a more detailed, user friendly questionnaire to encourage future participation.

Staff felt involved in the running of the home. One staff member told us, "Staff can make suggestions about things". Staff meetings took place to ensure effective communication between staff about any changes in practice. A recent staff questionnaire had taken place and we saw that most of the comments were positive.

We looked at how the service monitored the quality and safety of the service. Although there were monitoring systems in place they were not always effective and had failed to identify that records were not completed accurately to monitor food and fluid intake and assessments of people's capacity had not been carried out correctly in line with the principles of the MCA.

The service was supported by an area manager who completed regular audits of the service, and served as assurance to the provider that the service was meeting their expectations regarding quality and safety.