

Roche Healthcare Limited

Tudor House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 4 March 2016 and was unannounced. The last inspection took place on 11 December 2013 and the service was meeting all of the regulations we assessed.

Tudor House, which is owned by Roche Healthcare Limited, is a care home registered to provide personal and nursing care for up to 30 people. Tudor House is a detached home with disabled access, a passenger lift to the first floor and car parking facilities. The service has three communal lounges on the ground floor, some bedrooms have ensuite access.

At the time of our inspection 25 people lived at the service.

The service has 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.

Parts of the service were not clean and there were areas where germs could collect, this meant that people who used the service were not being cared for in a pleasant environment and they were not protected from the risk of infections being acquired and spread. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Although people told us they received a good standard of care we saw some gaps in care records which meant people were at risk of receiving care which was not planned or based on their current needs. We saw some out of date information in care plans. Some other associated care records were not up to date and the audits the service used had not identified these issues and so they had not been rectified. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

The service had an up to date safeguarding policy and staff understood how to identify types of abuse and who they should report their concerns to. Risks assessments and risk management plans were in place to support people to remain safe. People were supported to take their medicines safely. The service sought support from relevant health care professionals when required.

The registered manager told us the service did not use a staff dependency tool but they assessed staffing levels on a regular basis. Overall we found there were sufficient staff. However, there was a period of time when people were not provided with supervision and they were unable to summon assistance from staff. This meant people were at risk of injury as staff were not available to assist people nor did they have a safe means of seeking assistance. We have made a recommendation about the deployment of staff.

People told us the food was good and we saw people's individual dietary needs were met. For example

some people needed support to eat and this was provided in a compassionate way.

Staff were well supported by the registered manager and had access to a variety of training.

The principles of the Mental Capacity Act 2005 were being followed. The registered manager explained updated assessment paperwork was being introduced. Staff consistently demonstrated they sought consent from people.

The service sought the views of people, relatives, staff and other relevant stakeholders. They used the feedback to make improvements to the service. People knew how to make complaints and the complaints policy was accessible. The registered manager told us they had an 'open door' policy and welcomed people's feedback.

Activity and stimulation for people within the service was limited. Although the service employed an activity co-ordinator four days a week the rest of there was limited interaction for people. We have made a recommendation about ensuring activity and stimulation meets people's individual needs.

Despite the shortfalls in records and audits, we found the registered manager was committed to delivering a good standard of care to people and we received positive feedback from people and relatives about how approachable the registered manager was.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not consistently safe.

Some communal areas of the service, including bathrooms were not clean.

Staff knew how to protect people from the risk of harm and abuse. Risk assessments and risk management plans were in place to reduce the likelihood of avoidable harm. Medicines were managed safely.

Overall the service had sufficient staff to meet people's needs, however there were times of the day when people when staff were not available and people did not have the ability to request help. We have made a recommendation about this.

Is the service effective?

Good 

The service was effective.

Staff understood and applied the principles of the Mental Capacity Act.

Staff told us they were well supported and we saw they had access to training to meet people's needs.

People told us the food was good.

The service had good links with health and social care professionals and appropriately referred people for more specialised support if this was needed.

Is the service caring?

Good 

The service was caring.

People's dignity and privacy was respected and people were supported to be as independent as was possible.

People told us they were well cared for. Care staff were kind and compassionate and had a positive rapport with people who used the service.

The service had good links with local hospice staff and shared resources.

Is the service responsive?

The service was not consistently responsive.

There were gaps in care plan records and the systems the service used to review people's care needed to be improved. We have made a recommendation about this.

Despite this care staff knew people well. The service sought the views of people, relatives and other health and social care professionals and used these to make improvements.

The registered manager operated an open door policy and people told us they were confident they would deal with any concerns appropriately. The service had not received any complaints in the last 12 months.

Requires Improvement ●

Is the service well-led?

The service was not consistently well-led.

There were gaps in records and audits that should have identified these were not effective. Other audits across the service had identified issues but these had not been rectified in a timely manner.

Staff morale was good and the registered manager was described as being 'hands on' and supportive. They knew people well and were approachable. Relatives spoke highly of the management of the service.

The service provided staff with up to date policies and procedures which were based on good practice guidance.

Requires Improvement ●

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 4 March 2016 and was unannounced.

The inspection team consisted of two inspectors and a specialist advisor who was a nurse and had experience in care of older people and dementia care.

Before the inspection we reviewed all of the information we held about the service. This included reviewing notifications we had received. A notification is information about important events which the service is required to send to the Commission by law.

We contacted the local authority commissioning and contracts officer for the service. They had not undertaken a formal assessment visit recently and therefore could not provide any relevant feedback. We contacted the local authority social work team for their feedback. The social work team manager provided us with positive feedback about the service.

During the inspection we spoke with nine members of staff including the registered manager, deputy manager, compliance manager, care staff and ancillary staff. We spoke with eight people who used the service and because not everyone could tell us their views we spent time observing interaction between people and care staff. Following the inspection we spoke, on the telephone, with three relatives.

We carried out a tour of the premises which included communal areas and people's bedrooms. We reviewed eleven people's care plans and associated records. We looked at medicine administration records.

Following the inspection we spoke, on the telephone, with one member of staff.

Is the service safe?

Our findings

People told us they felt safe. One person said, "I like it here and I feel safe because everything I need is in my room." A relative said, "My [relative] is very safe, I have no concerns and I know he is well looked after."

However, we were concerned about people's safety in relation to the cleaning products used. Along one of the corridors and in a communal lounge area there was a strong smell of bleach throughout the inspection. We spoke with a member of cleaning staff, the registered manager and the compliance manager about this matter. We established the cleaning product had not been diluted correctly. This issue had been identified by the commercial manager who had visited to complete a health and safety audit on 29 February 2016. We were told new cleaning products had been ordered but had not yet been delivered. This meant the smell of chlorine in parts of the service was overwhelming and this increased the risk to people with existing chest or breathing difficulties. We contacted the registered manager following the inspection and they confirmed this matter had been rectified. We also requested a visit by the NHS infection control and prevention team.

During our inspection we saw parts of the service were not clean. We found a number of communal bathrooms where the taps and sinks were dirty. Some of the taps had black mould around the base. In one bathroom we saw the silicone seal was coming away from edge of the sink, and there were a number of bathrooms with grouting which was cracked, missing or dirty. These were areas where germs could collect and meant people were not being supported in a clean and pleasant environment nor were they protected from the risk of acquiring an infection.

The service employed cleaning staff who worked seven days a week for 4 hours and 45 minutes per day, at all other times this was the responsibility of the care staff. Despite this we found communal areas within the home were not clean. One communal lounge contained an open cat litter tray and cat food. There was no cleaning schedule in relation to this and no individual member of staff responsible for ensuring the tray was emptied and cleaned. Other lounges and skirting boards along corridors were dusty. A member of cleaning staff said, "There is not enough cleaning staff. The tops of some of the bedroom doors are dirty. The home is dirty. As you can see it is [the service] old and has lots of ledges."

These issues put people who used the service, staff and other visitors at risk of acquiring or transferring infections. This was a breach of Regulation 12(2) (h) Safe Care and Treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager told us they had a stable staff team and said they had sufficient staff at the present time. Although they did not use a formal tool to establish the number of hours of staff required to meet people's needs they told us they had a good understanding of people's needs and told us because they were 'hands on' they had observed the support staff provided to people. This meant they would be aware if there were not sufficient staff to meet people's needs.

We were told the service had five members of care staff and a nurse from 8 am until 2 pm and then at 2pm the service employed four care staff to work with a nurse. The registered manager had introduced a care

worker on a 'twilight' shift between 6 and 10pm to ensure there were sufficient staff to support people to get ready for bed. The registered manager told us they had introduced this additional member of staff a few months ago and that it appeared to be working well. Overnight the service employed a nurse and two members of care staff. We reviewed the staff rota's for the last four weeks and saw staff had been provided at the level described.

Care staff we spoke with told us they thought there were enough staff to meet people's needs. However, two people who lived at the service told us they did not think there were enough staff. One person said, "Sometimes there are clearly not enough." They said they would like a shower everyday but this was not possible because other people needed support.

During the afternoon we saw people sat in a communal lounge. There was no member of staff present for fifteen minutes. There were three people sat in the lounge, none of them were able to walk independently and they could not reach a call bell to summon assistance. One person moved to the edge of their chair and told us they wanted to go to the bathroom. We asked people how they summoned help if they needed it. One person said, "If you want help you just shout." We pressed the call bell to summon staff assistance to support the person to the bathroom. Staff responded to the initial request quickly but then the person had to wait for a second member of staff to be free to assist them.

We spoke with three people who spent the day in their bedrooms. They all had a call bell within reach. One person said, "They pop in every two hours." We saw evidence care staff helped the person to stand every two hours to help prevent skin damage and encourage mobility.

We recommend that the provider review's the deployment of staff to ensure they are meeting the needs of the people who use the service.

We reviewed four staff files. They were well organised and contained all of the required information. The service had effective recruitment and selection processes in place. Staff had completed an application form and provided two references, with at least one reference from a previous employer. An interview had taken place. Qualifications had been checked, including checking the registration of nursing staff.

The service had made background checks through the Disclosure and Barring Service (DBS). The DBS checks assist employers in making safer recruitment decisions by checking prospective staff members are not barred from working with people who needed personal care.

People were protected from avoidable harm. Staff and the registered manager demonstrated a good understanding of how to safeguard people who used the service. They were aware of the types of abuse and how to report concerns. The service had an up to date and comprehensive safeguarding policy, which offered guidance to staff.

Risk assessments and risk management plans were developed based on people's individual needs. For example safe moving and handling, pressure area care and nutritional risk management plans. These were up to date and appropriate health care professionals had been involved in the development of them. This meant people who used the service could be assured staff had access to guidance to ensure support was delivered safely.

Medicines were safely managed. The deputy manager was responsible for managing people's medicines within the service. We observed both the registered manager and deputy manager administer people's medicines, they did this in line with the medicines policy and gave people reassurance and the time they

needed to take their medicines.

Medicines were stored securely. The medicine trolley was stored safely to the wall. Room and fridge temperatures were recorded daily. This meant the service ensured people's medicines were stored at the correct temperature.

The Medication Administration Records (MARs) we looked at were correctly completed and medicines were signed for, which showed people were receiving their medicines as prescribed. We looked at when required medicines for three people and found these had been administered appropriately.

We reviewed the storage and administration of controlled drugs. Controlled drugs are drugs which are liable to misuse and as such have stricter guidelines for storage, administration and disposal. These were managed appropriately and in line with good practice guidance.

Medicines were audited on a regular basis. Each week all medicines were counted and cross checked against the medication administration records, and a full medicines audit took place each month. In addition to this the pharmacy supplying the medicines completed an independent audit every six months. This meant the service had systems in place to ensure medicines were managed safely and to identify and rectify any errors in a timely manner.

The deputy manager told us they had a good working relationship with the local doctor and they could request medicine reviews for people as needed. They gave an example of one person who had been refusing their medicines, the doctor had been contacted and they had reviewed all of the person's medicines and stopped what was no longer required.

We were unable to review the accidents and incidents folder as the registered manager had taken this home to audit. The registered manager explained they reviewed all accident forms and then this was sent to head office for a further management review. These processes meant people could be assured the service was keen to understand and to take measures to reduce the risks of accidents in the future.

The service had relevant safety checks in place so the environment was safe for people, visitors and staff. Fire safety audits took place on a regular basis and each person who lived at the service had a personal emergency evacuation plan. This meant the service had considered people's individual needs in the event of an emergency.

Is the service effective?

Our findings

People told us care staff knew how to look after them. Relatives told us they thought staff were well trained, "They [care staff] know what they are doing and understand how to look after my [relative]."

The organisation offered an in depth induction programme. Staff attended four days of classroom based learning at the organisations training centre. This included training about equality and diversity, nutrition and hydration, food hygiene, infection control, fire safety, moving and handling. It also covered caring for people living with dementia, challenging behaviour and The Mental Capacity Act and deprivation of liberty safeguards (DoLS).

In addition to this all new care staff were undertaking the care certificate. The care certificate is a recognised qualification which aims to provide new workers with the introductory skills, knowledge and behaviours they need to provide compassionate, safe and high quality care. Records we saw showed staff had received up to date training. This meant people could be assured the staff who supported them were well trained and understood the importance of compassionate and effective care.

There were gaps in supervision records. Supervision is an opportunity for staff to discuss any training and development needs any concerns they have about the people they support, and for their manager to give feedback on their practice. We could see staff had received a recent supervision. However, over the last 12 months staff had not been supported to have regular formal supervision.

Despite this care staff told us they felt well supported and that the registered manager provided 'hands on care and support' which meant they worked alongside staff to observe and support their development. One member of staff described the manager as, "Lovely, very supportive. I am confident if I went to her with any concerns these would be addressed and resolved as soon as possible."

The registered manager said, "Supervision happens all the time but it is not always documented." They shared their plan to ensure supervision took place regularly and was documented. This included delegating supervisory responsibilities to other senior members of staff within their team, group supervision and ensuring observations of practice were recorded. Not all of the staff team had received an up to date appraisal. The registered manager told us they were working through the staff team to ensure these were up to date.

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).

Staff routinely sought consent from people who used the service and offered people choices. A member of staff described how they supported people to make their own choices on a daily basis. They said, "I help people chose what they would like to wear by showing them different outfits."

At the time of our inspection there were no authorised DoLS in place. Although the registered manager had submitted 13 applications to the local authority known as the supervisory body. We saw records these were being progressed and one assessment took place during our inspection.

The registered manager showed us the assessments forms used to record people's ability to consent to specific decisions. Where people were unable to consent best interest decision records were being updated to record how the decision was reached and to comply with the provider's standard paperwork.

All of the people we spoke with told us the food was good. People we spoke with all said they liked the food in the home. One person said, "I get what I like." They told us if they did not like the choices, staff would get them something else. Throughout the day we saw staff encourage people to have regular drinks. We saw the kitchen assistant coming out to ask people what they wanted for breakfast. They provided people with a list of options which included cooked food, some people said, "The usual." This meant people were offered options but the member of staff was aware of people's preferences and respected these. We observed care staff asking people where they would like to eat their lunch. Their choices were respected. Most people had the main meal of fish and chips, however there was an alternative offered to people. People's individual dietary needs were met. Some people required a pureed diet and the chef had pureed each part of the meal separately and it was presented well on the plate. This meant people could taste the meal and enjoy it. People were asked whether they wanted hot or cold drinks and these were provided.

We saw people were weighed regularly and when necessary referrals were made to appropriate healthcare professionals for specific advice and guidance which was then implemented. The chef was aware of people's individual dietary needs.

We noted the menu plans were three years old. It would be a good to include discussions about meals and people's preferences at the next 'resident's meeting' to ensure people had the opportunity to contribute to menu planning in the future.

The environment was in need of redecoration. This was particularly noticeable along the ground floor corridor where the bottom of walls and doors had scuffed paintwork. The registered manager told us the provider was in the process of reviewing the refurbishment plan with a view to ensuring redecoration took place.

We saw evidence that the service liaised with relevant health professionals based on people's needs. In a recent questionnaire returned by the local GP they had written, "I think the team at Tudor House are excellent. Caring, great communication and very helpful."

Is the service caring?

Our findings

People told us they were well cared for. Comments included, "Some of the girls are particularly helpful and interested in me," "They are all good." "I like it here" and "They are all friendly here and treat us all the same."

A relative we spoke with said, "My Dad is always clean and tidy." They told us care staff were kind and had good relationships with people who lived at the service. They said, "I visit three times a week and have never heard a member of staff sound cross or be rude to people. They are always patient and kind."

People's dignity and privacy was respected. We observed staff knock on people's doors and wait for permission before entering their bedroom. One member of staff said, "It's important to us to respect people's dignity. When I support people [with personal care] I always make sure the door is closed and the curtains are drawn and we use towels to keep people covered up. I help people make their own decisions about what they want to wear."

We observed staff had a good rapport with the people they supported. Over the lunch time period we heard staff having relaxed conversations with people. Staff reminisced with people and discussed shops in the local area. The interaction was genuine and both staff and people who lived at the service were heard laughing and sharing stories.

Care staff spoke with warmth and compassion about the people they supported. One member of staff said, "I love my job. We chat, laugh, sing and have banter with people. It's very rewarding." Another member of staff said, "This is a very rewarding job. I feel like I am really helping people at the end of the day." All of the staff we spoke with said they would be happy for their relative to live at the service if they needed this kind of care.

Relatives told us they were welcome to visit the service anytime and were always made to feel welcome. They said although staff were busy they were always friendly and approachable. One relative told us they thought staff and the registered manager respected people's individual choices, they gave an example that if their relative wanted to stay in bed a bit longer staff supported this.

Staff knew people well and understood their individual likes and dislikes. They were able to describe people's preferences and how they liked to be supported. A relative explained to us that their family member had dementia and that staff had asked about what they liked so they could make sure their previous choices were respected.

The service also provided people with links to the CQC and advocacy services which demonstrated openness to encouraging people to contact other professionals for advice and support as required.

The service provided good end of life care. The registered manager explained they ensured people had a core team of staff to support them. Some staff had recently undertaken a course run by a local hospice about advanced care planning and supporting people to make decisions about their care at the end of their lives. The registered manager told us the service had good links with the local hospice and could seek their

advice if this was needed.

Is the service responsive?

Our findings

The registered manager discussed the pre admission process with us. They said, "I am very careful when assessing people who want to move into the home. It's about being honest and being able to say if we cannot meet someone's needs." All of the care plans we reviewed contained detailed pre admission assessments. This meant the service was confident they could meet people's needs before they moved in.

Care staff knew people well. This was clear from observing interactions and the feedback we received from relatives about people's experience of care which was positive. Care staff could tell us about people's lives and their individual preferences. However, for some people there were gaps in their care plan records. Care plans contained limited information about people's previous life experiences and focused on practical care tasks.

Care plans were reviewed on a regular basis however, some of the information was not recorded clearly so it could be difficult for staff to follow. This meant people were at risk of staff not providing the most up to date care in line with people's needs. However, a stable staff team who knew people well meant the risk associated with poor records was reduced. People told us they were kept informed of any changes to their relative's needs.

Some care plans we reviewed contained detailed guidance for staff about how to support people. We saw when a person had become distressed, a member of staff sat and talked with them and used distraction techniques to help them think of happier things. Their care plan contained specific guidance for staff about how to support them when they were anxious. This demonstrated staff followed the direction provided to them and meant the person's distress was reduced.

Daily records we reviewed contained basic information about people's needs, but they were repetitive and task focused. Daily records provide staff with key information about a person's wellbeing. Despite this staff handovers were effective in communicating key information. We observed the staff handover. This took place on the change of shift and meant that staff were provided with updates about people which were comprehensive. It was evident that the registered manager and the deputy manager knew people well.

We recommend that the service look at ways to improve their recording of the detail in care plans and the outcome of reviews.

People were not consistently provided with meaningful activity or stimulation which was based on their individual needs. On the day of our inspection no structured activity took place. We saw a television was on in a lounge where five people were sitting. The service had an activities co-ordinator who was employed four days a week who provided structured activity. For example they had arranged for a donkey from the sanctuary to visit the service.

We recommend the service develops a more structured programme of activity and stimulation for people based on their individual preferences.

The registered manager told us they operated an, "open door policy" which meant they were available to

people who used the service, their relatives and staff to share any concerns and to resolve this as quickly as possible. The registered manager explained the service had not received any written complaints since our last inspection. All of the relatives we spoke with told us any issues they had raised had always been addressed quickly and they had not needed to make a complaint. The service had a complaints policy which was available to people and their visitors. This meant people knew how to raise any concerns. One relative said they had given informal feedback to the registered manager and these suggestions had been acted upon. For example moving a clock around in the lounge and using crockery at teatime instead of paper plates. This meant the feedback people gave was acted upon and the service was keen to improve.

Is the service well-led?

Our findings

The service had a registered manager who explained they had worked there for almost 30 years. They were a registered nurse. During our discussions with the registered manager it was clear they were committed to ensuring people who used the service received a good standard of care. They spoke openly with us about the strengths of the service and also the areas where they recognised improvement was required. They said, "It's a small home, welcoming, friendly and a warm and settled environment for people to live." They talked about supporting families as well as people who moved into the home. They said people received a good standard of care but that the record keeping needed to be improved. The registered manager told us they were very 'hands on', this was confirmed by people, relatives and staff. This meant they did not always have the time they needed to concentrate on the necessary paperwork.

The registered manager was supported by a deputy manager, who took the lead on medicines. However, they had to complete this work whilst being on the rota and did not have any dedicated office hours to assist the registered manager with the required paperwork and supervision of staff.

The registered manager told us care plan audits took place monthly and they looked through care files. However there was no written record of these checks. During our inspection we saw some gaps in care plans and associated records. For example one person's mobility needs had changed. There were two care plans related to mobility, one contained generic advice such as 'ensure appropriate footwear.' The other was more specific to the person it had been updated but this had been done by crossing out and adding information. The update was not signed or dated. This made the documentation difficult to follow. Another person's relative had died and although this was recorded in one part of the care plan the records related to their emergency contact details had not been updated. This meant a member of staff who was not aware of this may have attempted contact.

The registered manager completed a daily walk around and we saw records contained detailed information about issues and the action required to rectify them. However, there was no record of who would rectify the issue or by when.

Audits were not robust and where they identified issues of concern we could not see action plans about how these would be put right. One example of this was the audit completed by the commercial manager which had identified issues with the type and strength of cleaning product which was being used at the service. The audit had identified this issue on 29 February 2016. Although the provider had identified they would replace the cleaning product this had not happened and on the day of our inspection the issue remained. This meant a strong smell of bleach persisted and could have had an impact on people's health, as well as generally being unpleasant.

This led us to question the effectiveness of the audits in place at the service. This was because they had not identified the issues we had found in relation to infection control and the gaps in some of the care planning records.

Staff meetings had not taken place on a regular basis which meant staff did not have a formal opportunity to raise issues or to be involved in the development of the service.

Daily records were task focused and repetitive. There was minimal reference to people's emotional needs or their general mood and wellbeing.

Although the registered manager and care team were committed to delivering good care this was based on individual knowledge of people and reliant on an established staff team, rather than robust systems and record keeping which would enable the provider to assure themselves they were delivering high quality care or to improve the service provided.

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

A compliance manager had recently started to offer support to the registered manager and the service. They described the registered manager as, "A hands on manager who knows service users inside out.

Communication is their strong point and they have good working relationships with the staff and others."

The compliance manager had completed a comprehensive audit in January 2016. This was linked to the CQC key lines of enquiry which inform what we look at and consider as part of the CQC inspection. The audit included key areas for improvement and how this would be achieved. This had identified a number of areas where improvements were required and we saw evidence some of this had been implemented however, there were other actions which had been identified which had not been addressed.

Staff morale was good. The registered manager said, "Care staff work extremely hard and I recognise this, my staff team know I understand how challenging the job can be." They described a supportive culture within the service, "Team ethos is our strength. Staff have individual areas of responsibility and they know when to ask for support." This view was shared by the staff we spoke with. Relatives told us the registered manager was often around and they had confidence in them.

The service had recently sent out questionnaires to people who used the service, relatives and health and social care professionals. Ten relatives had responded and all of the feedback they provided was positive. Comments included, "I'm always impressed by your staff at Tudor House. They are lovely, friendly and extremely respectful to both residents and families," "I could not be happier with the care provided" and ""I'm very pleased with the care and support my mother receives. The staff are very good with her and work in a person centred way."

The registered manager told us they attended meetings with other registered managers across the organisation and they said they found these meetings helpful and supportive. They told us at the last meeting they had discussed the organisations new paperwork for assessing people's capacity to make decisions and consent to care. This demonstrated the organisation supported registered managers to keep up to date with changes to legislation and good practice.

The provider ensured staff had access to up to date policies and procedures which ensured staff had access to good practice guidance which was based on up to date legislation and policy. The service had an up to date statement of purpose, this is a document which tells people and their relatives what they can expect from the service.

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	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Diagnostic and screening procedures	Parts of the service were not clean and there were areas where germs could collect, this meant that people who used the service were not being cared for in a pleasant environment and they were not protected from the risk of infections being acquired and spread.
Treatment of disease, disorder or injury	

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Diagnostic and screening procedures	Although people told us they received a good standard of care we saw some gaps in care records which meant people were at risk of receiving care which was not planned or based on their current needs. We saw some out of date information in care plans. Some other associated care records were not up to date and the audits the service used had not identified these issues and so they had not been rectified.
Treatment of disease, disorder or injury	