

# Four Seasons Homes No.4 Limited Marquis Court (Tudor House) Care Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

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

### About the service

Marquis Court (Tudor House) Care Home is a nursing home providing personal and nursing care to 28 older adults. Care is provided on two floors. Some of the people are living with dementia. The service can support up to 52 people.

### People's experience of using this service and what we found

Marquis Court (Tudor House) Care Home continues to be rated as requires improvement. The provider had identified areas of improvement and continued to work through these actions. People felt there could be more to do and activities on offer could be improved. Care records and documentation did not always have the detailed information staff may need.

People were safe and happy with the care they received. Risks to people were considered and reviewed. There were enough staff available for people. Medicines were managed in a safe way. Infection control procedures in place and followed. Lessons were learnt when things went wrong.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service support this practice. People had access to health professionals when needed. They were supported to maintain healthy diets. People's needs were assessed and considered. There was a complaints procedure in place. People were supported by staff they were happy with. People were encouraged to remain independent, offered choices and their privacy and dignity was maintained.

Audits were carried out in the home, so improvements could be identified. Feedback was sought from people and relatives who used the service. We were notified of significant events as needed.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was requires Improvement (6 December 2018).

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found some improvements had been made and the provider was no longer in breach of all regulations.

### Why we inspected

The inspection was prompted in part due to concerns received about safeguarding's. A decision was made for us to inspect and examine those risks. You can see what action we have asked the provider to take at the end of this full report.

#### Enforcement

We have identified breaches in relation to good governance, as the home has continued to be rated as requires Improvement.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.  
Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.  
Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.  
Details are in our caring findings below.

### Is the service responsive?

Requires Improvement ●

The service was not always responsive.  
Details are in our responsive findings below.

### Is the service well-led?

Requires Improvement ●

The service was not always well-led.  
Details are in our well-led findings below.

# Marquis Court (Tudor House) Care Home

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by two inspectors 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.

#### Service and service type

Marquis Court (Tudor House) Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. However, the registered manager had recently left the home and had notified us of this. There was an interim manager in place and the provider had resourced a new manager for the home who was starting on 1 September 2019.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the

information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We contacted the local authority for feedback on the home. We used all of this information to plan our inspection.

#### During the inspection

During our inspection we spoke with ten people who used the service and three relatives. We also spoke with five members of care staff and an agency nurse. We spoke with a member of the patient experience team who was the interim manager and the regional manager. We did this to gain people's views about the care and to check that standards of care were being met.

We looked at care records for nine people. We checked the care they received matched the information in their records. We also looked at records relating to the management of the service, including audits carried out within the home.

#### After the inspection

We gave the provider the opportunity to send us any audits that related to the service. The provider sent us some information that we considered as part of our inspection.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has improved to Good. This meant people were safe and protected from avoidable harm.

### Staffing and recruitment

At our last inspection there were not always enough staff available for people and they had to wait for support. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We issued a warning notice in relation to this regulation.

Sufficient improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- Since our last inspection, staffing levels in the home had increased. People, relatives and staff confirmed this was much better. One person said, "I am quite well for my age and I have a buzzer if I need any help they respond straight away." A relative told us, "The staffing levels seem generally good when I visit."
- During our inspection we saw there were enough staff available for people and they did not have to wait for support. In communal areas staff were present when people needed support and buzzers were answered and responded to in a timely manner.
- New staff told us pre-employment checks were completed before they could start working in the home. There was a system in place to ensure agency staff working in the home also had the relevant checks or qualifications they required.

### Assessing risk, safety monitoring and management

- People told us they felt safe living at Marquis Court (Tudor House) Care Home. One person said, "The staff are very good here, I have no concerns and I feel safe here". A relative told us, "I have no worries. I know my relation is being looked after."
- Risks to people's health and wellbeing were considered, assessed and regularly reviewed. For example, people had plans in place to manage sore skin, falls and weight loss.
- In some instances, we saw people had been supported and the level of risk had decreased for them. For example, some people been identified as losing weight, we saw staff had offered support and their weight had increased. Another person had fallen, and they had temporary reduced mobility. Plans had again been put in place, followed and the person was now independently mobile.

### Systems and processes to safeguard people from the risk of abuse

- There were procedures in place to ensure people were protected from potential harm. We saw when needed concerns had been raised appropriately in line with these procedures.
- Staff knew how to recognise and report potential abuse and confirmed they had received safeguarding training. One staff member said, "It's keeping people safe and reporting any concerns that we see."

### Using medicines safely

- People were happy with how their medicines were managed and they received them as prescribed. One person said, "They are really on the ball with medication and always give it to me."
- We saw staff administer medicines to people individually. Time was taken to explain what the medicine was for and staff stayed with people to ensure they had taken them. We saw people were offered medicines for pain relief. This is known as, 'as required medicines'. When people received as required medicines we saw there was guidance in place for staff to follow.
- There were effective systems in place to store, administer and record medicines to ensure people were protected from the risks associated with them.

### Preventing and controlling infection

- There were infection control procedures in place and these were followed. The home was clean and free from infection.
- Staff told us they had access to gloves and aprons which we saw they used during our inspection.
- The provider completed a house keeping audit. This showed that when the audit was completed in July 2019 the home was compliant in this area.

### Learning lessons when things go wrong

- The provider ensured lessons were learnt when things went wrong. For example, when other agencies had identified concerns within the home, the provider had put systems and action in place to prevent this happening again. We saw there were multiple action plans in place and the provider was working through these actions to continually improve.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

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. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met. We found they were.

- At our last inspection we found capacity assessments were not always in place and conditions of people's DoLS were not always met.
- At this inspection we found capacity assessments were in place for people when needed, and decisions had been made in people's best interests.
- Staff demonstrated an understanding in this area. One staff member told us, "It's when people need support from important people, when they can no longer make a decision."
- People told us staff asked for their consent before carrying out any care.
- The provider had considered when people were being unlawfully restricted and DoLS applications to the local authority had been made. No one currently had an authorisation in place.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's gender, culture and religion were considered as part of the assessment process.
- People's physical, mental and social needs were holistically assessed and considered.

Staff support: induction, training, skills and experience

- Staff received training and an induction that helped them support people. During our inspection two new staff members were completing their induction. One of the staff members told us how they had been shown around the building on their first day, completed training and were currently shadowing more experienced staff to familiarise with the role. They commented, "I am really enjoying it so far, there is a lot to learn."
- Staff had adequate skills and experience to fulfil their role. Where the provider was using agency staff they had ensured their skills and experience to work with people. The provider told us, and people and staff confirmed, they tried to ensure they used the same staff from the agency to provide a consistent approach.

Supporting people to eat and drink enough to maintain a balanced diet

- People enjoyed the food and were offered a choice. One person said, "The food is okay and enough for me."
- At breakfast and lunchtime, we saw people had a variety of meals. People were offered a verbal choice of drinks with their meals and throughout the day.
- People were also offered a choice where they would like to eat. Some people chose to eat in the communal lounge with a table in front of them. One person said, "Its more comfortable here than moving to the dining table." Whereas other people stayed in their rooms. Another person told us, "I much prefer eating like this, I don't like it on the table. I have it on my lap like I used to at home."
- People's dietary needs had been assessed. When people required specialist diets we saw this was provided for them in line with recommendations that had been made by health professionals.
- The provider was working alongside people to improve their mealtime experience. They were in the process of setting up and developing a resident committee. Kitchen staff were also obtaining feedback from people about mealtimes and what was currently offered.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff worked with other services and professionals to ensure people received care which met their changing needs. For example, people were reviewed by the speech and language team and dieticians.
- People had access to healthcare professionals and their health and wellbeing was monitored.
- When people needed to be referred to health professionals for specific advice and guidance we saw this had been completed. For example, we saw someone was unwell the GP had been contacted and they had been prescribed antibiotics.

Adapting service, design, decoration to meet people's needs

- The home was decorated and adapted in accordance with people's choices and needs.
- People had their own belongings in their bedrooms.
- The home had been adapted to consider people's needs. There was lift for people to use, handrails were in place around the building and hoists and other equipment were available for people.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has improved to Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staffing had increased since the last inspection, and we saw they had more time to spend with people. For example, we saw staff interacting with people, staff helped people with tasks such as painting their nails and people had more flexibility with what they could do and when. We saw one person was asked if they would like a shower in the afternoon which they did.
- People were treated in a kind and caring way. One person told us, "Staff are always polite and they are very good. I am happy with how I am treated." A relative commented, "The staff are kind and caring and protect privacy and dignity
- Staff knew about people's preferences and backgrounds and were able to give accounts of people.

Supporting people to express their views and be involved in making decisions about their care

- People were encouraged to make choices about their day. The care plan we looked at considered choices and preferences throughout and staff provided support accordingly.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was promoted. Staff gave examples of how they would support people with this. We saw people went to their rooms when they were visited by health professionals and the doors were closed.
- There was a dignity tree displayed in the home which displayed people's choices and wishes.
- People were supported to be independent. We saw people mobilised independently with their walking aids. People smoked independently in the designated areas.
- Records we reviewed reflected the levels of support people needed.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained Requires Improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

At our last inspection care records were not always accurately complete and care was not always responsive to people's needs. This was a breach of regulation 9 (Person centred Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9. However further improvements were needed.

- From some documentation it was not always clear what support people needed. For example, one person had diabetes. There was guidance in place for staff to follow. This included monitoring of blood sugar levels. We saw this was completed by staff and recorded. However, the recordings were often very high or very low. It was unclear from documentation what action had been taken and at what point staff should take action. We spoke with the regional manager who acknowledged this was an area of improvement. They told us they were working with the GP surgery to develop diabetic care pathways for people to ensure this information was recorded. However, this was not currently in place.
- For another person it was recorded they had not had their bowels open for three days prior to the inspection. Although the person was prescribed as required medicines for this and there was guidance in place for this stating what the medicine was for. There was no detail in the guidance stating when this should be received. The provider spoke to the GP during our inspection to ensure they offered the correct support to this person.
- During our inspection the provider updated their handover sheet to ensure this monitoring information was in place for staff to identify and follow up on when needed.
- Staff knew people well and how to support people with their diabetes and management of bowels. Staff had identified that a person with diabetes was not always receiving supper as needed. They had spoken to the kitchen staff to ensure this was received.
- We saw that people had regular meetings, so their care could be reviewed and updated, both people and relatives were involved with this.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- At our last inspection people felt there could be more to do and there was a lack of activities in the home.
- At this inspection we identified further improvements were needed. People continued to tell us there could be more to do. One person said, "There have been no activities that I know of." Another person told

us, "I do my colouring which I enjoy. My relation gets the stuff for me though they do photocopy some things here for me to colour. They don't take us into the garden anymore, they used to a few years ago but not now."

- On the ground floor we saw various activities taking place, including a group card game and individual games. However, on the first floor there were less opportunities. In communal areas people slept for long periods of time.
- There was an activity coordinator in post and during the inspection they were booking activities for people. Some people had requested to go to Cosford museum and others were going out for afternoon tea.

#### Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider met the Accessible Information Standard.
- People had information in their files to ensure staff knew how they communicated. Staff were able to tell us how people preferred to communicate.
- The regional manager told us information was available for people should they require it in their chosen format.

#### Improving care quality in response to complaints or concerns

- People and relatives felt able to complain. One person said, "If I had any complaints I would talk to a carer, but I have had no need to." A relative told us, "They do seem to listen and make the changes."
- The provider had a complaints policy in place.
- We saw when complaints had been made the provider had responded to these in line with their policy. When people had complained they told us they were happy with the outcomes.

#### End of life care and support

- There was no one currently being supported with end of life care.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

### Continuous learning and improving care

At our last inspection the service had continually been rated as requires improvement. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Although Marquis Court (Tudor House) Care Home remains rated as requires improvement. The home has improved since the last inspection. The provider is no longer in breach of regulation 9 and 18 and had made enough improvements to comply with the warning notice issue at the last inspection.
- Many of the concerns we have identified at this inspection the provider had already identified and was taking action to rectify.
- However good care is the minimum that people receiving a service should expect and deserve to receive. The service had been rated 'Requires Improvement' on six consecutive inspections.

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

- There were various audits in place which identified areas of improvement within the home. We saw accidents and incidents were monitored and reviewed. Checks were completed in relation to infection control, medicines and health and safety issues.
- The provider had introduced systems since our last inspection to ensure people were safe. For example, 15-minute checks were completed on the communal lounge on the first floor when people were present.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There had been a very recent change in manager in the home.
- People and staff spoke positively about the management team and the support they received. One person said, "I don't know who the manager is and if I needed to talk about anything I would tell a carer." A relative told us, "I have met and spoken to the manager in the past. I am generally very happy with things here and cannot recommend any improvements."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Duty of candour requirements were understood by the current manager, regional manager and provider.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- All staff understood their roles and responsibilities and there were clear lines of delegation.
- Staff felt supported. They had the opportunity to raise concerns by attending team meetings and individual supervisions. One staff member said, "We can raise our concerns, they do listen."
- The manager ensured that we received notifications about important events so that we could check that appropriate action had been taken.
- The rating from the previous inspection was displayed in the home and on the providers website in line with our requirements.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider sought the opinions of people who lived in the home. This was through meetings and surveys. People were given the opportunity to attend meetings to discuss and share any concerns. We saw the feedback received was positive.
- Where people had identified some areas of improvements. The provider had taken this on board. For example, some people had requested trips out and we saw this was being arranged.

Working in partnership with others

- The service worked collaboratively with other agencies to ensure people received the care they needed.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The provider remains rated as requires improvement.