Tudor Care Limited

Old Rectory (Bramshall) Limited

Inspection report

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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?	**Requires Improvement**

Summary of findings

Overall summary

This inspection visit took place on 6 July 2016 and was unannounced. At the last inspection on 30 September 2015, the service was rated as Requires Improvement. We asked the provider to make improvements to ensure that the rights of people who did not have the capacity to make their own decisions about their care were being protected. We also asked them to make improvements to the systems used to improve the quality and safety of the service. At this inspection, we found that some improvements had been made but further action was still required. We also found improvements were needed in relation to medicines management.

Old Rectory, Bramshall provides accommodation, personal and nursing care for up to 30 people some of whom are living with dementia. At the time of our inspection, 27 people were using the service. There was a registered manager at the service. 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. On the day of our inspection visit, the manager was not working at the service and we were only able to speak with them briefly. However, the provider was at the service for most of the day.

People's medicines were not always managed safely. Further improvements were needed to the provider's quality monitoring systems to ensure shortfalls were consistently identified and the necessary changes made.

The manager and staff understood the principles of the Mental Capacity Act 2005 (MCA) but further improvements were needed to ensure people were being assessed in line with the legislation as required. Where people were restricted of their liberty in their best interests, for example to keep them safe, applications had been made in accordance with the legal requirements. Staff gained people's consent before providing care and support.

People felt safe living at the home and their relatives were confident they were well cared for. If they had any concerns, they felt able to raise them with the staff and management team. Risks to people's health and wellbeing were assessed and managed and staff understood their responsibilities to protect people from the risk of abuse. People's care was regularly reviewed to ensure it continued to meet their needs. There were sufficient, suitably recruited staff to keep people safe and promote their wellbeing. Staff received training so they had the skills and knowledge to provide the support people needed.

Staff knew people well and encouraged them to have choice over how they spent their day. Staff had caring relationships with people and promoted people's privacy and dignity and encouraged them to maintain their independence. People were supported and encouraged to eat and drink enough to maintain a healthy diet. People were able to access the support of other health professionals to maintain their day to day health needs.

People received personalised care and were offered opportunities to join in social and leisure activities. People were supported to maintain important relationships with friends and family and staff kept them informed of any changes. People's care was reviewed to ensure it remained relevant.

There was an open and inclusive atmosphere at the home. People and their relatives were asked for their views on the service and this was acted on where possible. Staff felt valued and supported by the manager.

We found a breach 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 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.

People received their medicines in their preferred way but the provider did not consistently follow safe practice around administration, storage and recording of medicines. Risks to people's health and welfare were assessed and managed. Staff understood their responsibilities to protect people from abuse. There were sufficient, suitably recruited staff to meet people's needs.

Is the service effective?

Requires Improvement

The service was not consistently effective.

The requirements of the Mental Capacity Act 2005 (MCA) were not being fully met because people's capacity to make their own decisions was not always assessed when needed. However, staff followed the principles of the MCA to ensure decisions were made in people's best interest. Staff received the training and support they needed to meet people's needs. People were supported to eat and drink enough to maintain their health and accessed other health professionals when needed.

Is the service caring?

Good

The service was caring.

Staff had caring relationships with people and respected their privacy and dignity. People were able to make decisions about their daily routine and staff encouraged them to remain as independent as possible. People were supported to maintain important relationships with family and friends who felt involved and were kept informed of any changes.

Is the service responsive?

Good

The service was responsive.

People received personalised care from staff who knew their needs and preferences. People were supported to follow their interests and had opportunities to take part in activities that

interested them. People's care was reviewed to ensure it remained relevant. The complaints process was accessible to people and their relatives and any complaints were investigated and responded to promptly.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

The systems in place to assess and monitor the quality and safety of the service were not always effective in identifying shortfalls and driving improvement. There was an open and inclusive atmosphere at the service and staff felt supported by the registered manager. People's views were listened to and taken into account.

Old Rectory (Bramshall) Limited

Detailed findings

Background to this inspection

This inspection visit took place on 6 July 2016 and was unannounced. The inspection was carried out by 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.

We reviewed the information we held about the service and provider including notifications they had sent to us about significant events at the home. We asked the provider to complete 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. The provider told us they had not received our request. However, we gave the provider the opportunity to give us any information they felt was relevant.

We spoke with six people who used the service, two relatives, three members of the care staff, the nurse, two housekeeping staff, the activities co-ordinator, the manager and the provider. We did this to gain views about people's care and to ensure that the required standards were being met. We spent time observing care in the communal areas to see how the staff interacted with the people who used the service.

We looked at the care records for four people to see if they accurately reflected the way people were cared for. We also looked at records relating to the management of the service, including quality checks.

Requires Improvement

Is the service safe?

Our findings

The provider did not consistently follow safe practice around administration, storage and recording of medicines. At our last inspection, the provider told us they would arrange for the nurses who administered medicines to receive training that was specific to the administration and management of medicines in a care home setting, to ensure their practice was up to date. At this inspection, we found this had been delayed. The manager told us they did not carry out competency checks which meant the provider could not be sure that nurses were administering medicines safely.

There were no clear procedures when people wanted to self-administer their medicines. We saw a risk assessment was in place for a person who self-administered some of their medicines. This considered the person's wishes but did not identify how the medicines should be stored, any potential risks to other people at the home, or how often the assessment should be reviewed. The nurse told us they were not sure what arrangements were in place for storing the medicines. They later told us the medicines were not locked away and the person carried them around with them in their handbag. This meant the provider could not be sure people were being protected from the risks of these medicines. We discussed this with the provider who told us they would take action to ensure the medicines were stored securely.

Some people received their medicines on an as required, or PRN basis, for example for pain relief We observed staff asked people if they required the medicines and recorded on the reverse of the medicine administration record (MAR) the time the person received the medicine, the dose and the symptoms the person had exhibited. However, there were no protocols to give more detailed information such as when the medicine was started by the prescriber, what the medicine was for, the expected outcome and a date for review. This information should be available to staff so they can ensure that the right medicine is used for each condition at the right dose.

At our last inspection in September 2015, we found the provider had made improvements to their recording systems to ensure an accurate account of people's medicines was maintained. At this inspection, we found these improvements had not been sustained. We saw that staff were not keeping an accurate record of PRN medicine stock, which are supplied in individual packets for people and not as part of the monitored dosage system. MAR we looked at showed that staff were not recording the amount of stock left at the end of each medicine cycle and transferring it to the next MAR chart. As a result, the staff could not tell us how much medicine was being held for each person, which could put people at risk in the event of a medicines error.

We saw that some MAR were handwritten, for example for people who were at the home for a period of respite and had brought their medicines from home or where changes had occurred to people's medicines. Staff booking in the medicines had not always signed the MAR or had the entries checked by a second staff member to make sure they were accurate. This meant that the MAR charts may not have the correct information which could lead to a medicines error.

The above concerns demonstrate the provider was not ensuring the safe and proper management of medicines and is a breach of Regulation 12(2)(g).

People told us they received their medicines when they needed them. We observed a medicines administration round and saw that people received their medicines in their preferred way. The nurse administering medicines spent time with people, explained what the medicines were for and ensured the person was happy before moving on.

People told us they felt safe and liked living at the home. One person told us, "The staff are brilliant". Another said, "There's always someone here, it's a good feeling knowing someone comes if you need them". Relatives we spoke with told us they had no concerns about their relations and felt they were happy and well cared for. One relative told us, "I've been here at different times and have got a good all round picture of how things are, I'm happy." Staff we spoke with had received training in safeguarding and could tell us about the different types of abuse and what action they would take if they suspected someone was at risk of being abused. One member of staff told us, "We look out for changes in people's behaviour and would report any concerns to the nurse or manager". All the staff we spoke with were confident that any concerns they raised were acted on but told us they had the information they needed to escalate their concerns if necessary. One member of staff said, "We have numbers in the office for CQC and social services". Our records confirmed we received notifications from the manager when safeguarding concerns were raised at the home. This showed the manager and staff understood their responsibilities to keep people safe from harm.

Risks to people's safety were identified and assessed and care plans we looked at had risk management plans in place for all aspects of people's care. We saw that where people needed support to mobilise safely, plans were in place to guide staff on the way they should be assisted. People and their relatives told us the staff made sure they were safe and comfortable when assisting them. One person's relative told us, "Staff take their time with [Name of person], they don't rush her". Staff understood people's individual needs and we observed they followed the plans to keep people safe and checked with the nurses if they were unsure. For example, we heard a member of the care staff checking if they could remove a person's compression bandage before they assisted them to shower. Personal evacuation plans were also in place, setting out the support and level of assistance people needed to leave the building in the event of an emergency, such as a fire.

Most people told us the staff responded quickly when they asked for assistance but they sometimes had to wait during busy times. One person said, "I sometimes have to wait a bit in the morning and when people go to bed at the same time". Another said, "I think there could be more staff during the morning at getting up times and in the evening". A third person said, "Sometimes we could perhaps do with a few more staff, perhaps to get dressed in the morning, I sometimes tell them I don't know how they cope. Relatives we spoke with felt there were enough staff. One relative said, "Yes, I think there are enough, they come quickly and I see them sitting with people, for example encouraging them to have enough to drink". We spent time observing care in the communal areas and saw that there were enough staff to meet people's needs. People did not have to wait long when they asked for support. Call bells were answered promptly and we saw that where people were unable to vocalise their need for support, staff checked if people needed anything. One member of staff told us, "We always check that people are warm and comfortable". Staff we spoke with felt there were enough carers and nurses on duty to meet people's needs. One member of staff told us, "It's just right and if anyone rings in sick, we all muck in together". The manager and provider told us staffing numbers were based on people's dependency levels and were kept under review to ensure there were sufficient staff to meet people's needs at all times. For example, staff told us and the manager confirmed that they sat in on staff handover to ensure there were enough staff to meet people's changing needs.

Staff told us and records confirmed that the provider carried out recruitment checks which included

requesting and checking references and carrying out checks with the Disclosure and Barring Service (DBS). The DBS is a national agency that keeps records of criminal convictions. The manager had checks in place to ensure that nurses were registered with the Nursing and Midwifery Council. This meant the provider followed procedures to ensure staff were suitable to work in a caring environment which minimised risks to people's safety.

Requires Improvement

Is the service effective?

Our findings

At our last inspection we found people were not always being assessed to ensure they could consent to their own care and treatment in line with the Mental Capacity Act (MCA) 2005. The 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.

At this inspection, we checked to see if the provider was working within the principles of the MCA. We found that some improvements had been made but further work was needed to ensure the provider was fully meeting the legal requirements of the MCA. Discussions with staff demonstrated they had a good understanding of people's individual capacity to make decisions about their care. However, we saw that where people were unable to make certain decisions, mental capacity assessments had not always been completed. For example, we saw that one person had been assessed as needing bed rails to keep them safe. The records showed that the person and their family had been involved in making the decision in their best interest but no formal mental capacity assessment had been carried out to demonstrate that the person lacked the capacity to make the decision for themselves.

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 we spoke with told us they had received training in the MCA and DoLS and demonstrated their understanding of the legislation. One member of staff told us, "If people have to be restricted because they don't understand risks to themselves, we have to put a DoLS in place". The manager understood their responsibilities to obtain authorisation where people needed to be deprived of their liberty in their best interest and referrals had made to the local supervisory body for approval.

People told us and we saw staff gained consent from people before providing personal care. One person told us, "Staff ask for my consent and they ask, do you want to do anything". A relative told us, "Although [Name of person] doesn't always understand things, the staff always ask". We saw staff explained what they were doing and waited for people's agreement before proceeding. One member of staff told us, "We always ask and listen to what people want". Staff told us how they looked for non-verbal signals from people, "One person lifts their eyes so I make sure I maintain eye contact". This demonstrated staff understood the importance of gaining consent.

Staff had the necessary skills and training to meet people's needs. People and their relatives told us they were happy with the care they received. One person told us, "I can't praise the staff enough . Another said, "They are all very helpful and make sure we are safe". Staff told us and we saw that they received the training they needed to care for people effectively. One member of staff told us, "The training is good and you can ask for more if you feel you need it". We saw the manager monitored training to ensure staff received regular updates in subjects that were relevant to the needs of people living at the home. There was

an induction programme in place for newly appointed staff. Staff told us they worked as a team to support new staff, "The old ones help the new ones, it's a good team".

Staff told us they felt supported to carry out their role and received supervision from the nurse or the manager. Staff told us they liked working at the home and felt supported by the manager and other staff. One member of the care staff told us, "You can go to the nurses and say what's concerning you, they always listen".

People were provided with meals that met their dietary needs and preferences. People told us they liked the food and had enough to eat and drink throughout the day. One person said, "Portions are generous". We saw that people were offered a choice of meals and alternatives were available if needed. We heard one person telling the staff they had chosen something different, "I'm having vegetable soup today, I love it". The chef had information on people's nutritional needs and told us how they provided any specialist diets, for example low sugar options for diabetics and pureed meals for people with swallowing difficulties.

People were encouraged to eat and drink enough to maintain good health. We saw staff asking people if they wanted more to eat and drinks were offered throughout the day. People were supported to eat their meals where needed. We observed staff talking with people and involving them whilst they sat and supported them. Staff did not rush people and checked they were ready before offering more food.

People told us they were able to access the support of other health professionals to maintain their day to day health needs. One person told us, "I can see the GP and the chiropodist came in the other day". We saw that visits to and from professionals were recorded and people's care plans were updated when specific advice was received, for example following advice from the falls clinic.

Good

Is the service caring?

Our findings

People told us they liked the staff and were happy living at the home. One person said, "You couldn't find a better place". A relative told us, "The staff are wonderful". We saw that staff treated people with kindness and respect. Staff spoke discreetly with people when assisting them to go the bathroom and took them to their rooms to support them with personal care. Staff told us they promoted people's privacy by knocking on people's doors and making sure doors were closed when supporting people with personal care. One person told us, "The staff always knock, even though it's something they do every day".

People told us they had good relationships with the staff and we saw people looked at ease with staff and heard some light hearted banter between them. One person told us, "We sit together and that, at lunchtime when they serve us, they pull our legs". Staff recognised the importance of creating a homely environment for people. A member of staff said, "It's such a friendly atmosphere, a lovely environment. Another said, "It's not just a job for me, it's the people, it's a family atmosphere". Staff knew people well and chatted with them about everyday things, such as current affairs and what they had been doing at the home. For example, we heard a member of staff asking people what they had thought about the activity that day, "Did you see the owl, what did you think of it, it was a bit scary for me".

One person told us they had been involved in decisions about their care, "I haven't wanted to alter anything much, I know I can go out any time". Other people told us they made decisions about their daily routine. One person told us they liked to stay in their room, "If I don't want to get up I don't have to. I'm quite happy where I am". A relative told us their relation was able to choose how they spent their time, "They can stay in the lounge or go into another room and watch TV, or go upstairs, no problems at all". Relatives told us they felt involved in people's care and were kept informed of any changes. One relative said, "Communication is good, they pick up on [Name of person] not being well and ring me straight away".

People's independence was promoted and supported by staff. One person told us, "The staff get you do things for yourself, rather than them doing it for you". Another said, "Staff are very pleased to help but it's better to do it if you can". We saw staff supporting a person to walk using their frame. The person was hesitant and staff were supportive and encouraging.

People were encouraged to keep in touch with people that mattered to them. Relatives told us they could come at any time and staff always made them welcome. One relative told us, "Most of the staff know me by my first name now and I know their names". Another said, "I can turn up whenever, I often come at night, it's no problem". Relatives told us that they were encouraged to celebrate their relation's birthdays at the home. One relative told us, "They cordoned off the dining room for us, made a cake and put up banners, it was great". They went on to say, "Staff bring the phone to [Name of person] when my brother calls so they can have a good chat".

Good

Is the service responsive?

Our findings

People were happy with their care and told us it met their individual needs and preferences. One person told us, "I get the care I need, the staff are very good and come quickly when you need them. My family know I'm getting good care". Another person said, "Staff are extremely kind and do anything I ask them to". People's needs were assessed before they moved into the home and we saw their care was regularly reviewed to make sure it continued to meet their needs. People told us the staff knew their likes and dislikes and we saw staff used their knowledge to engage people in conversation and reminisce with them about their past lives. One person said, "Staff know me well and are always chatting to me". Information about how people wanted to receive their care and support was recorded in their care plans, along with details about their life history and important relationships. Staff recorded the care people received in daily records and shared any concerns during handover to ensure staff coming on duty were kept up to date about people's changing needs.

People had the opportunity to take part in leisure and social activities, supported by an activities co-ordinator. People told us they joined in with activities that interested them and we saw there was a timetable of events for the coming month. One person told us, "I like to join in when it's exercises or a quiz". A relative told us, "[Name of person] likes all the activities, they are happy and active at all times. On Saturdays and Sundays are films, which they enjoy". People were encouraged to follow their individual hobbies and interests. One person told us, "I read a lot and have got an Ipad, I don't get bored". Another person said, "I like my knitting". A third said, "I like to watch the birds on the feeder by my window".

On the day of our inspection a conservation organisation visited with an Owl which stimulated a lot of interest and conversation among people. The activities co-ordinator organised a sing song and encouraged people to choose the songs. People clearly enjoyed this and we heard lots of laughter and banter between people and the staff. The activities co-ordinator told us, "When I look around and they are all joining in I think to myself, I just love my job". Relatives told us they were encouraged to join in any activities and social events at the home. One relative said, "I've joined in with the bingo and there's a fete planned for August". People told us and we saw that they were supported to follow their religious and spiritual beliefs.

People and their relatives told us they would feel comfortable approaching the staff if they had any concerns or complaints. One person said, "If I had a complaint, I would just tell them". A relative told us, "I'd be happy to raise a complaint if I had one, the staff are very good at listening and acting on things". There was a procedure in place which was available in an easy read format. Records showed that all complaints raised, including verbal complaints, were investigated and responded to promptly. The manager monitored complaints for any themes or trends to make improvements where needed, for example, improvements were made to a person's room following problems with the water pressure.

Requires Improvement

Is the service well-led?

Our findings

At our last inspection there was no registered manager and we asked the acting manager and provider to make improvements to ensure the quality and safety of the service was monitored and reviewed on a regular basis. At this inspection, the acting manager had recently registered with us and some improvements had been made. Further action was needed to ensure the quality monitoring systems were consistently effective in identifying shortfalls and driving improvements. We found that checks of medicines administration were limited to spot checks of stock. These were not monitored for accuracy by the manager and had not identified the shortfalls we found in the storage, recording and management of people's medicines. The provider showed us a more comprehensive audit used at another of their homes and told us they would introduce this straight away. Care plan audits had not identified that body maps were not always in place for people who had creams applied. Discussions with staff demonstrated that people's creams were being applied as prescribed. The nurse told us they would ensure all body maps were in place where needed.

The manager carried out a monthly health and safety audit at the home which monitored the ongoing maintenance at the home. However, this had not identified that the hot water system checks had been due in December 2015. The provider told us they would action this immediately. The provider had a service improvement plan which showed that repairs and improvements to the home had been identified and prioritised accordingly. For example, a new shower room had been completed and en-suite facilities had been provided in a number of rooms to improve the home environment for people.

We saw the manager monitored accidents and incidents, including falls on a monthly basis. When any trends were identified, action was taken to reduce the risk of reoccurrence, for example referrals were made to the falls clinic. This showed the manager used information to make improvements in people's care.

People and their relatives told us there was a positive, inclusive atmosphere at the home. One person said, "It's relaxed and happy". Another said, "Staff are happy and friendly, they couldn't be nicer than they are". A relative said, "Everything is done for them, it's a good sign when everything is clean and tidy and the staff seem to be on top of things". We saw that the manager had displayed the home's rating as required and our records showed the manager notified us of any important incidents that occurred in the service in accordance with the requirements of their registration. This meant we could check that appropriate action had been taken.

People and their relatives were encouraged to give their opinions on the quality of the service. Some people recalled completing an annual survey and some told us they had attended meetings at the home. The activities co-ordinator held residents meetings on a bi-monthly basis to discuss a range of topics, including activities and people were invited to raise any general complaints about the service. The manager and provider told us they were reviewing the annual survey and planned to send it out before the autumn. Actions from the 2015 survey included improvements to the patio and hallway decoration and carpeting which had been completed. This showed the provider made improvements in response to people's feedback.

Staff were clear about their roles and responsibilities and we saw they worked well as a team. A member of the nursing staff told us, "I love helping the carers where I can, we get on well, they are our eyes and ears". Staff told us they felt able to raise any concerns they had with the manager. One member of staff told us, "I know about whistleblowing and I would do it if I felt strongly enough. If feel I would be supported and the manager would listen and act". Whistleblowing is a way in which staff can report misconduct or concerns about wrong doing at work. Staff told us they had regular meetings with the manager and felt their views were taken into account on how things could be improved at the service. For example, staff told us changes had been made in response to their comments about the monitoring of people's food and drink intake.

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 Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider did not consistently follow safe practice around the administration, storage and recording of medicines. Regulation 12(2)(g)