

Majorspan Limited

Tudor Court Care Home

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Tudor court is a residential care home providing personal care to 29 older people, some of whom may be living with dementia or memory loss. At the time of the inspection, there were 21 people living at the home.

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

The provider had made improvements to the home following our last inspection in November 2018.

Medicines were now managed in a safe way. Robust medicine management systems had been put in place that included regular auditing and daily checks to reduce the risk of error. These systems had been embedded into practice and enabled staff to ensure people received their medicines as prescribed.

Risks to people were now assessed and managed safely. Risks were monitored regularly, and daily checks were made to ensure people were receiving the care they needed to mitigate risk. Risks associated with premises safety had been addressed and maintained to ensure the environment was safe for people. The provider had taken steps ensure people were safe from the risks from falling from a height and hot surfaces.

The home was well-led by a management team who were passionate about improving care at Tudor Court and were driven to deliver a good service. Since the last inspection, quality assurance systems to monitor the safety of the home through audits and checks, had been strengthened. People, relatives and staff spoke positively about the registered manager and the care received.

People were supported by staff who understood how to keep them safe from the risk of abuse. Appropriate safeguarding procedures were in place and staff had been trained in how to protect people from abuse.

People and their relatives were positive about the quality of care and support people received. Staff treated people with kindness, respect and dignity and people's privacy was promoted. People were supported to maintain their independence and could make choices and decisions about their care.

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 home supported this practice.

Staff were recruited safely and provided with suitable training to ensure their skills and knowledge were up to date. Staff felt supported by the management team and received regular supervision to monitor their performance and discuss any issues.

Since the last inspection activities had been improved and an activities co-ordinator had been employed to engage people in activities they enjoyed. Staff interacted and engaged with people throughout the day to ensure people were not made to feel isolated.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was requires improvement (published 18 January 2019) and there were breaches of regulation.

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 improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection 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?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Tudor Court 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 one Inspector.

Service and service type

Tudor Court 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.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

Prior to the inspection we looked at the information we held about the service. This included feedback or notifications which the provider is required to send to us by law. We also sought feedback for the local authority. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with ten people who lived at the home and one relative about their experience of the care provided. We also used the principles of the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with seven members of staff including the registered manager, deputy manager, care staff, activities co-

ordinator and the cook.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at three staff files in relation to recruitment, training and staff supervision. A variety of records relating to the management of the service, including governance systems, policies and procedures were reviewed.

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 now improved to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

At our last inspection the provider had failed to ensure that medicines were managed safely. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 12.

- Medicines were now managed in a safe way. We observed staff administer people's medicines safely and according to their needs.
- Medicine administration records (MARs) confirmed people received their medicines as prescribed. Where people received 'as required' medicines (such as pain relief), there were clear protocols in place.
- Medicines were received, stored and disposed of safely and in line with national guidance.
- The registered manager had recently introduced new ways to manage medicines and put systems in place as recommended by health professionals. The registered manager had increased the frequency of medicines' audits and checks to reduce the risk of error. These systems had been embedded into practice and enabled staff to ensure people received their medicines as prescribed.
- Staff completed appropriate training and had their competencies assessed every year to make sure their practice was safe.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess, manage and mitigate the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 12.

- Risks to people were assessed and managed safely. Risk assessments were in place which clearly guided staff in caring for people in a safe way. For example, we saw assessments for the risk of falling, malnutrition and skin care, which included pro-active measures to manage the risk. These were reviewed and updated every month or as soon as people's needs changed.
- Records showed risks were now monitored regularly and appropriate actions taken. For example, where people were at risk of pressure sores, pressure relieving equipment was in place and daily checks were made

to ensure they were set correctly for the person's weight.

- Where risk assessments had identified the need for a person to be regular repositioned in bed. Daily repositioning and skin inspection charts demonstrate this had taken place consistently.
- Staff were observed using moving and handling equipment safely when supporting people to transfer.
- Risks relating to the environment were assessed, and actions taken to ensure the environment remained safe. The provider had taken steps ensure people were safe from the risks from falling from a height and hot surfaces. All windows openings were now restricted, and all radiators were covered. Equipment such as hoists, and fire safety equipment were regularly serviced and checked.

Staffing and recruitment

At the last inspection in November 2018, we recommended the provider reviewed their staffing arrangements to ensure there were enough staff to meet the needs of people living at the home.

- People told us, and we observed, there were enough staff deployed to meet the needs of people living at the home. One person told us, "They respond quickly to anything we ask them to do."
- Since the last inspection the provider had employed a dedicated activities co-ordinator five days a week to ensure people's social and emotional needs were met, therefore allowing care staff to fully focus on people's physical care needs.
 - Staff told us they had enough time to support people. One staff member told us, "Residents are receiving better care and there are more staff. The care is more person-centred, and we feel we have more time for them."
 - The registered manager reviewed people's dependency needs monthly to ensure there was sufficient staff. For example, if people were experiencing poor health, or needed support to do things they enjoyed, additional staffing was arranged.
 - Staff were recruited safely. All required checks were made before new staff began working at the home. These included a criminal record check and references to confirm staff were of good character and had the right skills and experience to support people.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People were protected from the risk of abuse. Policies and guidance was available and safeguarding training had been provided, this supported staff in dealing with allegations appropriately. People and relatives told us they felt safe living at Tudor Court. One person told us, "I think I am safe living here, I don't think I'd like to live alone, I like the company."
- Records confirmed allegations of abuse had been investigated and acted upon appropriately. These included the outcomes of the investigation which supported lessons learned going forward.
- Accidents and incidents were reported then followed up by the registered manager through analysis of the information to identify themes and implement any actions to reduce the risk of reoccurrence. A falls register analysis action plan had been developed which supported the monitoring of falls, looking for themes and trends. This enabled measures to be taken to reduce future falls and risks.

Preventing and controlling infection

- People were protected from the risks of infection. All areas of the service were clean and tidy and appropriate personal protective equipment was available, and we saw staff making use of these during the inspection.
- Housekeeping staff were employed by the service and training in infection control was provided to the

staff team.

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 good. At this inspection this key question has now remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The registered manager completed a detailed assessment of people's needs before they came to live at Tudor Court. This was to make sure people's needs could be fully met and the home had a detailed understanding of how they wanted their support to be provided. Any protected characteristics under the Equality Act 2010 were identified, such as religious and cultural needs, and lifestyle preferences.
- Care plans were reviewed regularly to make sure they accurately reflected the person's needs and wishes. Care plans contained evidence of promoting choice in all areas of daily activities. We observed staff offering people choice about the things they wanted to do.
- People received care and support that fully met their needs and was in line with current good practice.

Staff support: induction, training, skills and experience

- New staff received induction training at the start of their employment to ensure they had the basic skills and knowledge to meet people's needs safely and effectively. The induction programme included getting to know people and shadowing experienced staff. All new staff were enrolled onto the Care Certificate. The Care Certificate is an agreed set of national standards that define the knowledge, skills and behaviours expected of staff working in a care environment.
- Staff were competent, knowledgeable and carried out their roles effectively. People told us they felt comfortable and confident when staff supported them. One person said, "They know what they've got to do." Another person said, "They look after me well. They do their job and their good at their job and they seem to know what they're doing."
- Staff received regular training and updates in areas relevant to the needs of the people they supported. For example, training covered subjects such as, moving and handling, fire safety, infection control, safeguarding and living with dementia.
- Staff told us they felt supported by the registered manager and received regular supervision and appraisal of their work.

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

- People told us they enjoyed the food at Tudor Court. Comments included, "The food's excellent", "Their varied and taste good" and "It's quite good and we get a choice."
- People were supported to eat nutritious meals to suit their preferences and dietary needs. Care plans confirmed people's dietary needs had been assessed and any risks identified.

- People had their weight monitored for changes and referrals had been made promptly for advice and support from the GP and dieticians when needed. Difficulties in swallowing had been assessed and staff followed the advice of speech and language therapists to maintain effective nutrition.
- We observed lunch and found the environment was pleasant and people were supported to choose what they would like to eat.

Adapting service, design, decoration to meet people's

- People lived in an environment that had been adapted to meet their needs. The environment was well maintained, homely and offered plenty of personal space.
- Consideration had been given in the design and decoration of the building, to allow good care to be delivered to older people with mobility and dementia care needs. There was signage in place to promote people's independence and help orientate themselves around the home.
- People had a choice of areas to meet with visitors, join in with activities or spend time in private. They had access to a garden that was well maintained and secure and had pleasant seating areas for people to enjoy in good weather.
- People had personalised bedrooms and were nicely decorated with people's own possessions.
- Equipment to support people to remain independent and safe; for example, specialist beds, hoists, walking frames and wheelchairs, were available.

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

- Staff worked effectively with healthcare professionals to ensure people's healthcare needs were met. We saw staff worked closely with health care services including GPs, and district nurses.
- Information about visits and consultations, were detailed in people's care plans, including communications with GP's, district nurses, speech and language therapists, chiropodists, and opticians.

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.

- Mental capacity assessments had been completed. Where people were unable to make a decision for themselves, decisions had been made in their best interests. Where appropriate, the decision-making process involved those who were important in the person's life.
- Staff had received training and guidance on MCA and DoLS. Staff understood the importance of

supporting people to make choices about their daily lives and we heard staff seeking consent from people before providing support with day today tasks.

- The registered manager completed DoLS applications when required and kept a record of those awaiting authorisation. Conditions applied to authorisations were included in how care was planned and delivered.

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 good. At this inspection this key question has remained the same. 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

- People told us they were happy living at Tudor Court and staff were kind and caring. One person told us, "They're all great. They are happy go-lucky people and they make you feel happy. It's a joy to be here." Other comments included, "They look after me well", "They are kind and treat me with respect" and "The staff are all lovely, absolutely lovely!"
- We saw staff speak with people politely and with patience, allowing them time to respond and were willing to help them.
- People were clearly comfortable within the presence of staff members and we noted a lot of warm and friendly interactions.
- Staff showed a good awareness of people's individual needs and preferences. Staff talked about people in a caring and respectful way. One staff member said, "I love working here. I love talking with them and having a chat, making them feel good."
- Consideration was given to the Equality Act 2010. The registered manager followed equality and diversity policies and procedures. They made sure people's human rights, life style choices, religious and cultural diversity were respected and reflected in the care they received. For example, one person was supported to receive holy communion and a church service was held at the home, once a month.

Respecting and promoting people's privacy, dignity and independence

- People were encouraged to be as independent as they could be. Staff were clear about the importance of making sure people retained their independence and attended to their own care where possible.
- Staff took appropriate actions to maintain people's privacy and dignity. People told us staff respected their privacy and maintained their dignity during personal care. We saw doors to bedrooms and toilets were kept closed when people were receiving personal care. We observed staff knocked on people's bedroom doors and waited for a response before entering. One person told us about their experience of receiving personal care, "They shut the door so it's only me and the carer, I don't feel embarrassed."
- The service ensured they maintained their responsibilities in line with the General Data Protection Regulation (GDPR). GDPR is a legal framework that sets guidelines for the collection and processing of personal information of individuals. Records were stored safely which maintained people's confidentiality.

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

- People were involved in making decisions about their care. We saw people were supported to have choice in their daily lives from meals to activities to when to get up and go to bed.
- We observed staff interacting with people and found they offered choices and respected people's decisions.

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 now improved to good. This meant people's needs were met through good organisation and delivery.

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 the last inspection in November 2018, we recommended the provider sought advice and guidance from a reputable source regarding the provision of meaningful one to one activity.

- At this inspection we found people were supported to take part in activities they enjoyed and were protected from the risk of social isolation.
- Since the last inspection the provider had employed an activities co-ordinator to spend time with people and encourage them to socialise and pursue their interests and hobbies.
- We observed people being engaged in various activities throughout the inspection; such as, doing puzzles, artwork, reading magazines, using tactile sensory items, singing and taking part in an exercise activity. One person told us, "We play bingo and card games. We do a lot and they sometimes have people in to talk to us. There's definitely enough to do." Another person said, "I'm not one for a lot of activities. They have exercise and I do sing with them at times."
- Where people preferred to spend time in their room, their wishes were respected. The activities co-ordinator and staff visited them regularly to chat, keep them company and do one to one activity with them such as puzzles. This prevented people becoming lonely or isolated.
- People told us visitors were able to come whenever they wanted. Relatives told us they were made to feel welcome.

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

- People received person-centred care, and the care provided to them was according to their individual needs and wishes.
- People's needs were assessed prior to them going to live at Tudor Court. Assessments were undertaken to identify people's individual support needs and their care plans were then developed outlining how these needs were to be met.
- People's likes, dislikes and preferences were recorded in their care plans and were reviewed and updated, when needed. People were encouraged to make their own decisions and choices and told us they were involved in decisions about their day to day lives. For example, what time they liked to get up, where they wanted to eat their lunch and if they wanted to participate in activities. This was observed throughout the

inspection.

- Staff completed daily notes and communication logs about each person to share important information during shift handovers that required attention or following up. We observed a handover during the inspection and found staff were provided with clear and up to date information about changes in people's needs and actions to take.

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.

- People's communication needs were considered during the initial assessment and as part of the ongoing care planning process so that information was given in line with their needs.
- There were examples throughout the home of easy read and pictorial formats, for information. For example, an easy read complaints procedure was on display at the entrance to the home and a pictorial information board was used to keep people informed of what was going on, and was located in the lounge area.

Improving care quality in response to complaints or concerns

- The home had a complaints procedure for people or their relatives to use if they were not happy with the service they received. The complaints procedure was displayed within the home.
- We saw that where a complaint had been made, these had been acknowledged, investigated and responded to appropriately and in line with the provider's procedures and policy.
- People and relatives told us they knew how to make a complaint. One person said, "I've got no complaints, but if I had a problem I can speak to [registered manager], who would listen." A relative told us, "I could not find anything to complain about here. I can't fault it, excellent in every way."

End of life care and support

- At the time of the inspection no one living at the home was receiving end of life care.
- The home provided end of life care support to people if this was needed. Care plans demonstrated that discussions had taken place with people and their relatives about their end of life wishes, and these were clearly recorded.
- People and their families were supported at the end of their lives by a dedicated end of life champion. The end of life champion worked closely with the person and their families, to ensure their end of life wishes and needs were respected and met. The end of life champion had attended training with the local hospice sharing their learning with staff at the home to ensure staff knew how to provide support with respect and sensitivity.
- The home worked closely with local community nursing services to make sure people were provided with comfortable, pain-free support.

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 now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection we found the provider had failed to ensure systems were effective in assessing, monitoring and improving the quality and safety of the services provided. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found sufficient improvement had been made and the provider was no longer in breach of regulation 17.

- The registered manager had developed and strengthened their governance systems to strive for quality care and continuous development and improvement.
- The registered manager, deputy manager and senior care staff monitored the service people received by conducting daily spot checks, audits and observing staff practice and approach, to ensure they worked safely and displayed a respectful attitude. One staff member confirmed, "They check us all the time, every day, to make sure things are right."
- Any events such as accidents, incidents, falls and complaints were reviewed monthly and analysed to identify trends. This enabled the registered manager to prevent re-occurrences and improve quality.
- There was a clear management structure in place, consisting of the registered manager and deputy manager. They were clear about their roles and responsibilities and led by example, staff felt the registered manager and the management team were visible and approachable.
- The registered manager felt supported by the provider and told us they had regular contact with the provider.
- People benefited from a staff team that worked well together and understood their roles and responsibilities. They told us they were well supported by the registered manager and other senior staff. A staff member told us, "Things have definitely improved over the last year. I feel very supported. She [the registered manager] says to us, if you've got a problem come and see a manager or a senior, and we do."
- The registered manager understood their responsibilities to report to CQC, any event which affected the running of the service, as they are legally required to do.

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

- People received person centred care. There was a positive culture in the home. We found people were happy with the support they received and felt comfortable and relaxed in their surroundings.
- The registered manager was open and transparent throughout our inspection and were clearly committed to providing good quality care. The registered manager told us, "It's about delivering good person-centred care for our residents. Treating our residents with dignity and respect. I am very proud of my team they have all worked very hard to make the improvements."
- Staff were knowledgeable about the people they supported. They told us they felt valued and supported in their role.

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

- The provider and registered manager were aware of their responsibilities under the duty of candour, that is, their duty to be honest and open about any accident or incident that had caused or placed a person at risk of harm.
- Concerns and complaints were listened to and acted upon.
- The provider displayed their CQC rating within the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The provider had used surveys to engage people, relatives and health professionals about the quality of the service.
- People and their relatives had confidence in the service and told us the home was well managed. One relative said, "The manager is superb, very inspirational and the good care is delivered from the top down. They get excellent care."
- Regular staff meetings took place to ensure information was shared and expected standards were clear. Staff told us they felt listened to and had input into the running of the home.
- The registered manager kept up to date with best practice by attending local forums with other care professionals. These forums allowed for information sharing, professional updates and discussion around how to implement best practice guidance.
- The home worked in partnership with other organisations to support care provision and service development. Following the previous inspection, the service was supported by the local authority quality assurance and improvement team (QAIT) to make the necessary changes and improvements seen during this inspection.