

Westcare (Somerset) Ltd

# The Tudors

## Inspection report

Street Road  
Glastonbury  
Somerset  
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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?	Requires Improvement ●

# Summary of findings

## Overall summary

This inspection took place on 12 December 2017 and was unannounced

The Tudors 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 Tudors is registered to provide personal care and accommodation to up to 21 people. The home is an older style building with accommodation for people arranged over two floors. The second floor can be accessed by stair lifts. The home specialises in the care of older people. At the time of the inspection there were 13 people living at the home.

Following the last inspection in October 2016 we asked the provider to complete an action plan to show what they would do and by when to improve the key questions; Safe, Effective and Well led, to at least good.

At the last inspection we found that improvements were needed in the recording of medicines administration, staff training and ensuring people's legal rights were respected. At this inspection we found that improvements had been made in all these areas.

At the last inspection we also found that improvements were needed to make sure the service was well led and there were systems in place to effectively monitor the quality of care provided to people. At this inspection we found that improvements had been made but further improvements were needed in this area.

Records maintained, including risk assessments and internal audits, were not robust. They did not give full information about who would be responsible for actions or how control measures identified in risk assessments would be reviewed to promote people's independence. The poor quality of the records could potentially place people at risk because staff may not have all the information required to safely and effectively support people.

There was a registered manager in post. 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.

People said that the registered manager and the provider were very approachable and listened to their views and concerns.

People felt involved in decisions about their care and told us they made choices about their day to day lives. However records seen did not always show how people had been involved in planning or reviewing their

care needs.

Staff said they felt well supported and it was a 'Happy' place to work. This helped to create a warm and homely environment for people. One visitor described the home as being like a family.

People were cared for by staff who were kind and caring. Throughout the day we saw staff showed kindness and patience when supporting people. People were supported with personal care in a way that respected their privacy and dignity.

The provider had systems in place to help to minimise the risks of abuse to people and people felt safe at the home. One person said, "I do feel safe here. Everyone is nice and they make sure it's all locked up at night. It gives you peace of mind."

People told us they would be comfortable to make a complaint if they had any concerns about their care. One person said, "I would just talk to [staff member's name] they'd sort out anything."

Further information is in the detailed findings below

## 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.

People were supported by staff who had been well recruited to make sure they were safe to work with vulnerable people.

There were sufficient staff to maintain people's safety and meet their needs.

People's medicines were safely administered by staff who had received appropriate training to carry out the task.

### Is the service effective?

Good ●

The service was effective.

People's health and well-being was monitored by staff and advice and guidance was sought from healthcare professionals to meet specific needs.

People had access to a good diet and food was provided which met their specific needs and wishes.

People received care with their consent or in their best interests if they were unable to give full consent.

### Is the service caring?

Good ●

The service was caring.

People were cared for by staff who were kind and patient.

People's privacy and dignity were respected and they received support in a way that respected their choices.

### Is the service responsive?

Good ●

The service was responsive.

People were able to make choices about their day to day lives.

People were able to take part in organised activities or choose to occupy their time in their preferred way.

People said they would be comfortable to speak with a member of staff if they had any complaints about their care or support.

**Is the service well-led?**

Further improvements were needed to makes sure the service was well led.

The systems in place to monitor the quality of care and support provided to people were not always sufficient to ensure on-going improvements to the service.

People benefitted from a registered manager and provider who were open and approachable which enabled them to share their views and make suggestions.

People lived in a home which was safe because the provider had systems and contracts in place to make sure equipment was regularly tested and serviced.

**Requires Improvement** 

# The Tudors

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 12 December 2017 and was unannounced. It was carried out by two adult social care inspectors.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the information in the PIR and also looked at other information we held about the service before the inspection visit.

During this inspection we spoke with nine people who lived at the home, three members of staff and three visitors. We also spoke with the registered manager and the provider. Throughout the day we observed care practices in communal areas and saw lunch being served in the dining room.

We looked at a number of records relating to individual care and the running of the home. These included four care plans, medication records, one staff personnel file and health and safety records.

# Is the service safe?

## Our findings

At the last inspection we found that improvements were needed to make sure there was adequate storage for medicines that required refrigeration. We also found that prescribed creams and lotions were not always being recorded when they had been administered by staff. At this inspection we found improvements had been made.

People benefitted from improved systems for the storage and administration of medicines. An auditing form had been introduced which ensured that the most senior member of staff checked that prescribed lotions and creams had been administered each day. Although the audit showed a check was in place there was no information to say what actions would be taken if shortfalls were found. However the registered manager informed us the check made sure people received their creams and lotions and any omissions identified were discussed with staff. A lockable medication fridge had been purchased to make sure medicines requiring refrigeration were safely stored. To further improve medication administration practices the majority of staff had undertaken further training to make sure their practice was safe.

People were confident they received their correct medicines. One person said, "They are very good with tablets." Medication administration records were signed by staff when medicines were administered or refused which enabled the effectiveness of any prescribed medicines to be monitored.

The changes showed the provider had learned from mistakes and took action to address issues raised at the last inspection to ensure improvements were made. One person said, "They want to get things right for you." A visitor said, "You could comfortably raise any concerns and they will do their best to change things." Immediately following this inspection the provider wrote to us outlining further improvements in response to our verbal feedback.

The provider had systems and processes which helped to minimise risks of abuse to people. These included a robust recruitment process and ensuring staff understood how to recognise and report concerns. The staff we spoke with had completed training about how to recognise and report abuse and all were confident that anything reported within the home would be dealt with to make sure people were safe. One member of staff said, "I've seen that when something happens it's dealt with so I have no concerns on that front."

People felt safe at the home and with the staff who supported them. One person said, "I do feel safe here. Everyone is nice and they make sure it's all locked up at night. It gives you peace of mind." A visitor told us, "I think they are 100% safe." Throughout the day we saw that people looked comfortable and relaxed with all the staff and the registered manager and provider.

There were sufficient numbers of staff to keep people safe and meet their needs. People who spent time in their rooms had access to call bells which enabled them to summon assistance when they required it. People said if they rang their bell staff came quickly meaning that people did not wait for extended periods of time when they wanted help. One person said, "I've got the bell. They come quickly day or night." One person was being cared for in bed and staff were visiting them every half hour to make sure they were

comfortable and did not require anything.

Risk assessments were carried out to minimise risks to people and staff. Two people had been assessed as being at high risk of developing pressure ulcers and the staff had contacted appropriate professionals to make sure they had suitable pressure relieving equipment. Some risk assessments we saw had not been fully reviewed to make sure the control measures in place were sufficient and promoted independence. For example, one risk assessment showed that the person enjoyed walking in the garden. One of the control measures to promote their safety was the addition of rails on a sloping path. We saw that one handrail was in place but others had not been fitted. The risk assessment stated that until these were fitted the person should be accompanied by staff which obviously did not promote independence.

People were protected against the risks of the spread of infection because all areas of the home were kept reasonably clean. There were handwashing facilities throughout the home and alcohol gel by the front door. Staff had access to personal protective equipment such as disposable gloves and aprons which also helped to minimise risks to people.



## Is the service effective?

### Our findings

At the last inspection we found people's legal rights were not always respected. This was because staff did not assess people's mental capacity to make specific decisions and therefore there was no evidence to show they were working in accordance with the Mental Capacity Act 2005 (MCA). We also found that staff were not receiving the training they required to enable them to fulfil the requirements of their role. At this inspection we found improvements had been made.

People's legal rights were protected because staff worked in accordance with the principles of the MCA. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant.

People only received care and support with their consent, or in their best interests if they were unable to give consent. We heard staff asking people if they wished to be helped and staff respected their decisions.

Care plans we looked at showed people's ability to make specific decisions had been assessed. Records showed how the staff had tried to involve people as far as possible in decision making. For example, one care plan said the staff member had met with the person in the privacy of their room at a time of day that they knew the person was always more responsive. Where people lacked the capacity to make a decision staff had acted in line with the law and made a best interests decision.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager had an understanding of the mental capacity act and had made applications regarding DoLS authorisations for people who required this level of support to keep them safe.

Staff received the training they required to safely fulfil their roles and effectively support people. The provider had created a training matrix which showed when staff had completed training and when up dates were required. This helped to make sure people received care and support from staff who had up to date skills and knowledge to meet their needs. The training matrix showed a small number of staff still needed to complete some mandatory training. In order to address this, the provider had notified staff that pay awards would be linked to the completion of training.

People were complimentary about the staff who supported them. One person said, "Staff are very good. I definitely have confidence in them." A member of staff said, "The training is very good. Things change so much so it keeps you up to date."

People received the care and support they required because staff assessed their needs and took account of their wishes when they provided support. Each person had a care plan which identified their needs and showed how these needs would be met by staff. Care plans had been regularly reviewed and changes had

been made when people's needs had changed. Care plans were basic but staff we spoke with had a very good knowledge about each person and what was important to them.

Staff worked with other professionals to make sure people received the care and treatment they needed. Care plans gave evidence that people's health and well-being was monitored and the staff sought advice and guidance where necessary. For example, staff had raised concerns about a person's food intake and had contacted their GP for support. This had led to a referral to a speech and language therapist.

People told us they had good access to healthcare professionals according to their individual needs. One person told us a district nurse visited them regularly and another said the staff made sure they saw a doctor when they needed to. They commented, "They arrange a doctor at a moment's notice if you are poorly." Care records showed people had access to a range of professionals to promote their health and well-being such as GPs, nurses, opticians and dieticians.

Staff had received specific training to support people's individual healthcare needs. For example, one person required support with a health condition and the registered manager had ensured all staff were appropriately trained. There was also clear guidance in their care plan to enable staff to support this person.

People had their nutritional needs assessed and were supported to have a good diet. The staff sought appropriate advice regarding people's food and fluid needs and put recommendations into practice. For example; one person required a fortified diet to increase their calorie intake and this was provided. Another person needed their food to be pureed and at lunch time we saw their meal was served in accordance with the instructions in their care plan.

People received the support they required to eat their meals. Where a person required physical support to eat staff provided this in a discreet and dignified manner. The staff had identified that one person was able to eat better if their meal was provided on a coloured plate and so had implemented this for them.

People were complimentary about the food served. Comments included; "Food is good. You get what you ask for," "Food is wonderful" and "Food is very nice, always fresh fruit and veg."

People lived in a home that was not purpose built and was in need of some redecoration and up grading to make sure it provided a comfortable home. At the time of the inspection there were only thirteen people living at the home because a number of rooms were being refurbished and additional en-suite facilities were being created. Other recent refurbishments had included re fitting bathrooms and making a walk in shower to enable people to choose to have a bath or a shower. They had also updated the laundry room and made additional cupboards for storage.

The Tudors was a large older style building consisting of a number of terraced houses knocked into one. There was no passenger lift but people could use a stair lift to access the first floor. This meant that the home would not be suitable for everyone. The provider and registered manager were aware of the limitations of the building and made sure people had ground floor rooms where this was more appropriate. One person's needs had increased and they had agreed with the provider to change rooms so they could be cared for on the ground floor.

## Is the service caring?

### Our findings

People were cared for by kind and caring staff. Throughout the day we saw staff spoke to people respectfully and showed kindness and patience when supporting them. Staff supported people to move around the home, they did not rush people and offered encouragement and reassurance where appropriate.

Staff knew people well and treated them as individuals. One person liked to sit on their own listening to music and staff made sure there was always music of their choice playing by them. Another person was being cared for in bed. Staff ensured they were comfortable and warm and had a teddy by them for company.

The Tudors was a small care home with a very stable staff team. This had enabled people to build relationships and friendships with staff and other people who lived at the home. Staff knew people well and throughout the day we heard friendly chatter between people and staff. One person said, "It's all so friendly." One visitor told us, "It's just like a family home and I feel part of the family."

People's privacy and dignity were respected and their independence was promoted where possible. One person told us how kind staff were when they helped them with personal care. They said, "I like to be independent with things, they help me but don't take over. They respect me and are really kind." Another person said, "They help me get washed and dressed. I'm treated with dignity."

People were able to choose who supported them with personal care. One person said they had chosen to have a female member of staff to help them with their personal care and this was always respected. A member of staff said that one person liked them to help them to have a shower and so they made sure they supported them when they were on duty.

People looked clean and well-dressed showing staff took time to support them with personal care when they needed it. One person commented how good the laundry system in the home was. They said, "They take real care. The turnaround is really quick and everything comes back fresh and lovely."

Each person who lived at the home had a single room which they were able to personalise according to their tastes and preferences. Some people had bought their own furniture with them which made their rooms very homely. People were able to see personal and professional visitors in their personal rooms or in communal areas.

People told us they felt involved in decisions about the care they received. Staff knew people well and offered choices to people. One visitor told us when their relative had first moved to the home they had been consulted about everything but as their abilities and health had declined staff had involved the relative more in decision making. One person said, "Oh yes I make decisions about what happens."

Although people felt involved in decisions about their day to day lives few people knew about their care plans. No one had a copy of their care plan. A visitor told us, "We did the care plan together." Only one of the

four care plans we read showed that the person had been fully involved and they had signed to say they agreed with its' contents. We discussed this with the registered manager and provider who told us they would look at ways to make care plans more meaningful to people and make sure they recorded when people had been consulted.

## Is the service responsive?

### Our findings

The staff were responsive to people's needs and wishes. Most people were able to make their needs and wishes known on a daily basis. People said they were able to make choices about what time they got up, when they went to bed and how they spent their day. One person told us, "The good thing is you can do what you like here." Another person said, "You can do as you please. They don't compel you to do anything."

People's care plans gave brief information about people's personal routines to make sure staff had basic information about people's preferred ways of living. For example, care plans gave details of the times people liked to go to bed and whether they wished to be checked on during the night. There was a stable staff group who knew people well and ensured they provided care that respected people and their individual choices. One visitor commented that one of the things they really liked about the home was the consistent staff team. They said, "There's a really strong staff team. They know them really well and that makes such a difference because they do things their way which relieves a lot of anxiety."

People could be confident that at the end of their lives they would be treated with compassion and any discomfort would be effectively managed. At the time of the inspection one person was being cared for in bed. Staff constantly monitored them and took the necessary actions to maintain their comfort whilst respecting their wishes.

The staff worked closely with local healthcare professionals to ensure people's comfort and dignity at the end of their lives. Care plans contained information about the care the person would, and would not, like to receive at the end of their lives, including under what circumstances they wished to be admitted to hospital and whether they should be resuscitated. The registered manager and community nursing staff ensured appropriate medicines were available to people nearing the end of their life to manage their pain and promote their dignity. One visitor told they hoped their relative would remain at the home till the end of their life. They said, "This is where [person's name] knows and loves."

People were involved in decisions about activities which occurred in the home through residents meetings where activities were regularly discussed. At the time of the inspection there was no dedicated activity worker but the registered manager told us they were trying to recruit a new member of staff to this role. In the absence of a dedicated member of staff, care staff were supporting people with activities. On the day of the inspection one person went out with a member of staff, one person went out without staff support and two people were helped with Christmas crafts.

A number of people we spoke with said they preferred not to attend organised activities but liked to occupy their own time. One person said, "I join in with a few things but I have lots of visitors so that keeps me busy." Another person told us, "I lived on my own for a number of years. I like a bit of company at meals and I go to some of the entertainment but mostly I like my own company."

People and visitors said they would be comfortable to make a complaint if they were unhappy with any aspect of their care. Most people said they would speak to the registered manager or the deputy. One

person said, "I certainly would complain if I needed to but I have no complaints." Another person said, "I would just talk to [staff member's name] they'd sort out anything."

The home had a complaints procedure but this was not prominently displayed and was not routinely given to people when they moved in. We looked at the complaints procedure and found it was written in small type and some parts of it needed to be up dated. We discussed this with the provider who assured us that they would take immediate action to rectify this and make sure people had a copy.

## Is the service well-led?

### Our findings

Although people were very happy with the care they received, the records and quality monitoring systems did not always show how decisions had been made or how people had been involved in their care or the running of the home.

The registered manager and provider were committed to making improvements to the service and had been working with the local authority and clinical commissioning group to make changes. They had identified that record keeping needed to be improved and had arranged training for staff in this area. It was too early to tell whether the training would have a positive impact on the quality of written records.

Following the last inspection an action plan had been produced and the provider had taken prompt action to address the areas of concern identified. However the provider's own quality monitoring did not clearly show the actions being taken to ensure on going improvements in the service. For example, although the registered manager had carried out a medication audit in November, there was no action plan to state how shortfalls identified would be rectified or how learning would be shared with the staff team. Other audits and risk assessments did not always show who was responsible for actions or how they would be followed up. This meant there was no effective systems to ensure improvements were made to the service people received.

The provider had carried out a great deal of refurbishment of the building but we did not see a plan for how decisions were made about what areas would be refurbished or when. This meant it was difficult to see how people had been involved in decisions about changes to their home.

The provider had some systems for involving people in decisions. There were residents meetings and a satisfaction survey was carried out annually. Results of the most recent survey showed generally positive feedback. A quarterly newsletter had been set up in order to keep people and their family up to date with things happening in the home. The first newsletter stated that it had been created in response to the views of people who lived at the home and invited people to make suggestions for future editions.

There was a registered manager in post who had managed the home for just over a year. 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.

People, staff and visitors told us the registered manager and provider were very approachable and were always keen to listen to ideas and suggestions. One person said about the registered manager and deputy, "They are a really good team, they work well together and they both listen." Staff said they felt very supported in their work. One member of staff said, "The managers are really approachable, it's a happy place to work. There is always someone on call if you need anything."

The registered manager and provider were very visible in the home and well known to everyone. This enabled people to discuss issues with them and for them to observe and monitor standards of care on an informal basis. The registered manager told us their ethos was to provide a homely environment where people could feel comfortable and receive good care. Comments from people showed this ethos was put into practice. One person said, "The care is extremely good." Another person told us, "I really am very happy here. Nothing could be better." All the visitors we spoke with said they would recommend the home. One visitor said, "The décor is very dated but the care is lovely." Another said, "I would definitely recommend it. It's just like a family home."

The registered manager met with other managers of homes owned by the same provider. This enabled them to share ideas and advice across the provider group. They also attended local conferences to make sure they were aware of local initiatives and were able to provide a service to people that was in line with up to date best practice guidelines.

People could be confident that the provider had taken action to ensure the safety of the building. There were systems in place to make sure all equipment, such as fire detecting and lifting equipment, was regularly serviced to make sure it remained safe and in good repair.

The registered manager had notified the Care Quality Commission (CQC) of all significant events which had occurred in line with their legal responsibilities.