Tudor Care Limited

Old Rectory (Bramshall) Limited

Inspection report

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Date of inspection visit:
23 May 2017

Date of publication:
23 June 2017

Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection visit took place on 23 May 2017 and was unannounced. At the last inspection on 6 July 2016, the service was rated as requires improvement overall with specific concerns about the management of people's medicines and to ensure people who needed help with decision making were appropriately supported.. The provider sent us an action plan on 8 September 2016 which stated how and when they would make improvements to meet the legal requirements. At this inspection, we found that some improvements had been made but further action was still required.

The Old Rectory, Bramshall is registered to provide accommodation, personal and nursing care for up to 30 people some of whom are living with dementia. At the time of the inspection, 20 people were living at the home. 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.

We found that improvements had been made and people's medicines were administered, recorded and stored safely, in accordance with legislation and good practice.

We found that people's capacity to make decisions was being considered. Staff sought people's consent before providing care and supported people to make choices over their daily routine. Where people were being restricted to the home's environment in their best interests to keep them safe, the appropriate approvals had been sought. However, the provider still needed to make improvements where people lacked the capacity to make certain decisions for themselves to fully demonstrate that their rights were being upheld. We have recommended the provider seeks advice on best practice in this area.

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 registered manager. 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.

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 supported and valued by the registered manager.

The registered manager and provider carried out a range of checks and audits to continually assess monitor and improve the quality and safety of the service.

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.

The required improvements had been made and people's medicines were managed safely. Risks to people's safety were assessed and managed and staff knew how to keep people safe. There were sufficient staff and the provider followed recruitment procedures to ensure they were suitable to work with people.

Is the service effective?

Requires Improvement

The service was not consistently effective.

Further improvements were needed to ensure the provider consistently met the legal requirements where people were unable to make certain decisions for themselves and we have recommended the provider seeks advice on best practice in this area. 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 take part in activities and follow their interests. People's care was reviewed to ensure it remained relevant People felt able to raise concerns and complaints and were confident they would be acted on.

Is the service well-led?

Good

The service was well-led.

Improvements had been made to ensure the service was continually assessed and monitored to drive improvement. There was an open and inclusive atmosphere at the home. People and their relatives were asked for their views on the service and improvements were made where possible. Staff felt valued and supported in their role.

Old Rectory (Bramshall) Limited

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 visit took place on 23 May 2017 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, which included notifications about significant events at the home. The provider had recently notified us about changes to their registration which meant they would no longer be providing nursing care. We had discussed this with the service commissioners who are responsible for finding appropriate care and support services for people, which are paid for by the local authority. They had been in contact with the provider to ensure people's needs could still be met. We also had a provider information return (PIR) sent to us. This is a form that asks the provider to give some key information about what the service does well and improvements they plan to make. We used all this information to formulate our inspection plan.

We spoke with seven people who used the service and two relatives and a visiting health professional. We also spoke with four members of the care staff, the activities co-ordinator, the cook, and the registered manager. 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 five 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 staff recruitment and training records and quality checks.

Good

Is the service safe?

Our findings

At our last inspection, the provider was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Improvements were needed to ensure people's medicines were stored and recorded safely. At this inspection, we found that the required improvements had been made. We saw that medicines were stored and disposed of in line with current and relevant regulations and guidance. Risk assessments were in place where people were able to self-administer their medicines, which ensured that these medicines were stored safely to minimise risks to other people at the home. The registered manager had introduced checks to ensure the accurate recording of variable doses of medicines, for example pain relief medicines that were prescribed on a 'when required' basis. We saw protocols were also in place to guide care staff on when the medicine was needed to ensure people received their medicines in a consistent way. Body maps were also in place to guide staff on the application of creams and ointments to ensure they were administered as prescribed. This showed us suitable systems were in place to minimise the risks associated with medicines.

People told us they received their medicines when they needed them. One person said, "Yes I always get my medication on time and no they have never run out. I understand what the medication is for; they're on the ball with that and they're very careful when they bring it round". We observed a medicines administration round and saw that people received their medicines as prescribed. We saw that the member of staff administering medicines spent time with people and checked to make sure they had taken the medicine before leaving them. Staff we spoke with had received medicines training and had their competence to do so checked by the manager. One member of staff told us, "I've received training and we are observed by the manager before being signed off as competent. We're also starting to learn the audit process". This showed us staff were involved in ensuring people's medicines were managed safely.

People told us they were well cared for and had no concerns about their safety. One person said, "I feel safer here; I'd had a fall at home and came here for respite care. I was so well looked after that I agreed to stay and never went home". A relative told us, "[Name of person] is safer here than they were when they were at home because they were having five or six falls a day. I'd go and get a cup of tea and [Name of person] would get up out of their chair and fall but they've only had a few falls in the whole time they've been here". Staff we spoke with 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. All the staff we spoke with were confident that any concerns they raised were acted on, and also had information they needed to escalate their concerns if necessary. One member of staff said, "To me, anything that is a wrong doing against a person is abuse and I'd go straight to the manager". 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 health and wellbeing 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. We observed staff

followed the plans to keep people safe, for example when moving people using equipment. Where people were at risk of developing damaged skin due to pressure, we saw they had pressure relieving equipment in place and staff repositioned them at regular intervals in line with their documented requirements. We saw staff ensured people were sitting on pressure relief cushions at all times, for example when people were transferred to a wheelchair to go to the bathroom or when they to the dining room for their meals. Risks posed by the home's environment were considered and mitigated. For example, 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.

People told us they did not have to wait when they asked for assistance from staff. One told us, "Staff are very punctual when I press the buzzer". Relatives had no concerns about staffing levels at the home. A relative said, "I've got no concerns, there's enough staff here". We saw that people did not have to wait when they asked for support and staff had time to sit and chat with people. Call bells were answered within a few minutes and people who required the support of two staff did not have to wait long when a staff member called for assistance. At lunchtime we saw there were sufficient staff to serve people's meals promptly and provide assistance where people needed it. Staff told us there were enough staff on duty to meet people's needs. One said, "We are alright for staff. We usually get agency staff in to cover sickness absence and the manager will always help if needed". Staff and the registered manager told us new staff were being recruited because some staff had left. The registered manager said, "We are just waiting for references and clearance by the Disclosure and Barring Service". This is a national agency that keeps records of criminal convictions. This showed us the provider followed procedures to ensure staff were suitable to work with people. The registered manager 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.

Requires Improvement

Is the service effective?

Our findings

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 people 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 found mental capacity assessments had been carried out but these were not always decision specific and in some cases they had been carried out for people who had capacity. This showed the manager did not fully understand the principles of the MCA. Some people had made a Lasting Power of Attorney authorisation to enable their appointed representative, usually a family member, to make certain decisions on their behalf. We saw that a decision to have bedrails had been made on behalf of one person. However, the manager had not checked to ensure that the representative was legally authorised to make this decision on the person's behalf. The registered manager told us they would review and update their records to ensure they clearly showed that any decisions made on behalf of people had been made in their best interest, and in accordance with the MCA.

We recommend that the provider seeks advice on best practice, to assess people's capacity in relation to specific decisions for people living at the home.

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). We saw that the registered manager had made an application for a person who was being restricted of their liberty in their best interests, and assessment by the supervisory body was awaited. This showed the registered manager understood their responsibilities under the DoLS legislation.

Staff told us they had received training in the MCA. However, some staff could not tell us how people could be deprived of their liberty when it was in their best interests, which meant they may not recognise when someone was being unlawfully restricted. The registered manager told us they were currently updating their staff training matrix and had identified that MCA and DoLS training needed to be updated and this was arranged for June 2017.

We saw that staff asked people if they were happy for them to proceed before assisting them, for example before assisting them to move using equipment. Staff recognised that some people needed support to make certain decisions for themselves. One member of staff said, "I always make sure I ask questions in a way people understand". Another member of staff said, "When I'm helping people to get dressed, I always hold up items of clothing and wait for them to choose; I don't just make the decision for them". This showed us staff understood the importance of gaining consent.

Although we have identified concerns with knowledge of the MCA and DoLS, we found that staff had the necessary skills to meet provide effective care. People and their relatives told us the staff understood

people's individual needs and provided good care. One person said, "Yes, I think they do know what they're doing, particularly when they're helping people to move; they are very helpful and two staff come when needed". A relative told us, "The staff know what they are doing, they are very good". Staff told us and records confirmed that they had received training in a range of areas that were relevant to the needs of people living in the home. In addition, staff were encouraged to complete a nationally recognised qualification in health and social care. Staff said they were observed by senior staff and the registered manager to check their understanding in areas such as safe moving and handling and administration of medicines. Staff confirmed they received supervision and an annual appraisal which gave them an opportunity to review their performance with the manager and discuss any training needs. One member of staff told us, "I'm due to meet with the manager soon but you can go to them any time really, they always listen". This showed the staff were trained and supported to fulfil their role.

There was an induction programme in place for new staff. The manager told us new staff would undertake the Care Certificate, a nationally recognised programme which supports health and social care staff to gain the skills needed to work in a care environment. One member of staff told us they had completed the qualification before they started working at the home, "The manager checked my certificate with my previous employer". This showed the provider had suitable arrangements in place to ensure new staff were prepared for their role.

People's nutritional needs and preferences were met. One person told us, "The food is very good, there is ample choice. If you don't like anything staff will ask what you would like something else". Another said, "The food is good. We get choices; I've been experimenting with other things I've been offered". We saw that lunchtime was a relaxed and sociable experience. Staff provided assistance where needed and encouraged people to finish their meals. Staff were aware of people's dietary needs and followed professional guidance where people were identified to be at risk. Information on people's needs was provided for the kitchen staff and they told us how they fortified meals, for example by adding cream and butter, where people were at risk of losing weight. People's weights were monitored and any concerns referred to the GP or dietician to ensure prompt action could be taken to maintain good health. One person told us, "They've been monitoring my weight and I'm up to the right weight now".

People were supported to maintain their day to day health needs. People told us they were supported to access other professionals including the GP, district nurse, chiropodist and optician. One person told us they had seen the dentist recently, "I had two teeth out". Relatives we spoke with told us the staff called in the GP if they had any concerns. One told us, "They're monitoring [Name of person] here. They called the doctor because they were concerned about weight loss". On the day of our inspection, we saw the district nurse made several visits. They told us, "Staff are very good. They follow our advice and let us know if they have any concerns". We saw that visits from professionals were recorded and people's care plans were updated with any advice received.

Good

Is the service caring?

Our findings

People liked the staff and said they looked after them well. One person said, "Staff are kind and caring, nothing is too much trouble". Another said, "They are very kind and caring, I wouldn't swap them". Relatives were equally positive and told us the staff communicated well and understood people's individual needs. One said, "Staff understand [Name of person]. They can communicate with [Name of person] well, they've got the knack of getting down to their level and speak in a soft, quiet way and can pacify them if they get upset". We saw staff members greeted people when they came into a room and people responded positively. Staff showed concern for people's wellbeing and offered people reassurance and support. We saw a member of staff gently waking a person to remind them the hairdresser was at the home. They said, "They are coming to do your hair now, they'll make you look a million dollars". We observed staff checking if people's drinks were still hot and bringing them fresh ones if needed. Staff had good relationships with people and chatted with them about everyday things such as the weather and about their families. People were relaxed in the company of staff and we heard light hearted banter between them.

People made decisions about their daily routine and how staff supported them. One person said, "The staff listen to you, for example I asked them if I could have my tea later because the gap between lunch and tea was too near. Now I have my tea at 7.30pm. This was one of the swinging points on why I decided to stay here because they listen to me". We saw that people moved freely around the home. One person said, "It's not restricted here. I was dreading that it would be a bit regimented but I'm amazed at how free it is here". People's independence was promoted. One person told us, "Staff help me as much as I need. As far as I can I do things for myself; they let me and if I can't they help me".

We saw that staff treated people with respect and promoted their dignity. Staff were discrete and took them to their bedroom to support them with personal care. Staff ensured people maintained their appearance, for example checking people's clothes were in place after they had been supported to move. Staff respected people's privacy and knocked on bedroom doors and waited to be asked in.

People were encouraged to maintain their important relationships. We saw that relatives were made welcome and encouraged to feel at home. We saw that one person's relative liked to help out at lunchtime and we saw a member of staff giving them an apron to wear whilst they passed people's meals to them. One person said, "I've told them they could get a job here now". Visitors were able to make themselves drinks and could eat at the home if they wished. Relatives we spoke with told us they felt involved and were kept informed about changes in their relation's care and treatment.

Good

Is the service responsive?

Our findings

We saw that staff knew people well and provided care that was responsive to people's individual needs. We heard a person telling a member of staff their feet were sore. The member of staff fetched their slippers and asked if they would their feet bathed first. We later saw the member of staff supporting the person with a footbath which they clearly enjoyed. We saw that some people spent time in the small lounge, which had a good view of the garden. One person told us, "I like watch the birds and squirrels". We saw there were bird feeders outside the window to encourage the birds. Another person told us, "I am looked after the way I like to be looked after. I feel in control of my life, there are no restrictions. I've got a stroller and I go out for a walk by myself down to the crossroads. I like that because of the fresh air and you get to talk to people. I just let staff know where I'm going and when". We saw that people's likes and dislikes were recorded in their care plans and relatives were encouraged to provide information about people's life histories, which staff used to engage with people.

People's needs were assessed prior to moving into the home and their care was regularly reviewed to ensure it continued to meet their needs. Staff told us and records confirmed that they recorded the care people received on a daily basis and any concerns that other staff should be aware of. This was discussed during the shift handover which ensured incoming staff were kept up to date about people's needs.

People were offered opportunities to join in activities and social events. There was an activities co-ordinator who planned regular activities and events including armchair exercises, indoor gardening, bingo, crafts and visiting entertainers, some of which took place at the weekend. One person told us, "I like the music we have that maybe two or three times a week and home gardening, which might involve putting in some daffodils". On the day of our inspection, people enjoyed a craft activity in the main lounge. People could choose if they wanted to join in or not and we saw some people preferred to sit in the quiet lounge next door. One person told us "I like to stay in here, it's much quieter". People were encouraged to follow their hobbies and interests. For example, one person enjoyed colouring and we saw they had numerous sets of crayons and books on the table in front of them. People and staff told us the local church held a Holy Communion service at the home once a month. One person told us, "We have Holy Communion and I go to the Pentecostal church to have lunch sometimes".

People and their relatives told us they would feel comfortable approaching the staff if they had any concerns. There was a complaints procedure in place and we saw that any complaints were investigated and responded to promptly.

Good

Is the service well-led?

Our findings

At the last inspection, improvements were needed to ensure medicines audits and checks of care plans were effective in identifying shortfalls and ensuring these were rectified. At this inspection, we found the required improvements had been made. We saw that the registered manager carried out audits of medicines, care plans, health and safety and infection control and where required, action plans were put in place to address concerns raised. For example, following a fire risk assessment, remedial works had been recommended and carried out as required. Accidents and incidents, including falls, were monitored for trends and action was taken such as referrals to the falls clinic to minimise the risk of reoccurrence. The provider also visited the home on a regular basis to monitor the service and a service improvement plan was in place. We saw that work identified at the last inspection had been completed, for example the provision of en-suite facilities and further redecoration was scheduled for the communal areas. This showed the provider had effective systems in place to continually assess monitor and improve the quality and safety of the service people received.

There was an open, inclusive atmosphere at the home. People and their relatives told us they had been kept informed about the changes in the home's registration with CQC and were encouraged to give their views at residents and relatives meetings. The provider also sought people's views through an annual satisfaction survey. We saw the results from the July 2016 survey, which showed that people were positive about the care and support they received. We saw that the provider had taken action to address concerns raised by people, for example repair work had been carried out in the car park, a larger TV had been purchased for the lounge and the menus had been updated. This showed the provider took into account people's views and made improvements where possible.

Staff told us they felt supported by the registered manager. One said, "The manager is good and is flexible about things, rotas for example". Staff told us they had meetings with the manager and felt able to give their views. One member of staff said, "The manager is interested in our views and takes our ideas on board". They added that the registered manager encouraged them to improve and provide people with high quality care, "She's all for the residents and makes us see things from their point of view". Staff were aware of the whistleblowing procedures at the home and said they would have no hesitation in using them if they needed to. One member of staff said, "I would be confident to report anyone I though wasn't doing their job properly; the residents are the most important people here".

The provider and registered manager understood the responsibilities of registration with us. We received notifications of important events that had occurred in the service and we saw there was a copy of the recent inspection report on display in the hallway at the home. The registered manager told us they would ensure that a ratings poster was also displayed. This enables people, visitors and those seeking information about the service to be informed of our judgements.