

# Essex County Council

# Tudor House

## 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 House is a small service providing accommodation and personal care for up to four people who have a learning disability and/or autism and require 24-hour support and care on a short term basis. On the day of our inspection, four people were using the service.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

People were safe from harm as there were enough staff with the appropriate skills and experience who had been recruited safely. Systems and processes were in place to safeguard people from the risk of abuse. Staff knew how to manage risks and to support people effectively. People received their medicines as prescribed and infection control procedures were in place to ensure the service was clean and to prevent the spread of infection. The provider had learnt lessons and improved the service when things had gone wrong.

Assessments were in place which detailed people's needs and choices. People received support from staff who had been trained and had regular supervision to ensure their support to people was effective. People were fully supported to have a balanced and varied diet and to make choices about their meals. People were able to continue to access community, leisure and healthcare services as they would do if they were at home. People were supported to live healthy lives and could access healthcare services when they needed to.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People and their relatives were supported by staff who were warm, friendly, caring and kind. Staff provided consistent care and support within homely surroundings. Staff supported people in a dignified and respectful way and involved them in making choices and decisions about their day to day lives whilst at the service.

Care was personalised to ensure people had choice and control and to meet their individual needs and preferences. The service considered people's communication needs and information was available in different formats. The provider had a complaints procedure in place and dealt with complaints appropriately. Due to the nature of the service, they did not provide end of life care to people.

The registered manager and staff were clear about their role, responsibilities and regulatory requirements. The service had a well-defined management structure, with a consistent staff team. Quality audits were in place and the service was monitored to ensure it provided high quality care and support. People and their relatives were involved in developing the service and encouraged to give their feedback. This information was used to look at how the service could be continuously improved.

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

#### Rating at last inspection

The last rating for this service was Good (2 November 2016)

#### 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 re-inspection programme. If we receive any concerning information, we may inspect sooner.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

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 House

## 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

This inspection was carried out by one inspector.

#### Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

Inspection activity started on 18 June 2019 and ended on 26 June 2019. We visited the service on 20 June 2019.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

#### During the inspection

We spoke with three people who used the service and three relatives about their experience of the care provided. Some people were not able to verbalise their thoughts about using the service. We used observations to help us understand their experiences. We spoke with two members of staff, an advanced skills worker and the registered manager.

We looked at a range of records. This included two people's support plans and medicine records and three staff files in relation to recruitment and staff supervision. Information relating to the management of the service, including policies and procedures, were also reviewed.

#### After the inspection

The provider sent us information after the inspection visit which we had requested. We spoke with one professional who knew the service well.

# Is the service safe?

## Our findings

Safe – this meant people were safe and protected from avoidable harm.

At the last inspection, this key question was rated as Good. At this inspection, this key question has remained the same Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People received a safe service. One person said, "I go out and [staff member's name] comes with me, keeps me safe in the streets." A family member told us, "I can go away on a break, knowing [relative's name] is safe and staff care for them."
- Systems continued to be in place to safeguard people. Staff had been trained in safeguarding, understood the signs of abuse and harm and how to raise concerns correctly. One staff member said, "We know people so well now. I would know if something was not right and discuss with [registered manager]."

Assessing risk, safety monitoring and management

- The service supported people with complex needs and a range of abilities. People's needs were assessed and the approach to how support was provided was individual and person centred.
- Risks to people's health and safety were discussed with them and their families. This information provided staff with the knowledge of what the risks were and what action to take to keep the person safe. These included internal and external environmental risks and risks that related to the health and support needs of the person.
- Where people needed to have supervision and/or restrictions placed on their access to activities and the environment due to risk, their support plans showed clearly how any restrictive intervention was considered in their best interests and, that it was in the least restrictive way possible.
- Maintenance and health and safety checks were undertaken to ensure the premises and equipment was safe.

Staffing and recruitment

- People and their relatives told us there was a consistent team of staff providing support. One person said, "I always see [name of staff member] when I come, they are my favourite." One family member said, "It's great that staff stay so long, they really love their jobs." Another said, "My [relative] likes to see familiar faces and really helps them settle in each time they go."
- There were enough staff to support people in a safe way. The rotas were organised to cover the service effectively. One staff member said, "There is enough staff; we cover for each other when we need to, and everyone works flexibly, it works."
- Robust recruitment processes were in place for the safe employment of staff. Checks were carried out as to the suitability of applicants in line with legal requirements.

Using medicines safely

- People bought their medicines with them on each visit. They were signed in, logged and stored

appropriately. People received their medicines on time and as prescribed for them. Where people preferred to take their medicines in a particular way, this was documented. For example, in a drink or yoghurt.

- Staff had been trained in giving medicines, and they were assessed as competent to do this task.
- Systems were in place to audit and monitor medicine management on a weekly and monthly basis so that any errors could be addressed quickly.

#### Preventing and controlling infection

- Staff were provided with training to enable them to reduce the risk of infection and had access to equipment such as gloves and aprons.
- As the service provided a high turnover of people for short stays, the registered manager told us that all rooms were deep cleaned after each visit to ensure they were clean and fresh for the next person's visit.
- To free up care staff time, the provider was in the process of employing a cleaner to assist with domestic tasks within the service.

#### Learning lessons when things go wrong

- The registered manager had systems in place to look at how learning could be shared when things had gone wrong. For example, incident reviews and debriefs were carried out with staff when incidents occurred. Reflective practice enabled staff and management to analyse their behaviour and responses to situations and have a process in place for responding differently in the future.



# 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 remained the same Good. 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

- Assessments were in place, which considered people's, physical, mental health, and social needs. Guidance for staff was based on best practice and the registered manager was proactive in researching and following standards which maintained a person-centred approach to care.
- People and their families were involved in making choices about their support needs and how they spent their time during their short break.

Staff support: induction, training, skills and experience

- People received care and support from skilled and experience staff. One relative told us, "The staff are fabulous with [name of person], they know them so well. It's hard when they are non-verbal, but they settle in each time they go, that's because of the way the staff are, very skilled."
- Discussions with staff, records, and the information provided showed that a range of mandatory and additional training was on offer.
- Staff had received an induction which included shadowing more experienced staff to get to know people and the service.
- Regular supervision sessions and annual appraisals were carried out. Staff told us they were well supported. One staff member said, "[Registered manager's name] is brilliant. Any training or updates we need, we get, and we get time off to do courses so they [provider] are keen for us to progress which all benefits people who come to us."

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

- People were supported to have a balanced diet and a range of choices for their meals.
- People participated in the shopping, preparation and cooking of their meals. We saw people participating in the kitchen preparing the evening meal. One person said, "I go in the kitchen and eat my dinner and I like helping."
- Staff explained how they used pictures of foods available to enable people to choose what they would prepare and eat.
- Information on whether people needed any specific support with their eating or nutrition was included within their plan of care.

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked together with other professionals and agencies to ensure people with very complex needs had support which was consistent and effective. Staff had access to social workers and the registered

manager worked closely with the local behaviour team. Advice could be quickly sought as and when needed.

- Relatives told us that they could book their short stays in advance and usually got the dates and times they required. One relative said, "The booking system is very easy and they [staff] are very flexible. Any issues and it's sorted out quickly." One professional told us, "Can't fault the service and they communicate very well with me."

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

- The service is a residential property situated on a main road. It has four bedrooms and communal areas and large garden. The decoration and furniture was homely and appropriate for the space.
- Areas in the service had been refurbished, including two bathrooms, a conservatory and general redecoration to communal areas.
- Plans were being considered to turn the garage into a downstairs space, so a service could be offered to people with limited mobility and/or wheelchair users.

Supporting people to live healthier lives, access healthcare services and support

- People's health and wellbeing were monitored effectively during the time of their short stay. The service had implemented an alarm system so that people could be monitored at night. Waking staff would be alerted to sounds from their room which indicated they may be having a seizure and act quickly. This system was proving very effective in helping people to deal with their seizures.
- Important information to help staff manage people's health conditions was clear and up to date. Staff accompanied people on appointments and accessed health professionals should they need to. One family member said, "It's home from home. They [staff] deal with anything that happens with [name of person] and I know they will be safe and get the best care from everyone."

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.

- Staff obtained people's consent before providing support. Staff helped people to make decisions and choices if they were unable to make them for themselves.
- We saw that mental capacity assessments had been completed to ascertain a person's capacity to make their own decisions. It was recorded that relevant professionals and family members were involved in discussions and in making decisions to balance people's freedom whilst protecting them and, where relevant, other people from harm. Whilst some of these assessments confirmed that people had capacity, it had been deemed, that, in their best interests, they were denied their liberty as they required a staff member to support them to keep them safe, when for example, accessing the community. The registered manager told us that they had sought advice from the local authority and applications for DoLS were not required for short stay services.
- However, since our inspection, the registered manager had investigated the outcomes for people under

this process in liaison with the local authority DoLS team and other registered managers. People's capacity assessments were being reviewed, to ensure their rights and freedoms were being fully addressed by the provider, whilst people were in their care.

# 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 Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People and their families thought highly of the staff team. Comments about them included, "Brilliant", "Wonderful", "Lovely" and, "Like family." One person said, "[Name of staff] is very lovely, we go out together."
- We observed the interaction between people and the staff. It was warm, friendly, encouraging and positive. People responded well to the way in which staff communicated with them. We saw how one person was being supported to use their electronic tablet and spend time in their room whilst another person was getting used to their surroundings and settling in.
- Staff were reassuring and consistent in their approach. They knew people's familiar routines and diverse needs which helped reduce anxiety from being away from home.

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

- People and their families discussed and agreed a support plan which focussed on the needs of the individual and was person centred.
- Advocacy services were available should a person need independent support to make important decisions.

Respecting and promoting people's privacy, dignity and independence

- People and their families were treated with respect by staff and the registered manager. One family member said, "We are always greeted warmly when we come. Also, when making the booking, they are so respectful and understanding of our need to have some time away."
- The service gave people the same bedroom where possible so that they were comfortable with their surroundings when they had their short stay.
- Staff provided a range of opportunities for people to maintain their independence and learn new skills. One staff member said, "We try to offer new and exciting things to do for people and they can learn a lot in only a few days. It gives them a sense of satisfaction I think too, a sense of achievement." One family member told us, "The transition from children to adult services has been pretty okay. The staff at Tudor House have seen to that. It has meant that [name of person] has not been upset or confused by the change over."

## 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 Good. At this inspection, this key question has remained the same Good. This meant people's needs were met through good organisation and delivery.

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

- An assessment was undertaken to ensure the service could fully meet a person's needs. Once agreed, a support plan was created with the involvement of the person, their relatives with any professional input needed. We saw recorded, for example, an agreement that a person gave their mobile phone to staff at 10pm every night to reduce their use of blue screen light exposure, and therefore reducing their risk of a seizure.
- Support plans were person centred and written in a clear and respectful way. Staff would know the person's needs, aspirations and wishes from this information. They were able to respond appropriately to meet people's complex physical, medical, behavioural and emotional needs. Some of people's characteristics protected under the Equalities Act 2010 were recorded such as age, gender and religion. We spoke with the registered manager about acknowledging people's ethnicity, culture and sexual orientation. They agreed to start having these conversations with people and their families as part of the assessment process so important information about them was not missing.
- The support a person required at each visit was reviewed to ensure staff were meeting the person's current needs.
- People received a good quality of life whilst using the service. One family member said, "[Name of person] is over the moon when they know they are going. The staff at Tudor House are like family, absolutely wonderful."

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 family carers.

- People's communication and sensory needs were recorded. Accessible formats such as symbols, photographs and pictures were used to support people to make their wishes known and to participate in the life of the service. Two staff were completing the Inclusive Communication Essex training course to provide a greater range of accessible information to people who visited.

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

- People's had made choices about their hobbies, daily tasks and activities, leisure pursuits and access to the community. These were recorded, and the daily notes illustrated that people were being actively supported to make the most of their time at Tudor House and enjoy themselves. One family member said,

"The staff take [name of person] out and about, to the town on the bus, and visiting gardens centres for lunch."

Improving care quality in response to complaints or concerns

- People and their relatives knew how to raise a complaint if this was needed.
- The provider had a complaints procedure in place, which included easy read formats.
- A system was in place to record and track any complaints received. We noted many compliments about the service had been received.

End of life care and support

- The service provided short stay support and accommodation and did not provide end of life care. Information for emergency purposes was recorded in their support plans should they need medical assistance.

# 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 Good. At this inspection, this key question has remained the same Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People and their families valued the service highly for providing individualised high-quality care and support. They thought the service was open and welcoming and staff were always kind and considerate.
- Staff understood what good person-centred care looked like and this was evident in their interactions, body language and communication with people, their peers and with the registered manager.

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 registered manager understood their duty of candour and responded to issues and concerns in an open and transparent way. They used the learning from accidents and incidents to improve the service so that outcomes for people were improved.

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

- A registered manager was in post who was supported by administrative, care and maintenance staff. The registered manager was a positive role model and led by example. The vision and values of the service were put into practice.
- People and their relatives told us the registered manager and staff were very professional, caring and friendly. A family member said, "[Registered manager] is brilliant, can't fault the way they manage the service and staff are wonderful. My [name of relative] comes home exceptionally happy."
- The provider had recently restructured staff roles, pay and responsibilities. Those staff who had exceeded their performance during the year, were offered promotion. Staff were active in increasing their skills and abilities through taking on additional responsibilities, such as auditing the medicines and by being 'Champions' in areas which needed improving. One staff member said, "It's a great place to work, so positive and active and fun. I take my work very seriously and wouldn't want to work anywhere else."
- A quality assurance system was in place. Checks and audits were undertaken weekly and monthly to monitor the quality of the service. Any issues or concerns were addressed appropriately, and lessons learnt.

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

- Surveys were undertaken to seek people's views. We saw the outcomes from 2018 and 2019 which were both very positive. Comments included, "Issues always addressed promptly", "They [staff] offer genuine care

and concern", "It [the service] feels like an extended family" and, "The experienced staff have known [name of person] for some time so a familiar face is nice for them."

- Regular staff and management meetings were held to discuss the service and monitor actions taken. Staff felt fully involved in developing the service.

Continuous learning and improving care; Working in partnership with others

- The provider had invested in a range of technology to increase ways in which people could participate. For example, they had purchased portable tablets so that people could tap to record their views and experiences. They were also in the process of setting up their smart speaker which is a cloud-based voice service, to play music, ask questions and use in an interactive way with people.

- The service worked openly with other services to support people to have joined up quality care and support. Information was shared appropriately to ensure professionals were working together on people's behalf. The service was a valuable resource for people and their families, well used and appreciated by people, their families and professionals alike.