Tudor House Limited

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?	Requires Improvement

Summary of findings

Overall summary

This unannounced inspection took place on the 23 and 24 February 2017. The service was last inspected in December 2015 where we identified that the service required improvement in safe and effective. Tudor House provides accommodation for a maximum of 23 older adults some of whom are living with dementia. There were 21 people living at the home at the time of the inspection and one person was currently in hospital.

The service has a registered manager although they were absent from work at the time of the inspection. Management cover was being provided by the deputy manager who was present throughout our inspection. 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 told us they felt safe living at the home. Staff had knowledge about safeguarding procedures and action they would take should they have concerns.

People received their medicines safely. We saw staff seeking consent from people before supporting them with their medicines. Staff had received training to enable them to support people with their medicines safely.

Most of the people living at the home thought there were enough staff available to support them and we saw staff were always available in communal areas of the home.

People had the opportunity to feedback their preferences for food which were incorporated into menu planning. People told us they enjoyed the foods they were offered. People received appropriate support to have their healthcare needs met.

People were offered choices in many aspects of their care.

Some people at the home were living with dementia. Staff had some understanding of how to support people with this condition although some practice we saw did not promote good dementia care. There were limited aids or resources available to support people with dementia.

People living at the home felt cared for. People had been involved in developing a plan of care that stated how they preferred to be supported. Staff knew people well and understood people's likes and dislikes.

People were treated with dignity and in the most part consent was sought from people before supporting them. Some people living at the home were encouraged to remain independent.

We saw that people had access to some activities that were of interest to them. We found that at times there was limited interaction or activity with people living at the home. Further plans were in place to improve the provision of activities at the home.

People and relatives felt able to raise any concerns or complaints they may have. There were systems in place for people to raise concerns or complaints.

People and their relatives were happy with how the service was managed. Staff felt supported in their roles. There were systems in place to monitor the quality of the service although we found they were not always effective or robust. We identified two safeguarding concerns that had not been identified or actioned by the management of the service. Following the inspection the management of the service contacted us to inform us of action they had taken to address these concerns.

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.

Staff were aware of the signs of abuse and appropriate action they should take.

There were sufficient suitably recruited staff available to support people.

People received their medicines safely.

Is the service effective?

Good

The service was effective.

People were supported by staff who told us they had received sufficient training for their role.

People were offered choices in their care.

There were limited aids and resources available for people living with dementia.

People had been supported to have their healthcare needs met and received appropriate nutrition and hydration.

Is the service caring?

Good

The service was caring.

People felt cared for and benefitted from a staff team who knew them well.

People had their dignity respected and were encouraged to retain their independence.

Is the service responsive?

Good

The service was responsive.

People had access to some activities although at times there was little interaction or activity with people. Plans were in place to

improve the provision of activities.

There were systems in place for people to raise concerns and complaints

Is the service well-led?

Requires Improvement

The service was not always well-led.

Quality monitoring systems were not always robust.

People and their relatives were happy with how the service was managed.

Staff felt supported in their roles.

Tudor House

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 unannounced inspection took place on the 23 and 24 February 2017. On the 23 February the inspection team comprised of 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 service. On the second day one inspector carried out the inspection.

As part of the inspection we looked at information we already had about the provider. Providers are required to notify the Care Quality Commission about specific events and incidents that occur including serious injuries to people receiving care. We refer to these as notifications. Before the inspection, the provider had completed a Provider Information Return (PIR) and returned this to us within the timescale requested. 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 reviewed the information from notifications and the PIR to plan the areas we wanted to focus our inspection on. We contacted the people who commission services from the home for their feedback.

We visited the home and met with all the people who lived there. Some of the people living at the home were not able to speak to us due to their health conditions. We spent time in communal areas observing how care was delivered and we used 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.

During our inspection we spoke with nine people who lived at the home, the nominated individual, deputy manager and five staff. We looked at records including two care plans and medication administration records. We looked at two staff files including a review of the provider's recruitment process. We sampled records from training plans, incident and accident reports and quality assurance records to see how the provider monitored the quality of the service. As part of the inspection we spoke with four relatives and a healthcare professional who was visiting the service for the first time, or their views of the service.

Good

Is the service safe?

Our findings

People told us they felt safe living at the home and one person commented, "Perfectly safe." One person we spoke with told us how staff had responded quickly to maintain their safety and told us, "I pressed the buzzer after a fall. Staff came. I didn't have to wait long." Relatives we spoke with had no concerns about the safety of their relative at the home.

Staff informed us that they had received safeguarding training and were able to identify possible signs of abuse people were at risk from. Staff told us appropriate action they would take should safeguarding concerns arise including informing the manager of the service. Although staff informed us they had received safeguarding training, records did not reflect that training was up to date for all staff, some of whom had worked at the service for a number of months.

People were supported to have the risks associated with their care minimised. Risks within people's care had been identified and assessed within their care plans. We saw that there was information in people's care plans of how to reduce the risk for the person. Staff we spoke with were aware of people's individual risks and action they would take to reduce them. Where accidents or incidents had occurred immediate action had been taken to check on the person's well-being. We saw that individual analysis of accidents had occurred and steps were put in place to reduce the risk of them happening again. Where people required support to mobilise, we saw staff using safe techniques.

We spoke with staff about what they would do in an emergency situation such as in the event of a fire. Staff described the action they would take should a fire occur and mentioned specific equipment they would use to support people to evacuate the building safely. We saw that records did not reflect that all staff had up to date training around fire safety. However, the deputy manager confirmed that fire safety training was due to take place shortly. We saw that people had personal evacuation plans in place to guide staff in the person's individual support needs should a fire occur. However we noted that the equipment that staff mentioned they would use was not detailed in people's evacuation plans. The specific equipment mentioned would require staff to undertake training and each person would need to be assessed for their suitability to use the equipment safely. We saw that this had not occurred. We spoke with the deputy manager who explained that as this equipment had not been assessed as suitable for use with people living at the home then it would be removed. The registered manager assured us the correct fire evacuation procedures would be reiterated with staff.

At our last inspection we identified that staff were not always deployed effectively to respond to people's needs. At this inspection we saw that staff were always available should people need to request support. Most of the people and staff we spoke with told us there were sufficient staff working at the service. The deputy manager told us that agency staff were not used as they were able to maintain designated staffing levels by current staff covering hours of support. This meant people would receive support from sufficient staff to meet their needs.

There were systems in place to ensure staff were recruited safely. We saw that these systems included

obtaining Disclosure and Barring Service (DBS) checks to ensure people employed were safe to support people. Additional steps such as obtaining references from previous employers were undertaken to ensure staff were suitable to support people who used the service.

People received their medicines safely and one person commented, "Staff give me medicines [name of medicines]. They watch me take them." We saw staff supporting people with their medicines in a dignified manner and sought confirmation from people about whether they required any pain relief. Where people needed medicines on an 'as required' basis there was guidance for staff of the signs people may show. We saw that medicines were stored safely.

We were informed that all staff who administered medicines were required to undertake training before supporting people with their medicines. On the second day of the inspection we identified that one staff member had not received this training but was responsible for administering people's medicines that day. We were sent confirmation following the inspection that this staff member had received medication training prior to commencing work at the service. The registered manager had also ensured this staff member and other staff member's had a competency assessment before supporting people with their medicines. These checks were in place to ensure staff had the skills and knowledge to carry out medicine administration safely. The service carried out checks on people's medicines to ensure they had been given safely.

Good

Is the service effective?

Our findings

Staff we spoke with informed us they had received sufficient training for their role. Training was provided on core topics and people's individual care needs. We were informed that one staff member was completing the Care Certificate. The Care Certificate is a nationally recognised induction course which aims to provide untrained staff with a general understanding of how to meet the needs of people who use care services.

Staff told us they received supervisions where feedback was given and any concerns staff members had could be raised. Although staff had set times to receive these supervisions they also stated they felt able to approach the registered manager at any time should they have concerns.

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 decision made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the service was working within the principles of the MCA. People we spoke with told us that staff offered some choices in care and one person told us, "I can choose what I like to wear." Staff had some understanding of the MCA and one staff member explained this as, "Everyone has mental capacity unless [they are] assessed not to." Staff explained how they offered choices to people in many aspects of their care such as what to wear and what to eat. We saw staff seek consent from people, on most occasions, before supporting them.

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 are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service had applied for DoLS appropriately and whether any conditions on authorisations to deprive someone of their liberty were being met. We saw that the registered manager had applied appropriately for DoLS for some people living at the service. Staff were aware of the conditions associated with some people's approved DoLS and were supporting people in the least restrictive way. We saw that there were systems in place to monitor whether DoLS had been approved and when they needed re-issuing.

A number of people at the home were living with dementia. Our observations of staff interactions with people told us that staff had some understanding of how to support people living with dementia. However this did not happen consistently. During the inspection we observed two instances where the environment in the lounge was not conducive for people living with dementia. For example, on one occasion we saw two televisions on in the same lounge with two different programmes playing and on another occasion a television was on in the lounge and staff proceeded to play music in the same room. The service had supplied some aids for people living with dementia to help them occupy themselves. However, we saw there were limited aids available to support people with orientating themselves around the home and no communication aids to support people in expressing their needs or making choices. We saw there was some information available in people's care plans about how dementia affected them and how staff should support them.

At our last inspection we identified that improvement was needed in the monitoring of food and fluid intake for people at risk of not eating or drinking enough to maintain good health. At this inspection we saw that most people enjoyed meal times and received appropriate support with their nutrition and hydration needs. People we spoke with told us the food was, "Very good," and another person told us, "The food is very good." We saw people were offered choices in what they would like to eat. People were able to state their preferences for meals which were then incorporated into menu planning. At this inspection we found that improvements had been made to support people who were at risk of malnutrition and more accurate records of food and fluid intake were being undertaken. We saw that although people's fluids were monitored and totalled up for the day there was no guidance or review on whether the amount of fluid received was sufficient for the person or not. Where people had specialist dietary needs we saw in the most part they were catered for although we found one instance where separate food preparation was not carried out for one person who had a specific dietary need. Whilst this had not had an adverse effect on the person the deputy manager advised this would be rectified.

People living at the service received appropriate support to have their healthcare needs met. We saw that people had access to regular healthcare and that the service responded promptly where changes in healthcare were noted. One relative we spoke with told us the staff had acted swiftly in response to a change in their relatives health and told us the staff had, "Got the doctor to come out and acted quickly." We saw that people's individual healthcare conditions had been monitored routinely, although the guidance available for staff to enable them to monitor one person's health condition lacked detail.

Good

Is the service caring?

Our findings

People that we spoke with felt cared for and told us that staff were kind. Comments about staff from people included, "They are kind and helpful," and "The carers are very nice. At night the staff knock on my door to say they are here," and "I am looked after well here." Relatives we spoke with were happy with the care their relative received and told us staff knew their relative well. One relative we spoke with told us, "The staff are lovely," and another relative commented, "The staff are lovely we get on really well with them." One relative we spoke with was in the process of supporting their relative to move to a new care home closer to family members but commented, "It would be nice if we could take the staff with us."

Many of the staff had worked at the home for a number of years. This had aided staff in getting to know people well. Staff we spoke with enjoyed their work and one staff member told us, "[I] do enjoy interacting with residents and helping people."

Care was planned with people and their relatives to find out the person's likes, dislikes and preferences for care. We saw that there was some evidence that people's life histories had been documented and staff we spoke with were able to tell us parts of people's life history. The service had introduced life history books although completion of these varied. The deputy manager explained they were trying to encourage relatives to complete these at present to gain a further understanding of people's life histories.

Through a meeting held with people living at the home it had been identified that people wanted more regular support to meet their spiritual needs. In response to this the service had contacted the local church and had arranged for the priest to attend the home more regularly. We saw that these visits had been planned in advance so that people would know when this event was happening.

Staff explained how they supported people to retain their privacy and dignity. This included seeking people's consent before supporting them with bathing and explaining to people what was happening. Where people shared bedrooms consideration had been given to maintaining people's privacy and people had defined areas of the room where personal items could be kept. We saw that in the most part staff sought consent from people before supporting them.

Some people living at the home had been supported to remain independent. We saw people being supported to maintain independence through their mobility and saw another person carrying out tasks around the home. Staff we spoke with explained that they encouraged people to carry out personal care tasks as much as they could.

Good

Is the service responsive?

Our findings

People had access to some activities based on people's known interests. On occasion people had taken part in activities outside of the home and some people had recently visited the theatre. The service had sourced outside entertainers who would come into the service to support people with exercise classes and singing sessions. During the inspection we witnessed some activities taking place. People were not always consulted about the activities they wanted to take part in, although we saw people enjoying a music session and people were singing along to the music. We were advised that people were more responsive when an activity had been selected and had begun. Some people we spoke with told us that there was little activity at the home. At times during the inspection there was little activity or interaction with people living at the home. During a SOFI observation that we carried out we saw that there was little interaction between staff and people for a substantial period of time despite staff being present. We brought this to the attention of the nominated individual who told us this was not normal practice at the home.

We saw that a survey had taken place on the type of activities people may like to take part in which detailed a set list for people to choose from. The deputy manager informed us that she was aware of the need to improve activities at the service and had recently compiled an activity timetable to encourage activities with people. The deputy manager also informed us that they were looking into additional training for staff on how to promote activities further which would also support staff's confidence in supporting people with activities.

Care was reviewed with people and relatives on occasion. Where points were raised at reviews we saw that action plans were drawn up and reviewed to ensure planned actions had happened. Care records were reviewed monthly by staff to ensure they contained an accurate reflection of people's current needs.

People were supported to maintain contact with people who were important to them. One relative we spoke with told us, "We can pop in anytime." We saw that visitors were able to come to the service at any time and that visitors were welcomed into the home.

We saw that there were systems in place for staff to share important information between themselves about people's changing care needs. Handovers between staff teams took place at various points during the day and we saw that when information was handed over it was done so confidentially and in a respectful way. These handovers allowed staff to be informed of people's current needs which in turn supported people to receive consistent care.

People had been given the opportunity to raise concerns should they wish through meetings and questionnaires. Relatives we spoke with told us they felt able to raise concerns they may have. One relative we spoke with told us they would feel able to raise concerns with the staff or management team at the home and commented, "Any issues we can talk with them." There was clear, easy read guidance around the home that detailed how to raise a complaint should people wish to. People were given a copy of the complaints procedure when they first moved into the home. The service had not had any complaints in the last year.

Requires Improvement

Is the service well-led?

Our findings

People and their relatives were positive about how the service was managed and said they had a good relationship with the managers of the service. Relatives felt that in part this was due to the managers of the service being approachable. One relative we spoke with told us, "We get on so well with [the] managers."

We looked at the systems in place to monitor the quality and safety of the service. There were systems in place to monitor the quality of the service although at times these were not wholly effective. Monitoring systems were not always robust and had failed to identify safeguarding concerns. For example, from records we viewed we identified two incidents that had occurred at the service a few months before our inspection that were indicative of safeguarding concerns. We found that monitoring systems in place had not identified these incidents as possible safeguarding matters and as such appropriate action had not been taken in alerting the appropriate authorities. Following the inspection the deputy manager informed us that these alerts had now been made. The monitoring system had failed to identify that records did not indicate whether staff had received either initial or updated training in topics such as fire safety, risk management and safeguarding.

Staff felt supported in their roles and informed us that their sense of support was aided by team work that occurred at the service. One staff told us, "If I ever need help I go to other carers or senior. We help each other." Staff were able to feedback their views on the service through a survey which was then analysed. Staff also informed us that staff meetings occurred where feedback could be given and staff could make suggestions for improvements in the service and one staff member commented, "Everyone can make suggestions and we try them out."

The registered manager was absent from work at the time of our inspection. However, management cover, in the managers absence, was being provided by a deputy manager with the support of the manager's of the provider's other homes. The deputy manager understood their responsibilities for reporting specific events that occurred at the service and had some knowledge of changes in regulation. It is a requirement that provider's display their most recent inspection rating in a conspicuous place. We saw that the provider had followed requirements to ensure that the most recent inspection report was available to people both at the home and on the home's website.

People had the opportunity to feedback their views of the service through a questionnaire . The results from the questionnaire were analysed and an action plan was developed of areas that were identified that needed improvement.