GCH (North London) Ltd

The Tudors Care Home

Inspection report

North Street
Stanground
Peterborough
Cambridgeshire
PE2 8HR

Tel: 01733892844
Website: www.goldcarehomes.com

Date of inspection visit:
18 April 2018

Date of publication:
31 May 2018

Ratings

Overall rating for this service	Outstanding ☆

Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Outstanding ☆
Is the service responsive?	Outstanding ☆
Is the service well-led?	Outstanding ☆

Summary of findings

Overall summary

The Tudors Care Home is a 'care home.' People in care homes receive accommodation and personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The Tudors Care Home accommodates 44 people in one adapted building. At the time of our unannounced inspection there were 41 older people, some of whom were living with dementia.

This inspection took place on the 18 April 2018 and was unannounced. This was the first inspection of this service since their CQC registration changed in May 2017.

The service had a registered manager. 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.

Staff had an understanding of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. Staff knew how to report any suspicions of poor care practice and, or harm. Information and guidance about how to report concerns were available for staff, people and visitors to the service to refer to.

People were assisted to take their medication as prescribed. Processes were in place and followed by staff members to ensure that infection prevention and control was promoted and the risk of cross contamination was reduced as far as possible.

There were building adaptations in place to help people with limited mobility. This meant that people could access all of the services internal areas and the garden.

Staff assisted people in a kind, patient and respectful way. Staff knew people's personal histories and cultural backgrounds well and worked with people to make them feel 'at home,' and to promote a person-centred culture at the service. Staff were sensitive to times when people needed caring and compassionate support. People's privacy and dignity was maintained and promoted by the staff members supporting them.

People and their relatives' were given the opportunity to be involved in the setting up and review of their individual support and care plans. People's equality, diversity and human rights were embedded in the service provided.

Staff actively encouraged and empowered people to maintain their interests, develop new interests and, be

involved in the running of the service. Staff also supported people take part in activities and maintain links with the local community to promote social inclusion. People were assisted to maintain their life skills with assistance from staff to promote their independence. People's friends and family were encouraged by staff to visit the service and were made to feel very welcome.

People were supported and encouraged by staff to have enough to eat and drink. People were assisted to access a range of external health care professionals and were supported by staff to maintain their health and well-being.

People were supported by staff and external health care professionals, when required, at the end of their life, to have a comfortable and as dignified a death as possible.

People had individualised care and support plans in place which documented their needs. These plans informed and prompted staff on how a person would like their care and support to be given, in line with external health care professional advice and guidance.

Individual risks to people were identified before they moved into the service and were monitored by staff. Plans were put into place to minimise people's risks as far as practicable to allow them to live as independent and safe a life as possible.

The registered manager had a recruitment process in place. Staff were only employed within the service after all essential safety checks had been suitably completed. Staff were well supported and trained to be able to provide care which met people's individual needs. The standard of staff members' work performance was reviewed by the registered manager through competency checks, supervisions and appraisals.

Compliments about the care and support provided had been received and the positive feedback shared with staff. Complaints were investigated and action was taken to make any necessary improvements.

The registered manager actively sought feedback about the quality of the service provided and people's experience whilst living at the service from people and their relatives'. This feedback was captured in a variety of different innovative ways and enabled the registered manager to improve the service provided. There was also an effective and on-going quality monitoring process in place to identify areas of improvement needed within the service and actions were in place to make and sustain these improvements.

Staff were very clear about the high standard of care and support they were expected to deliver. Staff knew the visions and values of the service and these were embedded. The staff at the service had won an organisational award for the dementia care that they provided to people.

Records showed that the CQC was informed of incidents that the provider was legally obliged to notify us of.

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.

Processes were in place to protect people from harm or poor care.

Risks to people were monitored by staff to ensure that people remained safe, but maintained their independence wherever possible.

There was a sufficient number of staff to meet people's assessed needs and recruitment checks were in place to make sure proposed new staff were of good character.

Processes were in place to make sure that people's medication was safely managed.

Is the service effective?

Good

The service was effective.

Staff were supported with training, supervisions, and appraisals to make sure they were delivering effective care.

Guidance was followed to make sure that people had enough to eat and drink and people were supported with a healthy and nutritional diet.

Staff worked within and across organisations to deliver effective care and support. People were assisted to have access to external healthcare services when needed.

Is the service caring?

Outstanding ☆

The service was very caring.

Staff were highly motivated to treat the people they assisted with kindness and respect. People were supported to be involved in making decisions about their care and support needs.

Staff promoted and maintained people's privacy and dignity at all times.

People's visitors to the service were made to feel very welcome by staff.

Is the service responsive?

Outstanding ☆

The service was very responsive.

People's individual needs were assessed and staff used this information to deliver personalised care to people that met their needs.

Varied activities were in place for people to take part in. People were encouraged to maintain their interests and hobbies whilst at the service to promote their well-being.

To promote social inclusion, people were supported to maintain links with the local community.

People's suggestions and complaints were listened to and acted upon to reduce the risk of recurrence and improve the standard of care provided at the service.

Is the service well-led?

Outstanding ☆

The service was very well-led.

There was a registered manager in place running the service day-to-day with support from staff.

Staff were very clear about the high standard of care and support they were expected to deliver. The visions and values of the service were embedded. Quality monitoring was in place to oversee this and make any necessary improvements.

People and their relatives' were encouraged to be involved in the running of the service and to feed back on the quality of care provided.

The Tudors Care Home

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 18 April 2018 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.

Before the inspection we looked at all the information we held about the service. This included the provider information return (PIR) which was submitted to the Care Quality Commission on 9 March 2018. This is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make.

We also looked at information we held about the service and the provider. This included information from notifications received by us. A notification is information about important events which the provider is required to send to us by law.

Before the inspection we asked for information from representatives of a local authority contracts monitoring team and quality improvement team; an end-of-life facilitator; a dietician/ team lead; safeguarding team; and Health watch. We also looked at information received from the local fire safety officer. This helped us with planning this inspection.

During the inspection we spoke with six people who used the service and three relatives' of people using the service. We also spoke with a registered manager; unit manager; the administrator; the maintenance person; a care worker; an activities co-ordinator; and a kitchen assistant/domestic.

We observed staff who were supporting people to help us understand the experience of people who could not talk with us. We looked at three people's care records and records in relation to the management of the service; accidents and incidents; management of staff; management of utilities; and the management of

people's medicines. We also looked at the statement of purpose (received by email on 19 April 2018); surveys; compliments and complaints received; staff supervision and training records; and two staff recruitment files.

Good

Is the service safe?

Our findings

People and relatives' of people using the service confirmed to us that they, their family member, felt safe living at the service. This, they told us, was because of the care and assistance provided to them, their family member, by the members of staff. One person said, "I always feel safe with the [staff]." A relative told us," [Family member] is very safe here. I don't have any concerns about the care [they] receive when we leave."

Staff had training on how to safeguard people from avoidable harm and poor care and were able to demonstrate their knowledge to us. Staff members' safeguarding awareness was tested on a regular basis by the registered manager as part of the service's quality monitoring. Staff told us that they would be confident to whistle-blow. (This is a process where staff can report any poor standards of care if they ever became aware of this). A staff member said, "I would raise the concern with senior [staff] and escalate it, if it was not dealt with." Staff explained to us that they would report poor care and suspicions of harm both internally to management and to external agencies such as the local authority and CQC. Information and guidance about how to report concerns were available for people, their visitors and staff, in an easy read format to refer to if needed. The easy read format meant that this information would be more widely understood to people living at the service. A relative told us, "It's always so calm here, there's never raised voices." This showed there was a process in place to reduce the risk of poor care practice and harm.

Peoples' risk assessments and support and care plans were stored securely within the service and contained adequate information for staff to deliver safe care. Risks to people had been identified before they came to use the service and any new risks were identified as staff got to know the people they supported. People's individual risks were reviewed and individual prompts and guidance for staff were provided. This was to help staff monitor these risks and reduce the risk of harm, in conjunction with staff supporting people, as far as possible, to maintain their independence. The majority of people spoken with told us that they were aware of their risk assessments. However, they said that their families looked after this. One person confirmed to us that "My [relative] looks after the paperwork."

Technology was used to assist people to receive safe, care and support. We saw that there were care call bells and senor mats (an alarm to notify staff that a person at risk of falls, is starting to move about in their room) in place for people to summon or alert staff when needed.

Records relating to checks on the service's utility systems and building maintenance showed that checks were in place to make sure people were, as far as possible, cared for in a place that was safe to live, visit and work in. A fire safety officer had visited the service in July 2017; they found that there were improvements required which had been completed or were currently on-going. People also had emergency evacuation risk assessments in place to assist them to evacuate safely in the event of an emergency such as a fire.

The registered manager used a dependency tool to establish staffing levels based on people's care and support needs. They then, when needed, provided an additional staff member who could step in and help deliver care and support if required. For example, if a person's needs increased due to an illness. People and their relatives had positive opinions over the number of staff available and whether they met their, their

family member's needs. One person told us, "I can get around on my own, but the [staff] keep an eye on me." A relative said, "[Family member] is always hoisted by two [staff]. If [family member] wasn't happy [they] would soon tell us." Observations during this inspection showed that there was enough staff to meet people's needs and care call bells were answered promptly. A staff member told us," There is enough staff, but we do have the odd difficult day if a [person] is under the weather, you have to reprioritise your day. We are generally well staffed, staff pull together to cover shifts." This showed us that staff supported people in an unhurried manner.

Checks were carried out on new staff members' by the registered manager to confirm that they were appropriate to work with people and of good character. Staff told us that these checks were in place before they could start work unsupervised at the service. One staff member said, "I could only work shadow shifts [accompanied by another staff member] until my [recruitment] checks came back." This showed us that there was a process in place to make sure that staff were deemed suitable and satisfactory to work with the people they assisted.

People and relatives' of people did not raise any concerns about how their, their family member's, medication was managed by staff. We saw that medication was stored securely, at the correct temperature and disposed of safely. Records showed that medication had been administered as prescribed. People were told what their medication was for by staff and were asked if they wanted any pain relief medication. This was done by staff in a patient manner. Daily spot checks of medication showed us that checks were in place to make sure that the running balance corresponded with the amount in stock. This showed that accurate records were maintained and that the provider had systems in place to ensure that people's medication was managed safely.

The service was clean with no malodours. We saw that soap, hot water and hand gel were available for staff, people and their visitors to use to clean their hands. Posters were displayed in communal toilets and bathrooms throughout the service, as a polite reminder for staff, people and their visitors' to wash their hands. Staff were knowledgeable about their role in preventing the spread of infection. A member of staff told us that they had enough cleaning equipment and personal protective equipment (PPE) available to use and that this equipment was for single use only. They talked us through how they cleaned different areas of the building using different cloths, and different colour mops and buckets to maintain good infection prevention and control practices. This demonstrated to us that processes were in place and followed, to help reduce the risk of infection and cross contamination.

Records showed that there was monitoring in place for any accident and/or incidents that had occurred. The registered manager told us that there was a learning tool that documented how the risk of the incident or accident recurring could be reduced, by actions taken. This was then discussed at team meetings. A staff member confirmed to us that following an incident, "There would be [registered manager] chats with individual staff and groups of staff. Learning would be documented in the communication book and we would talk about it in staff meetings." They then went on to give us some examples. These included the registered manager noticing that sauces were not available during a mealtime in one dining area of the service. This was rectified immediately and discussed with staff. This showed that any learning from accidents or incidents that happened within the service were communicated to staff to help reduce the risk of recurrence.

Good

Is the service effective?

Our findings

External health and social care professionals visited the service. This included daily visits by district nurses, and visits from chiropodists, and people's social workers. These professionals worked with the registered manager and staff to help them support and promote people's well-being in line with legislation, such as medication updates, and good practice guidance. This guidance was then reflected within people's care records we looked at. The registered manager told us that they were kept up-to-date with legislation changes via the provider's quality assurance manager. They also told us that they communicated with the district nurses almost daily to make sure that staff at the service supported people effectively. This showed us that staff worked and communicated regularly with external health and social care professionals to try to ensure people's needs were in line with up-to-date guidance.

People were assessed for and equipment was provided to promote their skin integrity and mobility. Observations showed that staff offered encouragement and reassurance to people when they were supporting the person by using moving and handling equipment.

Staff told us about the training they completed to ensure that they had the right skills, experience and knowledge to provide the individual care and support people needed. Training included, safeguarding adults; moving and handling; dementia awareness; mental capacity act 2005 (MCA) and deprivation of liberty safeguards (DoLS); fire safety; food hygiene and infection control prevention and control. Staff told us that they were also supported to further increase their knowledge and skills by undertaking, with support from the registered manager and provider, additional qualifications. This included national vocational qualifications in health and social care. This showed us that were processes in place to make sure that staff were given training to help them provide effective care and support.

The registered manager said that some staff had undertaken additional dementia training using virtual reality equipment called 'a walk through dementia.' Part of this looked at how dementia impacted on people, particularly when they carried out day-to-day living tasks. For example; when making a hot drink for themselves or other people. One staff member spoken with told us that they now had a better understanding on how dementia affected a person's everyday life. They went on to say, "It's hard to explain but it gives you a feel of what a person with dementia experiences. The day-to-day obstacles with day-to-day things." They went on to say," We were also blindfolded, with headphones on and were fed yoghurt [by another staff member], it really brings it home to you what people experience." Another staff member said," It brings it home how severe the emotions are when you are trying to do day-to-day tasks and how debilitating this [can be]." This, staff said, gave them greater knowledge and made them more compassionate and understanding of people's support needs and behaviours at times.

Staff told us that they enjoyed their work and were well supported. Staff were supported through supervisions, competency spot checks (observation of practice) and appraisals. These sessions gave staff opportunities to discuss their development needs, any issues they may have had and to receive feedback on their work practice.

Staff said that when they first joined the team they had an induction period which included mandatory training and shadowing a more experienced member of staff. This was until they were deemed confident and competent to deliver safe and effective care and support. We saw that The Tudors Care Home had adopted the Care Certificate which is a national induction programme tailored to develop staffs' knowledge and skills.

During the morning and afternoon there were staff going round offering people choices of hot and cold drinks and a selection of snacks. Bowls of fruit and snacks were also in the kitchenette/ self service areas of the building for people and their visitors' to help themselves to when they wished.

Observations showed that people were supported by staff with their meals and drinks when needed. This support was seen to be done by staff in a patient and supportive manner. People were offered condiments and choices of the meal. If people did not want the food on offer we saw that an alternative to the menu was then offered. We saw a person give staff a 'thumbs up' when asked if they enjoying their meal. To help people enjoy their mealtime experience we saw that both the formal dining room and the fifties diner tables were dressed with tablecloths, napkins and a menu. Observations during lunch showed that staff chatted to the people they were supporting. Staff were encouraged to sit with people and eat their lunch at the same time. The atmosphere during the meal time was calm, with pleasant conversation and at times respectful laughter was heard between people and the staff that supported them.

Staff told us that currently no one at the service had a special diet due to cultural or religious needs. However, they confirmed that they would adapt the menus to meet these needs. People's individual dietary needs, such as a vegetarian diet, a diet due to a specific health condition, or a softened or pureed food for people at risk of poor swallowing were catered for. A relative said, "We've had a meal here too, it was very good… [Family member] has put on weight since leaving the hospital they enjoy the food so much." A person told us, "The food is very good. If we don't like the choice they offer us something else. It's never a problem." This showed us that people were supported with their individual preferences and encouraged by staff to eat and drink sufficient amounts.

Staff worked with external organisations to ensure that the best possible quality of service was provided. For example, working with representatives from the local authority contracts team and the quality improvement team. This meant that the overall quality of the service was monitored.

People were supported to attend health care appointments at the service and outside of the service when required. Records showed that staff at the service had requested input from and followed advice from external health care professionals. We saw an example of where people with a specific health condition were supported by daily visits from a district nurse. A relative told us, "My [family member] had an [infection] that caused them to have a fall. [Staff] got a doctor out straight away and then called me. [Family member] was fine." Another relative said, "When [family member] was in hospital they stopped their [named tablets] and their feet swelled up. When they got here [the registered manager] got onto the GP and the tablets were reinstated. [Family member] is now much better and can get their slippers on." This showed us that people's health and well-being needs were monitored and acted upon.

The service was an adapted building and adaptations had been made to both the building and communal gardens. This was to enable people to be able to access all areas of the service. Bedrooms and communal areas were on two levels and handrails ran the length of the corridors to aid and assist people with limited mobility. Access to the upper floor was via the stairs, a stair lift or a passenger lift. Observations showed that people had access to the garden, the dementia café and the maintenance workshop. During this inspection we saw that people were able to spend time in the dementia café and in the garden enjoying the good

weather.
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 so that they can receive care and treatment 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).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

Staff had undertaken training in MCA and DoLS and were able to demonstrate an understanding to us. Staff supported people with their decision making and choices. A staff member told us, "[People] have a MCA [assessment] on arrival [at the service]. Don't presume somebody hasn't got capacity just because they have a diagnosis of dementia." Applications had been made to the local authority supervisory body for people who had been assessed as lacking mental capacity and needed legal restrictions (for example a person not being allowed to go out on their own as this would put them in danger) in place to aid with their safety. This showed that people would not have their freedom restricted in an unlawful manner.

Outstanding ☆

Is the service caring?

Our findings

People using the service and their relatives' consistently had very positive opinions about the care and support provided by the staff. One relative said, "If this [service] had star ratings like a hotel it would be five stars, it is much better than we ever could have expected." Another relative told us, "I'm very happy with the care. [Family member] had to move here under difficult family circumstances, but the [staff] were really very good."

Each care staff member was a designated key worker for a person living at the service. Their role as a 'key worker' was to help keep the person informed of any appointments they may have had and to keep people's care records up-to-date. We saw that staff knew and respected the people they were caring for very well. They were able to demonstrate to us that they knew people's social histories and life stories, and preferences and wishes a person had. This included staff using people's different cultural experiences and backgrounds to plan activities and themed events for people to take part in. A person said, "I love it here, [staff] are so good to me." For people whose first language was not English, staff had learnt key phrases of the person's first language. Observations showed that conversations that staff had with people using the person's preferred language gave the person a lot of reassurance and helped make them feel more at home. For example we witnessed a conversation between a person who was becoming anxious and was walking up and down, and the registered manager. This conversation was had in the person's preferred language. This light hearted conversation ended with the person becoming less anxious, and their body and facial language showed, by them laughing and smiling at us, that this had made them feel more relaxed.

To promote people's equality and diversity and individuality, the registered manager and staff had organised their version of a 'pride' event within the service. (Pride events celebrate lesbian, gay, transgender and intersex culture and pride.) This event took place in the month of January as the Registered Manager told us that this was normally the month when people needed some extra cheering up. This celebration event was called the 'Caribbean Colour Festival.' Posters promoting this and the equality and diversity within the service were decorated in the colours of the 'rainbow flag' and were on display throughout the service. The messages promoted were that," We are accepting to anyone," and "Everyone is equal regardless of race and sexuality." A staff member confirmed to us that, "There is an expectation from staff to treat everyone equally." They went on to tell us that equality and diversity was always promoted and embedded at staff meetings. This demonstrated to us that the registered manager and staff worked to ensure that people's individual needs and well-being were met, and that they had found creative and innovative ways of promoting the message of equality for all.

People were encouraged by staff to personalise their rooms to make them feel more homely. The policy at the service was for staff to use the phrase 'house number' instead of the person's 'room number' to promote the service's more homely feel. People and relatives' of people who used the service told us how the registered manager and staff had worked hard with them and communicated with families to get to know people. This, they said, helped people settle into the service. A relative said," It's absolutely lovely for us as well as [family member]."

A staff member told us that the culture and values promoted about the service provided was that, "We work in [people's] home; they don't live in our workplace." This they said was at the forefront of everything staff did. Our observations throughout the day on how staff interacted with people and how staff respected people demonstrated this.

People were encouraged to customise their names plates on their bed room doors with pictures of their choice. These were also written in the person's first language and decorated with the flag and images of their country of birth. This again, was to promote the persons' sense of belonging and of being 'at home.' A relative told us," When [family member] moved in, they were in another room temporarily whilst their room was decorated as they wanted. They even had a new bed."

Input into decoration of the service was not limited to people's individual bedrooms. We noted that at residents' meetings, people were encouraged to give their opinion and be involved on the decoration of the building and communal areas. A suggestion was made for the hairdressing room to have a much larger mirror. This was actioned. Another request was for an area of the service to look like the seaside. This was because the person, 'enjoyed being at the beach as a child.' The decoration in one of the corridors now looked like the seaside and creatively included a light effect that looked like waves of the sea. The person's response to the change was, "Wow, I love this."

Other areas of the service that were themed to promote people's choices of past memories and nostalgia. Themed corridors also included the London underground, a bus stop, an indoor garden area, a fifties themed cinema, a corner shop and bar. Observations showed that people had favourite themed areas that they wished to spend time in. This demonstrated to us that staff clearly understood that people should be encouraged to have as much choice of their surroundings to promote and sustain their well-being.

The service had a residents committee, which one of the people living at the service chaired. The benefits of the chairperson being a person living at the service was that they fully understood the experiences of what it was like to live at the service and they were able to encourage people living at the service to be involved. Posters introducing the head of the committee were on display throughout the service, in an easy read format. The poster explained the reason why the committee had been set-up and that it was 'in order for those living here to enable them to have a voice, to be able to express their views, concerns, ideas and opinions.' It set out the committee goals, 'to ensure we have the best care provided and that all concerns are raised appropriately.' The role of head of the committee was explained as, 'I work as a link between us as residents' and the activity team and care team to voice our views.' Feedback from these meetings were displayed on a communal notice board called 'you said and we did.' This showed us that this committee was successful in engaging with people and listening to their individual wishes.

Recent actions from the committee included a request from one person that their hot meal was served at lunch time rather than the evening. This was actioned and the person was pleased with the outcome. The committee requested that hand outs were provided to people to provide useful, relevant information. A recently circulated hand out was about safeguarding, what this meant and what actions to take if people felt that they were being harmed. General feedback from the committee was that people were very happy with the service, the communication and the entertainments provided. One relative told us, "[Family members] settled in lovely, it's all down to the staff." This meant that the registered manager used different innovative ways to engage and involve people and their relatives' with the running of the service.

Records showed and people told us that feedback was sought from people living at the service, their relatives' and visitors to express their views and engage with the service. This was captured during their visits to the service, or at meetings. Minutes from meetings were displayed, again in an easy read format, on

communal noticeboards' within the service. This was for people and their visitors to read should they wish.

Staff had knowledge on how to promote and support people's independence. Records documented and prompted staff on what people were able to do for themselves and what staff were to support them with. Staff knowledge also included distraction techniques known to work for people who were at risk of becoming anxious. We saw that staff supported people in a kind and patient way. This included listening to the person's concerns, giving reassurances, and knowing that the person required some time to themselves which could help reduce the worries for the person who was becoming anxious.

People told us that they were aware of their care and support plans and felt involved in decisions about their care. This was because communication with the registered manager and staff at the service was very good. Peoples care and support plans were written in a personalised way, which reflected the individuals likes and dislikes and how they wished to be assisted and cared for by staff. This showed us that staff endeavoured to involve people and their relatives' in decisions about their, their family members care.

We saw that staff asked for and respected people's choices and asked permission before supporting them. Advocacy information was available for people if they needed to be supported with making decisions. At the time of this inspection there was no one using this type of service. Advocates are people who are independent of the service and who support people to make and communicate their wishes.

People's privacy and dignity was promoted and maintained by staff. Staff encouraged and promoted people's independence and helped maintain people's autonomy. A relative said, "[Family member] is always lovely and clean, the laundry is very good." We saw that conversations about care were held in private and that when a staff member wanted to go into a person's room, they either knocked on their door and/or announced themselves before going in. This demonstrated to us that staff respected and promoted people's privacy and dignity.

Visitors were encouraged and made very welcome at the service by staff. Staff were seen to make people's visitors feel welcome and chatted to them to update them about their family members' care and welfare. A relative confirmed to us that," [Staff] are as good to visitors as to the residents. We always get tea and cake." Another person said, "It is more like home than a home, if you know what I mean." This showed us that people visitors were made to feel welcomed.

Outstanding ☆

Is the service responsive?

Our findings

People and relatives' of people were very positive about the initiatives that the registered manager and staff had created to promote people's social inclusion. This had made people feel valued. A relative said," The staff are brilliant every time, we couldn't ask for a better home." There had been a real effort within the service to provide a more modern nostalgia, with a corner shop, a bar area, a fifties diner, hairdressing salon, and cinema area. A relative said," [Family member] loves to have their hair and nails done." Another relative told us, "We can use the salon ourselves, it's great." The cinema area also showed films daily. We noted that staff did not assume that people who lived at the service only wanted to watch an old nostalgic film. We saw that there was a choice for people to watch an old film or a more modern film, including a science fiction film. People wishing to attend a film showing collected their 'cinema ticket' from staff and chose from a selection films what they wished to watch. This showed us that the registered manager and staff recognised and understood the changing dynamics and ages of people using the service.

A dementia café which was open once a week was available for people, their visitors and people from the local community who were welcome to come and use. The activities co-ordinator told us that some people from a local supported living service used the café, but that they were trying different ways to encourage more people to visit from the local community. This was by putting up posters locally. People living at the service who chose to get involved, baked cakes and treats the day before to serve in the café. One person said, "I love baking for my family." On the day of inspection we saw people were using the café and enjoying the pleasant surroundings. The café could also be used for a family get together, such as celebrating a person's birthday, or holding a wake. A relative said, "When [another family member] visits with the grandchildren, they always love to go into the café with [family member living at the service]. It's so good to have some private space other than the bedroom." This demonstrated to us that the registered manager and staff had an understanding of people's wishes and endeavoured to give people a sense of worth and promoted and built upon their links with the local community.

People were actively encouraged by staff to maintain and promote their daily living skills. This included helping to look after the service's pets which included fish and a cat called Minnie. Minnie resided within the service and had their own plan of care to detail their own personal health checks. People also helped with day-to-day living task such as the gardening and laundry, as they would have done when they lived in their own homes. Staff were overheard asking people for their advice regarding the gardening chores that needed to be undertaken. We saw and heard that this advice was listened to and acted upon by staff. This helped promote people to feel valued and engaged in living a full a life as possible.

One person, who had recently moved into the service, needed a shelf to display their belongings on. They worked alongside the maintenance person in the on-site workshop to create what was needed. As the person had, in the past, been able to do their own 'Do It Yourself (DIY),' working alongside the member of staff had given the person a real sense of achievement and sense of pride. They proudly asked the registered manager to show us, during the inspection their room, where this display shelf resided. Another person who needed a bespoke storage unit was encouraged to get involved and helped design the unit with the maintenance person so it exactly met their needs. The maintenance person said, "I love my job, getting

[people] to help me with maintenance tasks… we now have some plans for the garden." A person confirmed to us that, "I am involved in [designing] the [new] pitch and put course. [Within the garden.] It's going to have four holes, bunkers and water obstacles and a flat practice green." This demonstrated to us that people were able to maintain their daily living skills and were also able to choose social activities that were creative and met their individual interests.

The service had a shop designed as a 'corner shop' to help prompt and maintain people's memories. The registered manager told us that some people liked to collect their morning papers from there with 'mocked up' bank money and 'mocked up' money withdrawal slips. We overheard one person asking the registered manager for a withdrawal slip, so that they could 'withdraw' some 'mocked up' money to pay for their daily newspaper. This very positive interaction seemed to give the person a sense of reassurance.

A few people within the service had musical and singing skills. To promote this interest, people's well-being and their enthusiasm, they had been encouraged by staff to form a 'house' band. We saw posters displaying their next 'gig' that was coming up and it was billed as a 'cockney sing-a-long.' A relative told us, "[Family member] loves a sing-a–long." These posters were eye-catching and displayed throughout the service. A person new to the service told us excitedly, "I've a bit more practicing to do then I'll be joining the band."

People and their relatives' were very positive about the activities that took place within the service and the trips out to promote people's social inclusion. These included visits to the service from two different nursery classes, where the pre-school children helped people during an arts and crafts session make cards. The results of these sessions, we saw, were proudly displayed within the service. One relative said, "A [staff member] took [family member] to [named supermarket] in their wheelchair. They always used to shop in [named supermarket] and they really enjoyed the trip." Another relative told us, "[Family member] likes to take part in most activities. If there's some on in another part of the home that they want to do [staff] always take them."

The activities co-ordinator organised 'themed nights' for people at the service. These included the celebration of people of different nationalities that lived at the service, with food and activities from that particular country. For example the celebration of 'Diwali' festival of lights celebration, was greatly enjoyed, as was the 'Chinese New year' celebration. A person told us, "We do something every day here, it is like a big family." A staff member said of these events, "Any excuse for a party…everyone gets involved."

The Tudors Care Home is a care home that does not provide nursing care. The registered manager told us that to support people approaching the end of their life; they would work with the person and their family to make sure that they met their wishes, including their preferred place of death. They also told us that they worked with external health care professionals, when it became clear that people's health condition had changed or deteriorated. External health care professionals that staff worked with during this time would include specialist end-of–life nurses and the person's GP. An external health professional told us, "[Staff] have been trained to use the [named] palliative and end-of-life documents which support the community nurses and therefore the residents…The management appeared supportive to their staff, who were interested and involved in the end-of-life discussion I held." The registered manager also gave us an example of how they supported the families during this time. They told us how they would promote a quiet and calm atmosphere around the person, and offer the family toiletries and food and drink during their stay and to make this time more comfortable. This was to enable staff to support people to have the most dignified, and pain free a death as possible.

Care records documented people's end of life wishes, including a wish to not be resuscitated, cultural and religious wishes; funeral arrangements and preferences. The registered manager told us that when a person

died the body was collected by the undertaker and, staff would gather in silence outside of the service to show their respect. This they told us helped them pay their respects towards the people they had got to know and helped look after. This showed us that there were procedures in place for staff at the service to promote and respect people's individual end of life wishes.

An innovative way to help with the promotion of the service's core values, we saw a memorial tree in one area of the service. This was where people, their visitors' and staff could hang hand written tags on with a message about a person who had died. These encouraged and inspired people, their visitors' and staff to think about what the person meant to them and then share these memories.

Care and support plans and risk assessments recorded people's daily living needs, care and support requirements and health needs. These had been developed in conjunction with the person, their relatives, legal representative and advocates where appropriate, as they moved into the service. This care record was in place to guide staff on how they could meet the person's individual needs and wishes. The care record also acted as information for staff on how each person wanted to be assisted, including their social history, likes and dislikes, interests and any personal preferences. Reviews of these records were then carried out to make sure that these were up-to-date and reflected people's current requirements. People and their relatives' told us that they were encouraged to be actively involved at the service and that communication was good. This showed us that the registered manager and staff involved people and their relative's so that they felt consulted, listened to, empowered and valued.

We saw that the service received compliments and thank you cards from relatives and visitors of people who had used the service. Compliments were used to identify to staff what worked well and were on display in the communal area of the service for people to read. Records showed that the service had received some complaints and suggestions. Complaints included a request from a person to not be checked during the night by night staff as this disturbed their sleep. We saw that complaints had been investigated and resolved where possible. Where any action had been taken to try to reduce the risk of recurrence, this had been fed back to the complainant.

People and their relatives' told us that they knew how to make a complaint and suggestions and had felt listened to. They confirmed to us that they felt that any complaints raised with the management of the service were resolved where possible.

Outstanding ☆

Is the service well-led?

Our findings

The Care Quality Commission (CQC) records showed that there was a registered manager in place, who was supported by a unit manager, care staff and ancillary staff members. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

Records showed that the CQC was informed of incidents that the provider was legally obliged to notify us of. This showed us that the registered manager was aware of their responsibilities in reporting notifiable events to the CQC when required.

People and their relatives' told us and we saw that the registered manager was very visible throughout the service and was very well known to the people living at the service and their families.

Staff told us that there was a very clear expectation, by the registered manager, for them to deliver consistently high quality but individual care and support to people. Staff were supported by the registered manager to enrich the lives of people living at the service and this was an embedded culture at the service. Advice and guidance leaflets were available for people to support them with their equality and diversity. A staff member said that the values and culture of the service were, "[Promote] individualism, and to be really family orientated. We are supported by good families here." This was demonstrated by the strong organisational commitment of staff at the service to promote people's individual requirements, inclusion and equality and diversity.

Staff were encouraged by the registered manager to take on 'lead role' responsibilities. These included, but were not limited to; lead roles for safeguarding; dignity; nutrition and hydration; infection control; dementia; end-of-life, falls and engagement. The role of a 'staff champion' the registered manager told us, was to look for additional training in their subject area to bring new and creative ideas into the service and to challenge existing practices. The benefit of this was to motivate staff to find ways to improve the lives of people at the service. For example, the dementia champion had implemented with the registered manager, the 'virtual reality' training, sensory touch objects to stimulate people and the colours that's staff should be wearing to offer people living with dementia reassurance.

Staff told us that they were proud to work at the service and really enjoyed their roles. One staff member said, "We try to provide for people's needs and help them with their requirements…It is fun to come to work." A relative told us, "We can sleep at night knowing that [family member] is being looked after." The service had won the provider organisations 'best dementia care home' in December 2017, and we saw the certificate proudly on display. They had also scored 9.2 out of 10 for an external 'recommended care home' award. These awards were a way of helping staff feel valued and promoting and maintaining staff morale.

The registered manager and staff had set up regular meetings for people and their relatives' to attend. The aims of these meetings were to promote and encourage open discussions about the service provided, the

services visions and values. People and their relatives' told us that communication was very good, their feedback on the service provided was sought and that they felt valued and listened to. This showed us that the registered manager put a strong emphasis on continuing trying to involve people and their relatives' and improve the service provided.

Staff made very positive comments about the registered manager and how they made staff feel supported. One staff member said, "I can speak to the [registered] manager, I feel that their door is always open." Another staff member told us, "The [registered manager] is approachable and I can always ring them even if they are not here."

Quality monitoring audits were carried out and input into a computer programme that fed the results back to the directors of the organisation. These audits looked at all areas of the service and were one of the registered manager's key responsibilities to demonstrate the high quality of the service provided. The results of these audits were positive and at the time of this inspection did not identify any concerns. An external social care professional told us, "[The organisation/provider] had recently changed the way they audit [their] services internally, providing a more detailed and thorough report and actions from these audits."

The registered manager told us how they worked in partnership with, took advice from, and shared information with key organisations to provide good care to people living at the service. This included working together with the local GP, social workers and nurses who specialise in end-of-life care and support.