

Westcare (Somerset) Ltd

# The Tudors

## Inspection report

Street Road  
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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

The Tudors is a residential care home providing accommodation and personal care to up to 21 people. The service provides support to older people, some of whom are living with dementia. At the time of our inspection there were 16 people using the service.

The Tudors is in an adapted residential building with individual bedrooms on two floors, ground floor communal spaces and a rear garden.

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

People could be at risk of harm in the event of an emergency situation because health and safety standards were not always assessed and maintained in accordance with legislation and guidance. Risks included fire doors which did not comply with regulations, an ineffective evacuation strategy and lack of practical staff training and knowledge.

Risks to people were not always managed safely. Risk assessments relating to the health, safety and welfare of people using services were not complete or reviewed regularly. This meant staff did not have current guidance to support them in caring for people.

Medicines were not always managed safely. This included the ordering, safe storage and management of medicines. Audits had been carried out but had not always identified the shortfalls we found during our inspection.

Staff had received training, but some information was not well understood or embedded in their everyday practice. We have made a recommendation about staff training and comprehension. Staff were beginning to receive supervision and consistent support.

Governance processes were not always effective because they had not been consistently and robustly embedded. Improvements were not introduced because standards had not been regularly monitored.

There had been several changes within the management team which had led to a lack of consistency and oversight. Concerns had not always been identified relating to the safety, quality and standard of the service. Monitoring systems and processes had been introduced, but these were not yet carried out consistently or embedded. The new management team appeared open to feedback and were keen to make improvements.

There were enough staff to support people safely, and staff knew people well. Safe recruitment practices were in place, and work was underway to standardise staff personnel files.

People were kept safe from COVID-19 and other infection outbreaks effectively. Improved cleaning regimes and recording was needed in some bedrooms and bathrooms.

People were kept safe from avoidable harm and staff told us they would take action if they had concerns about abuse or risk to people.

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.

The management team were keen to develop an open and positive culture within the service. They aimed to keep people and their families at the heart of what they did and worked with staff to ensure they provided high quality care.

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 (published 14 July 2021).

Why we inspected

We received concerns in relation to the safety of the building, fire safety, staffing and management oversight of the service. As a result, we undertook a focused inspection to review the key questions of safe and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe and well led sections of this full report. You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Tudors on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to the safe care and treatment of people who lived at the service, the premises and equipment, management systems and monitoring. Please see the action we have told the provider to take at the end of this report.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards

of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not always safe.

Details are in our safe findings below.

### Is the service well-led?

**Requires Improvement** ●

The service was not always well-led.

Details are in our well-led findings below.

# The Tudors

## 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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by two inspectors.

#### Service and service type

The Tudors is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. The Tudors is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection a new manager had been appointed, and they were planning to register with the Care Quality Commission.

#### Notice of inspection

This inspection was unannounced.

### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and other stakeholders. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We used all this information to plan our inspection.

### During the inspection

We spoke with five members of staff. This included the manager, peripatetic manager and care staff. We also spoke with the nominated individual by phone on the day of the inspection. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We viewed a range of records and documents. This included parts of three people's care records and all medicine records. We looked at four staff files in relation to recruitment and staff supervision. We checked a variety of records relating to the management of the service. This included policies and procedures, quality assurance and health and safety documents.

We spoke with people briefly and observed their experiences during the inspection. We received feedback from four relatives or friends of people who lived at the service. The views of everyone we spoke with have been incorporated into this report.

We considered this information to help us to make a judgement about the service.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- There were concerns about the environment and health and safety.
- Shortly before our site visit, a routine inspection had been undertaken by the local fire service. They had identified risks including fire doors which did not comply with regulations, an ineffective evacuation strategy, poor division of the building to limit the spread of fire and smoke and lack of practical staff training and knowledge. Immediate changes had been made to improve safety and further actions were planned to ensure the provider met all fire safety legislation required. Not all risks identified had previously been highlighted. People could be at risk of harm in the event of an emergency situation.
- There were environmental risks in the service. For example, a water tank located on the first floor was causing a strain to the ceiling below. This had been recognised and immediate safety actions taken, with a longer-term plan to relocate the tank and improve structural safety.
- There were plans to refurbish the service after building works had taken place, however some carpets were worn and dirty and some relatives told us they found their family member's rooms were not well kept.
- The cleaning records for some rooms were not completed consistently. For example, records showed one toilet had only been cleaned four times in a month.
- Staff clearly explained how risks to the environment were assessed, such as regular checks of equipment, water and gas safety. However, documentation was not always available to show that routine monitoring had been carried out as required. This is reported further in the well led section of this report.

The lack of adequately maintained premises and equipment was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider was aware of some of the concerns identified prior to the inspection and had begun work to improve safety and manage risks. After the inspection the provider sent an action plan which described the changes planned to ensure regulations and standards could be met.

- Risks to people were not always managed safely. Risk assessments relating to the health, safety and welfare of people using services were not complete or reviewed regularly. For example, we looked at three care records. The risk assessment for falls and medicines in each was out of date or not complete. According to the provider's standards, these should be reviewed and updated on a monthly basis. This meant the risk to people may not have been managed safely because there was a lack of current guidance for staff.

This was a breach of regulation 12 (2)(a) of the Health and Social Care Act 2008 (Regulated Activities)



## Regulations 2014.

After the inspection the provider sent an action plan which described how improvements would be made to care records within a specific timescale.

### Using medicines safely

- Medicines were not always managed safely. For example, one person had not received a prescribed medicine for several days because of a problem getting it from the pharmacy. Staff were not clear about what they had done to try to get the medicine, and the manager had not been informed about this issue.
- Medicines were not always stored safely. Some medicines need to be refrigerated, and the temperature range should be monitored, controlled and recorded. Records showed the medicines fridge temperature had exceeded the recommended range on several consecutive days. Staff did not report this, take any other action or complete an incident form.
- We checked the medicines which were used to treat minor ailments, but the amounts kept did not reflect stock records. For example, numbers of paracetamol, indigestion remedies and diarrhoea relief were all different to the quantities documented.
- One person was prescribed pain relief patches. Although body maps were available for staff to record the placement of patches, this had not been consistently updated. This could lead to staff applying the patches in the same location, resulting in potential skin damage or irritation and reducing the efficacy of the active ingredients.
- Although medicines audits had been carried out, most of these issues had not been identified.

This was a breach of Regulation 12 (2)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

After the inspection the provider sent an action plan which described how improvements would be made to the management of medicines within a specific timescale.

### Staffing and recruitment

- Staff had received training, but some information was not well understood or embedded in their everyday practice. For example, staff were unable to describe different types of abuse or explain the process for making sure medicines were used safely and effectively.

We recommend the provider reviews staff knowledge and understanding in a range of subjects and provides additional support if necessary.

- Managers told us staff had not been receiving regular supervision in recent months. They had begun to address this.
- Safe recruitment practices were in place. This included criminal and employment checks being carried out to confirm staff were suitable to care for people. A recent check of staff files had identified some gaps in records under the previous provider. Managers were addressing this. The management team acted where necessary to address staff performance.
- There were enough staff to support people safely, and staff knew people well. Sometimes agency staff were used to ensure safe staffing levels could be achieved. When possible, agency staff who had worked at the service before were used for consistency.
- Relatives gave positive feedback about staff. Comments included, "The care staff are lovely", "The staff have been amazing", "The staff seem to have a good rapport with [Name], they seem fond of them" and "I cannot fault the care staff. They are amazing".

Systems and processes to safeguard people from the risk of abuse

- Relatives told us they felt people were safe. One relative said, "[Name] is safe. They're well looked after, safe and well-watered" and another added, "Very much so".
- Systems were in place to ensure safeguarding concerns were reported and action taken when necessary. Referrals were monitored and reviewed by managers.
- Staff received safeguarding training, although some staff would benefit from further practical application and development of their understanding. Staff told us they would take actions if they had any concerns about people being at risk of abuse.

Preventing and controlling infection

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- The provider supported visitors to be able to access the service in accordance with government guidance.

Learning lessons when things go wrong

- The management team appeared open to feedback and responded to concerns we raised as part of the inspection process. Requests for additional information and assurance were met as required.
- A system had been put in place to review accidents and incidents, although this was a relatively new development. Although some accidents and incidents were reported by staff, we were not assured this always happened. For example, medicines incidents had not been reported.
- A system was in place to record complaints and compliments in order to understand, explain and learn from these as needed.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

# 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 our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The provider's oversight and governance of the service had not always identified concerns relating to the safety, quality and standard of the service. This is as detailed in the safe section of this report.
- Monitoring systems and processes had been introduced, but these had not yet had time to be embedded. Issues or required improvements had not always been identified or acted upon. This included concerns about fire safety and the premises, record keeping and risk management, and the safe management of medicines.
- Some shortfalls had not been identified in audits, and some audits were not completed consistently. For example, not all recent monthly audits of care records were available during our inspection and checks of cleaning schedules had not highlighted poor record keeping.
- We were informed by the provider that a number of governance documents and check sheets were missing from the service. Managers believed that these may have been removed maliciously, and steps had been taken to report the loss and ensure data was protected as far as possible.

The lack of consistent oversight and quality assurance processes was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- It is a legal requirement that the latest CQC inspection report rating is displayed at the service and on their website. This is so that people, visitors and those seeking information about the service can be informed of our judgments. The most recent CQC report was displayed in the service, however, the rating was not consistently displayed on the provider's website.

This was a breach of Regulation 20A of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There had been several changes of manager within the previous 6 months, and this had contributed to a lack of consistency and oversight. A new manager had been appointed from within the organisation. They planned to register with CQC. A new clinical lead had also been recruited and they were due to join the team in the coming weeks.
- The new management team appeared to be responsive and keen to bring about change and improvement at the service.
- Plans were in place to introduce a new electronic monitoring system. This would help to improve quality

assurance, keep people safe and support the provision of high-quality care.

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

- There had been staff changes at all levels, but the new management team were committed to developing the service and improving the care people received. More time was needed to see the full impact of their plans and the changes which followed. The new manager was keen to work with the staff team to bring about positive change and improve all aspects of the service.
- Relatives hoped the 'family feel' of the service was not lost.
- Relatives told us they felt confused by the regular changes at management level. Comments included, "I don't know who the manager is now, there have been lots of changes in the time [Name] has been there" and, "I think we're on manager number four now".
- One relative also felt the changes had been unsettling for staff. They told us some staff had left, and they believed more staff were considering leaving the service. They said this caused them concern because, "A few core members of staff really know [Name]. They give 100% all the time. If they go, I wouldn't be so sure about [Name] staying there".
- Staff told us, "I like coming to work. It's friendly. It's a good team. Everyone is focused on the residents" and "The managers are helpful and supportive. They try to understand".

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 provider understood their responsibilities about informing people and families, the Care Quality Commission and other agencies when incidents occurred within the service.
- Relatives told us staff communicated with them about incidents or changes affecting their family member. There were differing views about whether enough routine information was shared, but all were satisfied that their family member was safe and well looked after.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- We saw staff listening to people, offering choice and respecting the choices they made. A staff member said, "I always ask people if they want me to help them. If they say 'no' I go away and will try again later".
- People living at the service could give some views about their care. Where possible, people were asked about their preferences and opinions.
- A survey had been carried out in January 2022 to ask people for their feedback about the service. Comments included positive feedback and constructive suggestions about food and activities. One person noted an agency staff member had been rude to them. This had been raised with the staff member and agency, and the individual had not returned to The Tudors.
- A 'you said, we did' board had been purchased and would be installed in a communal area to illustrate how concerns and suggestions were actioned.
- The provider had recently introduced a 'talking books' electronic programme to gather the views of people who lived at the service.
- A staff meeting had taken place in February 2022. Issues discussed included emergency actions, evacuation plans for people living at the service and business continuity plan.
- There were mixed views from relatives about the involvement they had with the service. Some said they felt very informed and included, whereas others would prefer more regular contact and updates.

Continuous learning and improving care

- The provider was responsive to CQC requests and sent a detailed action plan following the inspection. This described the planned action, steps to be taken, timeframe and responsibility for each task. Some actions

were underway, and it was acknowledged that several of the required improvements would take time and depended on other companies or individuals to provide a service.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>12(2)(a) Risks to the health and safety of people who lived at the service were not always assessed or reviewed.</p> <p>12(2)(g) Safe care and treatment was not always provided because medicines were not always managed safely.</p>

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 15 HSCA RA Regulations 2014 Premises and equipment</p> <p>15(1)(a)(e) The premises and equipment were not always properly maintained and suitable for the purpose for which they were being used. Health and safety standards were not always assessed and maintained in line with current legislation and guidance. Action had not always been taken promptly when risks were highlighted.</p>

### The enforcement action we took:

Warning notice

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>17 (1)(2) Systems in place to assess, monitor and improve the service had not been sufficiently embedded or consistently and robustly carried out in order to provide a safe service.</p>

### The enforcement action we took:

Warning notice