Tudor Homes LLP

Tudor Care Home

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

We carried out this unannounced inspection on 12 September 2017.

Tudor Care Home is registered to provide accommodation and care for up to ten older people who are living with Dementia or who have a physical disability. The home is located on two floors with a stair lift to access the first floor. There was a communal lounge, kitchen and dining room where people could spend their time. At the time of the inspection there were nine people using the service.

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.

People were protected from the risk of harm at the service because staff knew their responsibilities to keep people safe from avoidable harm and abuse. Staff knew how to report any concerns they had about people's welfare.

There were effective systems in place to manage risks and this helped staff to know how to support people safely. Where risks had been identified, measures to reduce these were in place.

There were enough staff to meet people's needs. The provider had safe recruitment practices. Staff had been checked for their suitability before they started their employment.

People's equipment was regularly checked and there were plans to keep people safe during significant events such as a fire. The building was well maintained and kept in a safe condition. Evacuation plans had been written for each person, to help support them safely in the event of an emergency.

People's medicines were handled safely and were given to them in accordance with their prescriptions. Staff had been trained to administer medicines and had been assessed for their competency to do this. Liquid medicines were not always dated when they were opened. Staff had not always signed when they had given a person their medicine. There were processes in place to ensure medicines had been given.

Staff received appropriate support through a structured induction, support and guidance. There was an on-going training programme to ensure staff had the skills and up to date knowledge to meet people's needs.

People were supported to maintain good health and nutrition. People had access to healthcare services. Follow up actions from health appointments were not always recorded.

People were supported to make their own decisions. Staff and managers had an understanding of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). Assessments of mental

capacity had usually been completed. Staff sought people's consent before delivering their support.

People developed positive relationships with staff who were caring and treated them with respect, kindness and compassion.

People received care and support that was responsive to their needs and preferences. Care plans provided information about people so staff knew what they liked and enjoyed.

People were encouraged to maintain and develop their independence. People took part in activities that they enjoyed.

People and their relatives knew how to make a complaint. The provider had implemented effective systems to manage any complaints they may receive.

Systems were in place which assessed and monitored the quality of the service and identified areas for improvement. These had not always been completed at the required frequency.

Policies and procedures were in place and gave staff guidance on their role. These had not always been updated to reflect current legislation.

People and staff felt the service was well managed. The service was led by a registered manager who understood most of their responsibilities under the Care Quality Commission (Registration) Regulations 2009. Staff felt supported by the registered manager.

People had been asked for feedback on the quality of the service they received.

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.

People were protected from abuse and avoidable harm by staff who knew their responsibilities for supporting them to keep safe.

Risks to people had been identified and assessed. There was guidance for staff on how to keep people safe.

There were sufficient numbers of staff to meet people's needs. The provider followed safe recruitment practices when employing new staff.

People's medicines were handled safely and given to them as prescribed. Staff were trained and deemed as competent to administer medicines. Liquid medicines were not always dated when opened.

Is the service effective?

Good

The service was effective.

People received support from staff who had the necessary knowledge and skills. Staff received guidance and training.

People were involved in making their own decisions where they could. Staff asked people for consent before supporting them.

People were encouraged to follow a balanced diet. They had access to healthcare services when they required them. Follow up actions from healthcare appointments were not always recorded.

Is the service caring?

Good

The service was caring.

Staff treated people with kindness and compassion.

People were supported to be as independent as they wanted to be.

People were involved in making decisions about their support.

Is the service responsive?

Good

The service was responsive.

People's needs had been assessed with them. Care plans provided detailed information for staff about people's needs, their likes, dislikes and preferences.

There was a range of activities that people participated in.

There was a complaints procedure in place. People felt confident to raise any concerns.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

There was a range of audit systems in place to measure the quality and care delivered so that improvements could be made. These had not always been completed at the required frequency.

Policies and procedures had not always been updated to reflect current legislation.

People had been asked for their feedback on the service they received.

The service had a registered manager who was aware of their responsibilities. Staff were supported by the registered manager.

Tudor 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 checked 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 was a comprehensive inspection completed by one inspector and an expert by experience on 12 September 2017. It was unannounced. 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 our inspection we reviewed the Provider information return (PIR). The PIR is a form that asks the provider to give some key information about what the service does well and improvements they plan to make. We reviewed information that we held about the service such as notifications, which are events which happened in the service that the provider is required to tell us about. We also looked at information that had been sent to us by other agencies. This included the local authority who commissioned services from the provider. We also sought feedback from Healthwatch Leicestershire (the consumer champion for health and social care).

During our inspection we spoke with two people who used the service and three relatives. Some people had limited verbal communication but were able to tell us what they thought. We observed interaction between staff and people who used the service during our visit. We also spoke with three members of staff, the registered manager and a visiting health professional.

We looked at records and charts relating to two people and four staff recruitment records. We looked at other information related to the running of and the quality of the service. This included quality assurance audits, training information for care staff, staff duty rotas, meeting minutes and arrangements for managing complaints.

Good

Is the service safe?

Our findings

At our last inspection on 12 July 2016 we rated the safe domain as requires improvement. This was because medicines were not always dated when they were opened and staff did not always sign to say they had given people their medicines. Checks had not always been completed on the building and equipment in it. Staff were not always present in the communal area when people required assistance. At this inspection we found most of the required improvements had been made.

People received their medicines safely. The provider had a policy in place which covered the administration and recording of medicines. Each person had information in their care plan that identified what medicine they took, the dose and reasons for this. We observed people taking their medicines and saw that staff followed the policy. Staff told us they were trained in the safe handling of people's medicines and records confirmed this. One staff member said, "We have done training in medicines and watched to make sure we are doing it correctly." Staff could explain what they needed to do if there was a medication error. Some people had prescribed medicines to take as and when required, such as to help with any pain that they had. There were guidelines for staff to follow that detailed when these medicines could be offered to people. The medicine administration records (MAR) did have some gaps where staff had not signed to say they had given the medicine. The number of gaps had reduced significantly from the last inspection. The senior carer told us medicines were checked daily to make sure they had been given correctly and the MAR charts were checked weekly. Where there were missed signatures this had been followed up with the member of staff.

Liquid medicines had not always been dated when they had been opened. This is important to make sure they are not open for longer than the manufacturers recommended time frame. At the last inspection we found that liquid medicines and creams had not been dated. There was significant improvement in how medicines were dated from our last inspection. The registered manager told us they would add this on to the medicines audit to make sure it was done consistently. Where people had prescribed creams applied the records to show this had been done were not always completed. Staff had been reminded of this through team meetings and the communication book. The registered manager acknowledged this had not addressed the problem. They told us they would implement daily checks of the records to make sure these had been completed.

People told us there were enough staff to meet their needs safely. One person told us, "I almost have one to one care here." Staff told us they felt there were enough staff to meet people's needs. One staff member said, "There are enough staff. We all work together to make sure things are done." The registered manager told us they had agreed staffing levels based on the needs of people who used the service. They explained they did have a high level of staffing to make sure that people were safe. The rota showed suitably trained and experienced staff were deployed. Staff responded to peoples requests in a timely manner. Staff had time to talk with people and support them when they asked for this.

People could be sure staff knew how to support them to remain safe in the event of an emergency. This was because there were plans in place so that staff knew how to evacuate people from their homes should they need to. There were also plans in place should the home become unsafe to use, for example in the event of

a flood. Staff had guidance to follow to keep people safe and to continue to provide the service.

Where people used equipment such as hoists, the required checks had been completed to make sure these were safe for people to use. Checks were carried out on the environment and equipment to minimise risks to people's health and well-being. This included checks on the safety measures in place, for example fire alarms, as well as the temperature of the hot water to protect people from scald risks. Records showed that fire drills had taken place.

People received safe care from a dedicated and caring team of staff. All people who we spoke with agreed they felt safe while receiving support from staff. One person commented, "I feel safe." A relative told us, "I have no worries leaving [person] here."

People were protected from abuse and discrimination because they were supported by staff who knew their responsibilities to keep people safe from avoidable harm and abuse. The provider had guidance available to staff to advise them on how to report any concerns about people's safety. Staff we spoke with had an understanding of types of abuse and what action they would take if they had concerns. All staff we spoke with told us that they would report any suspected abuse immediately to the manager or external professionals if necessary. One staff member said, "I would tell a senior or [registered manager]. If I needed to go higher I would." Staff told us they had received training around safeguarding adults. Records we saw confirmed this.

Risks to people had been assessed and staff were vigilant and worked successfully to provide care and support in a way that kept people safe. Risk assessments were completed where there were concerns about people's well-being, for example where a person may be at risk of falling. We saw there were guidelines in place for staff to follow. These included making sure that the person used a mobility aid to help them walk more safely and staff monitoring the environment to make sure that there were no trip hazards.

The provider had systems in place to report and record any incidents or accidents at the service. Staff we spoke with knew how to apply these. Details of any incidents or accidents were reviewed including actions that had been taken. The registered manager notified other organisations to investigate incidents further where this was required such as the local authority.

People were cared for by suitable staff because the provider followed safe recruitment procedures. This included obtaining two references that asked for feedback about prospective staff and a Disclosure and Barring Service (DBS) check. The DBS helps employers to make safer recruitment decisions and aims to stop those not suitable from working with people who receive care and support.

Good

Is the service effective?

Our findings

People received care from staff who were knowledgeable and had received the training and support they needed. One relative said, "The staff have really helped with [person's] condition." Staff training was relevant to their role and equipped them with the skills they needed to care for the people living at the home. For example, staff had received specialist training in supporting people who were living with dementia. One staff member said, "The virtual dementia tour was very good. You actually get to experience some of what people are hearing and seeing. You don't realise what it is like. It really helped me to understand." Training records showed staff completed refresher training when it was required to make sure their knowledge was up to date.

New staff were supported through an induction into their role. Staff described how they had been introduced to the people who used the service and said they had been given time to complete training, read care plans and policies and procedures. They also said they had shadowed more experienced staff before working alone with people.

People were supported by staff who received guidance and support in their role. Staff had supervision meetings with their line manager. One staff member said, "I have supervision with [registered manager]. I can always discuss anything with them when I need to." Supervisions are meetings with a line manager which offer support, assurance and learning to help staff to develop in their role.

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.

Mental capacity assessments had been completed where people were not able to make their own specific decisions. However, we found that one person had a closed circuit television camera in their room to monitor their safety due to a number of falls. The person did not have capacity to agree to this being in place. The registered manager told us this was a short term measure and was due to be removed. They acknowledged a capacity assessment should have been completed for the use of the camera. There was guidance in place about how the camera would be used, and measures in place to ensure it was only being used for safety measures and not at times when the person would require more privacy –such as when receiving personal care. The registered manager removed the camera and agreed if it was to be used again, assessments would be completed to ensure this was in the person's best interests. Information was included in people's care plans about how to involve them in choices.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We 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.

We found that DoLS had been requested for people who may have been at risk of being deprived of their liberty. The registered manager showed an understanding of DoLS which was evidenced through the appropriately submitted applications to the local authority.

People were encouraged to make decisions about their care and their day to day routines and preferences. One person told us, "I can choose what I want to do."

People were offered choices about what to eat and drink, and what they wanted to do. Staff had a good understanding of service users' rights regarding choice. A staff member explained, "We offer people choices and sometimes pictures of objects to help them pick. If they don't want to do something they can always say no."

Staff asked people for their consent before supporting them. If someone did not want to do something, staff respected this decision.

People had access to a choice of meals, snacks and drinks. One person said, "The food is good. It can be repetitive." People were offered a choice of two meals at lunch time and appeared to enjoy what they had. If people asked for an alternative meal this was provided. Where someone had a dietary need such as a soft diet this was provided. Staff prepared the meals and had a good understanding of people's dietary needs. There was a list of these in the kitchen for staff to refer to. The registered manager told us the menus were based on food that people enjoyed. This included family recipes people had asked for. These were reviewed with people and families so they could request different meals if they had something they wanted adding to the menu.

Throughout the day people were offered snacks and drinks. At lunchtime people were offered a choice of drinks and if they wanted gravy on their meal or salt and pepper. Staff ate lunch with people and prompted conversation. They provided support and encouragement to people when this was needed.

People had regular access to healthcare professionals and staff were vigilant to changes in people's health. One person told us, "I get to see the GP." Changes in people's health were recognised quickly by staff and prompt and appropriate referrals were made to healthcare professionals. We saw that appointments were recorded and outcomes were shared with staff and relatives. A visiting health professional told us, "Staff do things when we ask them to. They raise any concerns appropriately. [Person] has improved." If follow up's were required from health appointments these had not always been recorded. The registered manager told us these had taken place. They said they would support staff to understand the importance of recording follow up actions.

Good

Is the service caring?

Our findings

People developed positive relationships with staff and were treated with compassion and respect. One person said, "I like the staff." A relative told us, "It is just like a home. The staff make sure [person] wants for nothing here. They are the best thing about this place." A visiting health professional said, "It is an actual home and friendly. Like a family." Staff demonstrated their passion and commitment to improve the welfare and wellbeing of people who used the service. One said, "We all care for the residents. We make sure it is good for them. That is what is important."

People were relaxed in the company of staff and appeared to feel comfortable in their presence. Staff knew people well and engaged them in meaningful activities. For example, we saw one person being supported to hang their washing out. Staff interacted with people in a warm and kind manner and took time to talk to people before proceeding with their tasks. They enhanced their verbal communication with touch and altering the tone of their voice appropriately. Staff sat and had conversations with people which they appeared to enjoy.

People were supported in a dignified and respectful manner. Staff told us how they promoted people's dignity. This included making sure people were covered during personal care and knocking on the door before entering a person's room. Staff asked people if they needed the toilet and they were happy to have staff help with this in a discreet manner.

People's preferences and wishes were taken into account in how their care was delivered. For example routines that they wanted to follow were respected. Information had been gathered about people's personal histories, which enabled staff to have an understanding of people's backgrounds and what was important to them.

Staff were knowledgeable about the people they supported. They could tell us about people's histories and preferences. One staff member explained the needs of one person. They told us, "[Person's name] was unwell. I visited them in hospital. I know what they like and how they like to do things. It is important to [person]." Staff had access to information about what was important to the person and used this to have conversations with people about things that mattered to them. One staff member said, "We get time to sit and talk with people. As the home is so small we get to know people really well."

People had the support they required to be as independent as possible. One person told us, "I am very independent but the staff help me if I need help, as well as with me staying independent." People were encouraged to maintain the skills that they already had and to complete tasks they could do themselves. For example, people were encouraged to do their washing and help with washing up the pots.

People's choices in relation to their daily routines and activities were listened to and respected by staff. Staff treated people as individuals, listened to them and respected their wishes. Staff were observed speaking to people in a kind manner and offering people choices in their daily lives, for example if they wanted any snacks and what they wanted to drink.

People's visitors were made welcome and were free to see them as they wished. One person told us, "My family visit me regularly. We all go out together." During our inspection relatives visited throughout the day. They were made to feel welcome and were offered a drink. Family members spoke with the staff and the registered manager and appeared to be comfortable to do so.

The provider had made information on advocacy services available to people. An advocate is a trained professional who can support people to speak up for themselves. We saw that there was information in a communal area on advocacy services.

People's sensitive information was kept secure to protect their right to privacy. The provider had a policy on confidentiality which staff followed. For example, we saw that people's care records were locked away in secure cabinets when not in use. We also heard staff talk about people's care requirements in private and away from those that should not hear the information.

Good

Is the service responsive?

Our findings

People received care that met their individual needs. One relative said, "It has been a really good move. I don't think [person] would still be here if they lived in another home. The staff have really helped." Assessments had been completed for each person and care plans had been developed in conjunction with people living in the home and where appropriate their relatives. A relative told us, "They talk about all of [person's] care with me." Care plans had been reviewed three monthly or when a person's needs had changed and care plans had been updated to reflect this. Care plans contained information about people's preferences and how they liked to do things. This included information about what was important to each person and their health needs.

People's care and support needs were assessed prior to them moving into the service. This was to make sure the staff team could meet people's needs appropriately. Staff confirmed this had taken place. People and their relatives told us that they had been involved in their assessment.

People were encouraged to follow their interests and take part in social activities. For example one person told us they enjoyed knitting. They had been supported to agree they would knit clothes for a local market stall and shop. They explained a member of staff had arranged this after speaking with the market stall owner. People had completed jobs around the home such as unblocking the sink and cleaning. A member of staff told us, "[Person] enjoys doing these things. It makes them feel useful and helps us."

People were offered activities which they enjoyed. A member of staff commented, "We try different activities to find what people enjoy. We find colouring and dominoes work well. Crafts are not so popular. We take people shopping as well as they enjoy this." The registered manager explained people were supported to access the local pub and cafes when they wanted to. One person told us how they were supported to volunteer in a local shop. They said, "[Registered manager] takes me to volunteer at a shop twice a week. She drops me off and picks me up." One person had been supported to go on a short holiday as this was something they wanted to do. External entertainers also came to the service to provide activities. The registered manager explained people and staff did fundraising in order to pay for these activities.

People's views, beliefs and values were respected. For example, people were supported to follow their faith. Staff told us one person had been supported to attend their chosen place of worship although they chose not to do so at the time of our inspection. Care plans considered people's culture and beliefs and ways to support people to meet these.

People and their relatives were happy to raise any concerns. One person told us, "I would talk to [registered manager] if I had a problem." There was a clear policy in place that was available for people and their relatives. The registered manager told us that they had not received any complaints in the last 12 months.

Requires Improvement

Is the service well-led?

Our findings

At our last inspection on 12 July 2016 we rated the well-led domain as requires improvement. This was because audits had not always been completed within agreed timescales to make sure that people and equipment was safe. The registered manager had not completed all notifications about events that had happened at the service. At this inspection we found some of the required improvements had been made.

The provider monitored the quality of care at the service and aimed to improve this. The registered manager carried out audits on topics such as medicines, care plans, and environment checks. We saw that these audits were completed at different times throughout the year and there was no set schedule for these to take place. We found that some audits should have been completed monthly and had not always. For example, checks on the fire exits should have been completed weekly and had been completed monthly. The registered manager told us they had appointed a member of staff to oversee these checks following our last inspection. They explained the checks had not been completed if they were due when the member of staff was not on shift. Where information had not been updated in care plans this had not been identified through checks that had been completed. For example, the nutritional screening tool for one person was last reviewed in February 2017. This should be completed monthly. The person had not lost weight and had seen a health professional since the last review of the tool. However, the nutritional screening tool should be completed monthly to ensure that all nutritional needs are met and any risks to the person are reduced. The registered manager told us they would review all checks and make sure they were completed. Following our inspection the registered manager sent information to show how they would continue to ensure checks were completed at the set timescales.

The provider had policies and procedures that offered staff guidance on their role and what was expected of them. These included reference to a whistleblowing procedure. A 'whistle-blower' is a staff member who exposes poor quality care or practice within an organisation. Staff members described what action they would take should they have concerns that were in line with the provider's whistleblowing policy. One told us, "I know I can go to external bodies including CQC." Some of the policies and procedures had not been updated and did not include reference to current legislation. Following our inspection the registered manager provided copies of policies that had been updated.

People and their relatives were happy with the service they received. One person commented, "I like it here." A relative said, "It is a home from home."

People and their relatives had opportunities to give feedback to the provider. A survey had been sent out in April 2017 to people, their relatives and health professionals. 16 responses had been received and all were positive. Health professionals had replied and praised the service that was provided. The registered manager told us they spoke with people and their relatives on a regular basis and sought their feedback. They said this was not recorded. The registered manager agreed to record feedback on the service when it was received informally as well as through a survey.

People were positive about the registered manager and felt confident that they would listen and take

account of their views. One person said, "I can always talk to [registered manager]. A relative commented, "I am confident [registered manager] would listen. They are very approachable." Staff members felt the registered manager supported them and helped them to develop a better service. One staff member said, "[Registered manager] is always there to listen. We can ask for things for people and she will do what she can."

Staff told us they attended regular team meetings. These provided the staff team with the opportunity to be involved in how the service was run. One staff member commented, "I don't have a lot to say but if I want to say something at a team meeting I can. We all get the chance to give our opinion." Minutes from team meetings showed topics discussed included good practice, safeguarding and training. Actions were set and reviewed. Staff knew their responsibilities and were offered opportunities to give their input to the service.

The registered manager understood their responsibilities and the conditions of registration with CQC were met. They had submitted notifications of events that had happened at the service. During our inspection we saw that the ratings poster from the previous inspection had been displayed in a prominent position. The display of the poster is required by us to ensure the provider is open and transparent with people who use the service, their relatives and visitors to the home.