

Tudor House Limited

Tudor House

Inspection report

159-161 Monyhull Hall Road
Kings Norton
Birmingham
West Midlands
B30 3QN
Tel: 01214512529

Date of inspection visit:
25 January 2022
03 February 2022

Date of publication:
23 March 2022

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

Tudor House is a residential care home registered to provide personal care for up to 23 people, some living with dementia. At the time of our inspection there were 19 people living at the home.

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

Since the last inspection there have been some changes to the management of the service and restructuring of its processes. We found some of the systems in place to monitor the quality within the home required improvement. The feedback we received from relatives and staff was mixed regarding how the service was managed and felt communication from the provider could be improved.

People we spoke with were happy with the care received. Relatives we spoke with were overall, satisfied with the support given to their family member.

People were protected from abuse and relatives we spoke with were assured the home environment was safe for their family members to live in. Staff knew how to report any suspicions of abuse. Risks to people were reviewed regularly and people were supported to remain as safe as possible.

On the day of inspection, there were enough staff employed to meet people's needs and there were recruitment procedures in place to check staff were safe to work with people.

People were supported to take their medicines in a safe manner. There were some minor issues with the recording and storage of medicines, however these had not posed any risk to people.

We were overall assured the provider had safe infection prevention and control procedures in place, including in relation to the management of COVID-19. The home environment was clean and tidy and no unpleasant odours.

Incidents and accidents had been reported appropriately and reviewed for any trends to mitigate future risk.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 10 December 2019).

Why we inspected

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. This included checking the provider was meeting COVID-19 vaccination requirements.

We inspected and found there was a concern with some of the provider's infection control practices, so we widened the scope of the inspection to become a focused inspection which included the key questions of safe and well-led.

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 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.

The provider had taken immediate action to address some of the concerns raised with them.

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 a breach in relation to the provider's governance processes at this inspection.

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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Tudor House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This included checking the provider was meeting COVID-19 vaccination requirements. 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 first inspection on the 25 January 2022 was completed by one inspector. The second inspection carried out on the 03 February 2022 was completed by one inspector.

Service and service type

Tudor House 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. Tudor House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with the Care Quality Commission. This means the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

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 professionals who work with the service. The provider did not complete the required Provider Information Return (PIR). This is information providers are required to send us annually with key information about the service, what it does well and improvements they plan to make.

We reviewed any information on the Healthwatch website. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We used all this information to plan our inspection.

During the inspection

We spoke with three people, one relative and three staff including the home manager and area manager. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at two staff files in relation to recruitment and training. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

Five relatives and three staff members were contacted to gather their views on the care provided. We continued to seek clarification from the provider to validate evidence found.



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 as 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.

Preventing and controlling infection

- At the 25 January 2022 inspection, we were not assured that the provider was accessing testing for people using the service and staff. The provider was unable to share with us records to demonstrate staff and residents were receiving routine testing in line with guidance. At the 03 February 2022 inspection, processes and records had been introduced to address this concern.
- At the 25 January 2022 inspection, we were somewhat assured that the provider was preventing visitors from catching and spreading infections. The service did not routinely obtain any physical proof that visitors were vaccinated or for signing the visitor book. Temperatures were undertaken using an ear thermometer requiring close contact with the person. At the 03 February 2022 inspection, the ear thermometer had been replaced and visitors were being asked for physical evidence of their vaccination status and recorded in a visitor book.
- At the 25 January 2022 inspection, we were somewhat assured that the provider was meeting shielding and social distancing rules. The provider did not clearly demonstrate process in place for safely managing people returning to the home if they went out. At the 03 February 2022 inspection processes had been introduced to support people returning to the home after accessing the community.
- At the 25 January 2022 inspection, we were somewhat assured that the provider was using personal protective equipment (PPE) effectively and safely. The provider did not have effective systems for minimising the risk of cross infection when staff removed PPE after providing personal care. At the 03 February 2022 inspection appropriate clinical waste bins had been introduced to areas of the home for staff to safely remove and dispose of their PPE effectively.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed. Training records seen showed not all staff were up to date with or had received infection prevention and control training.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Visiting in care homes

- Visiting arrangements to the home were in line with the latest Government guidance.

From 11 November 2021 registered persons must make sure all care home workers and other professionals visiting the service are fully vaccinated against COVID-19, unless they have an exemption or there is an emergency. We checked to make sure the service was meeting this requirement.

The Government has announced its intention to change the legal requirement for vaccination in care homes. However, the service was meeting the current requirement to ensure non-exempt staff and visiting professionals were vaccinated against COVID-19.

Using medicines safely

- Protocols were needed to be introduced for people who required medicines to be taken 'as and when'. For example, when in pain. However, conversations with staff confirmed they were aware of when people might be in pain and gave us examples of the signs they would look for.
- We found one person had the potential to receive their medicine covertly without the appropriate best interest processes being followed. We discussed this at the time of the inspection with the home manager and senior staff member on duty.
- People we spoke with told us they were safely supported by the staff to take their medicines.

Assessing risk, safety monitoring and management

- People's weights were being monitored. However, feedback from one relative felt the service should have told them sooner about their family member's weight loss. We reviewed the person's records and found the appropriate referrals had been made to the relevant agencies in a timely manner.
- People at risk of sore skin had appropriate assessments in place to make sure their skin was monitored for any redness. People being cared for in bed were regularly repositioned to prevent sore skin from developing.
- The provider had the appropriate health and safety checks in place. However, the lack of a consistent approach to managing the service meant some of the checks were out of date. For example, PAT (portable appliance testing) testing for electrical appliances, which had been identified by the home manager in a recent health and safety audit.
- The current home care manager was in the process of reviewing everyone's care plan and risk assessments to make sure people's needs could be met by the service.

Systems and processes to safeguard people from the risk of abuse

- Staff were aware of their legal duty to keep people safe from risk of abuse.
- Staff had completed their safeguarding training and knew how and who to report concerns to.

Staffing and recruitment

- Our observations on the day of inspection showed there were enough staff on duty to support people safely.
- Staff we spoke with all told us they thought there was enough staff on duty during the day. However, they all also said it was more difficult when there were unplanned absences and an expectation on the existing staff to pick up the additional shifts. There was limited use of agency staff which was mainly used to cover night shifts.
- The provider had appropriate recruitments checks in place to make sure staff were safe to support people.

Learning lessons when things go wrong

- The home manager had introduced new processes to record any accident and incidents. The information

could be analysed for any patterns or trends and record the action taken to mitigate future risk.

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 requires improvement. At this inspection the rating has remained 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; 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 service has not had a permanent registered manager since November 2020. At the time of this inspection, the provider had appointed a deputy manager from one of their other services to manage Tudor House. This meant the legal requirement to have a registered manager was not being met. We were told by the Area Manager it was the deputy's intention to apply to become the registered manager.
- There is a requirement on provider's to complete the Provider Information Return (PIR) when requested to do so. The PIR request was sent to the provider on 04 August 2021 and a reminder sent on 03 September 2021. No completed PIR was returned to the Care Quality Commission.
- Feedback from all the relatives and staff we spoke with shared their concerns and frustrations with the leadership of the home in the absence of a registered manager. One relative told us, "I have no concerns about the care, the care is good. My only issue with the home is the lack of information." Another relative said, "The management is weak; the staff do a good job in hard circumstances, there is supposedly a temporary manager but no-one has told us anything, it's not good not having a single point of contact to go to with any problems."
- Staff we spoke with told us they had not received regular supervision or team meetings to support them in their role. The home manager said they were in the process of arranging supervisions and team meetings to speak with staff. Staff comments included, "There's lots of secrecy around [home manager's name] we don't get told anything, no-one actually knows what [home manager's] role is." "It was hard during COVID, we had no direction at times, we were left to manage ourselves and I think we've done well in supporting each other, we're a good team." "It's been difficult since [former registered manager] left. We are told one way to do things one day and then told to do things differently the next day, that's not easy and it's confusing, it's poor leadership."
- Medication audits had not identified liquid medicines were not being monitored effectively. Although the medication records showed people had received their medicines, the stock level balances did not always reflect the amounts given to people.
- Medication that required additional monitoring had been recorded as being returned to the local pharmacist to be destroyed because it was no longer required. However, on checking medicine stock levels, we found the medicines had not been returned as documented in the returns book.
- The monitoring of weights required some improvement. For example, people at high risk of losing weight

but could not be physically weighed due to their frailty, were checked using an alternative means such as measuring the top of their arm.

- Records we looked at showed there were some inconsistent recordings of people's weights. There was no information to confirm when the weighing machine had last been calibrated or if a consistent way to weigh people was being followed. For example, time of day, level flooring to place the machine on and people's clothing considered.

There was a lack of provider oversight in the absence of a registered manager. Family members felt there was no single point of contact to raise concerns and overall communication from the service was poor. Staff felt they had been left to manage themselves. This meant the systems and processes to assess, monitor and improve the quality of the service required improvement and was a breach of regulation 17 good governance, Health and Social Care Act 2008 (regulated activities) Regulations 2014.

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

- No feedback surveys had been sent out to family members, staff or people living at the home. At the time of this inspection, the home manager was in the process of re-introducing feedback surveys.

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

- Throughout the inspection, we found the management team engaged in the process and were open about the issues we brought to their attention. They demonstrated enthusiasm and commitment to making the required improvements to ensure safe and good quality care.

Continuous learning and improving care; Working in partnership with others

- There was evidence to support the service worked well with health and social care professionals to make sure people's needs continued to be met.

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 17 HSCA RA Regulations 2014 Good governance</p> <p>There was a lack of provider oversight in the absence of a registered manager. There were no clear governance processes in place. This meant the systems and processes to assess, monitor and improve the quality of the service required improvement and was a breach of regulation 17 good governance, Health and Social Care Act 2008 (regulated activities) Regulations 2014.</p>