

Tudor Care Limited

Old Rectory (Bramshall)

Limited

Inspection report

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Ratings

Overall rating for this service	Requires Improvement ●
Is the service safe?	Requires Improvement ●
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

About the service

Old Rectory (Bramshall) provides accommodation and nursing or personal care for up to 30 people. On the day of our inspection, 20 people were living there, some of whom were living with dementia.

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

People did not always receive safe care and support as staff members did not always follow the guidelines in place to safely support people with their mobility.

The physical environment was not always maintained to a standard which was safe for people to live in.

Despite staff members following infection prevention and control procedures the maintenance of some areas prevented this from being effective.

The provider could not demonstrate people received their prescribed topical creams as directed. This was because the recording charts were not completed as expected.

The provider's quality checks were not always effective in identifying improvements which were needed to drive good and safe care.

The provider was not meeting the requirements of their registration as they did not have a registered manager in post. Although a manager had been appointed they had yet to complete the registration process.

Staff members had been provided with the training they needed to support people.

People's care and support plans gave staff the necessary information to effectively respond to their needs and preferences.

People were protected from the risks of harm and abuse as the staff team had been trained to recognise potential signs and understood what to do to safely support people.

Staff members were aware of the necessary actions they should take in the event of an emergency.

Staff members had access to, and used, appropriate personal protection equipment.

The provider supported staff members through structured one-on-one supervision sessions.

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 at the Old Rectory

(Bramshall) supported this practice.

People had access to additional healthcare services when required.

People were supported to maintain a healthy diet by a staff team which knew their individual preferences.

People received help and support from a kind and compassionate staff team with whom they had developed positive relationships.

People were supported by staff members who were aware of their individual protected characteristics like age, gender and disability.

The provider had systems in place to encourage and respond to any complaints or compliments from people or those close to them.

The provider, and management team, had good links with the local communities within which people lived.

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 23 June 2017).

Enforcement

We have identified one breach or regulations in relation to people not being safely supported.

Please see the action we have told the provider to take at the end of this report.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will request an action plan for 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 return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Old Rectory (Bramshall) Limited

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 Care Act 2014.

Inspection team

One inspector, an assistant inspector and an Expert by Experience carried out this inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Old Rectory (Bramshall) is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a recently recruited manager in post who was about to commence the registration process with the CQC to become a registered manager. This means they will, along with the provider, be 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

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service

does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We asked the local authority and Healthwatch for any information they had which would aid our inspection. Local authorities together with other agencies may have responsibility for funding people who used the service and monitoring its quality. 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 of this information to plan our inspection.

During the inspection

We spoke with six people who used the service and one relative. 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 spoke with six members of staff including, the manager, cook, one senior and two care staff members and one domestic support.

We reviewed a range of records. These included two people's care and support plans. We also looked at people's records of medicines administration. We had sight of two staff member's files in relation to recruitment. In addition, we looked at a variety of records relating to the management of the service, including quality monitoring checks, maintenance, incident and accident records.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated 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

- People were not always safely supported. We saw one person being supported to transfer from a chair to a wheel chair. The technique used by the staff members put this person at risk of injury and did not follow recognised best practice.
- There were a number of rooms at the Old Rectory (Bramshall) which were not occupied and contained sinks, taps and showers. In addition, we saw several water dead legs/dead ends in pipe-work. This was where water pipes were capped off. We asked to see the providers legionella checks which would include action to flush out infrequently used outlets. Legionnaires' disease is a potentially fatal type of pneumonia. The manager could only provide water temperature checks and there was no record of water flush outs. However, the provider had recently commissioned a legionella check, but the results were not known at the time of this inspection. The lack of checks put people at the risk of harm.
- There were several fire doors where Intumescent Fire Door Seals were missing. These strips are designed to resist fire and control the spread of cold smoke. One fire door had a damaged frame which prevented it from closing increasing the risk from fire. After we identified these concerns the manager acted by commissioning a professional to complete the necessary work.
- In several places we saw hot water piping leading to taps and radiators was uncovered and hot to the touch. This put people at risk of injury should they come into contact with the pipework.
- In the two lounge areas we saw damaged over chair tables. The compromised surfaces on these tables prevented effective cleaning and put people at risk of communicable illnesses.
- In one communal toilet there was missing skirting boards and wall tiles. These prevented the effective cleaning of this area putting people at risk of communicable illnesses.
- On several occasions throughout this inspection we saw cleaning products were left unattended. These products are classified under the control of substances hazardous for health (COSHH). Open access to these put people at risk of harm.
- We saw people's prescribed topical creams were not always recorded as expected. This put people at risk of inconsistent care and support.

These issues were a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Using medicines safely

- Despite the issues we found regarding the recording of topical creams everyone we spoke with told us they

received their medicines when they needed them.

- The provider had systems in place to respond to any medicine errors, including contact with healthcare professionals, investigation into any perceived error and if needed, retraining of staff members.
- People had guidelines in place for staff to safely support them with 'when required' medicines including the maximum dosage within a 24-hour period to keep people safe. Staff members were aware of these guidelines.

Systems and processes to safeguard people from the risk of abuse

- All those we spoke with told us they felt protected at the Old Rectory (Bramshall). People were protected from the risks of ill-treatment and abuse as staff members had received training and knew how to recognise and respond to concerns.
- Information was available to people, staff, relatives and visitors on how to report any concerns.
- The provider had systems in place to make appropriate notifications to the local authority to keep people safe.
- People had personal emergency evacuation plans in place which contained details on how to safely support them. For example, in the event of a fire.

Staffing and recruitment

- People were supported by enough staff who were available to safely support them. One person said, "It is very comfortable here and there are always enough staff if you need anything, you only have to ask. It is even well staffed at nights and weekends." We saw people were promptly supported when needed or requested.
- The provider followed safe recruitment processes when employing new staff members.

Preventing and controlling infection

- Despite the environmental restrictions identified above, staff members had received training in infection prevention and control. All areas appeared clean and there were no malodours.
- Staff members had access to personal protection equipment which we saw was being used appropriately throughout this inspection.

Learning lessons when things go wrong

- The provider reviewed any incidents or accidents to see if any further action was needed and to minimise the risk of reoccurrence. For example, all incidents, accident and near miss incidents were recorded and passed to the registered manager for their review. They analysed these incidents to identify if anything else could be done differently in the future to minimise the risks of harm to people.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- People told us they thought the staff team was skilled and well trained.
- New staff members completed a structured introduction to their role. This included completion of induction training, for example, health and safety and basic food hygiene.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's physical, mental health and social needs had been holistically assessed. This included, but was not limited to, skin integrity, mobility and oral health.
- Staff members could tell us about people's individual needs and wishes. People were supported by staff who knew them well and supported them in a way they wanted.
- People's protected characteristics under the Equalities Act 2010 were identified as part of their need's assessment. Staff members could tell us about people's individual characteristics and knew how to best support them. This included, but was not limited to, people's religious beliefs, cultures and personal preferences.

Supporting people to eat and drink enough to maintain a balanced diet

- People told us they had a choice of the meals provided and alternatives were available if they disliked what was offered. One person said, "The food is wonderful and very plentiful. There is a menu for each day and we get a good choice." We saw people making decisions about what they wanted to eat and when. In addition, people told us they had options of snacks outside of their regular meals.
- When people needed additional support to eat we saw this was provided at a pace to suit them.
- When people required specialist assessment regarding their eating, swallowing or weight loss, this was arranged promptly.

Staff working with other agencies to provide consistent, effective, timely care

- Staff members had effective and efficient communication systems in place. This helped to share appropriate information with those involved in the support of people receiving services from the Old Rectory (Bramshall). We saw a recent compliment from a visiting healthcare professional who praised the staff members regarding their effective communication skills during an emergency.

Adapting service, design, decoration to meet people's needs

- We saw people moving safely around the Old Rectory (Bramshall). The manager was in the process of

commissioning dementia supportive signage to further assist people with their orientation.

Supporting people to live healthier lives, access healthcare services and support

- People had access to additional healthcare professionals. One person said, "They (staff) deal with my personal care to a very good standard. If you need to see a chiropodist or a GP then they will arrange it for you." We saw people were referred promptly for assessment.

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 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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- We saw the provider had made appropriate DoLS applications. They had systems in place to make a new applications once previous ones had expired. The was to ensure people's rights were maintained.
- Staff members knew how to support people to gain consent and knew what to do should someone but be able to make a decision.
- Throughout this inspection we saw people making choices about the care and support they needed.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us they were treated with care by a helpful, considerate and friendly staff team. People and relatives described staff members as, "Lovely," "Smashing," and "Friendly."
- One person said, "I like them (staff) all. They know me and what I like and I have got to know them too. Everyone does their very best to help in any way that they can. We work together to do things. It feels like home here."
- All staff members talked about those they supported with fondness, compassion and genuine positive regard.
- Throughout this inspection we saw staff members chatting with people and relatives. The general atmosphere was relaxed and good humoured.
- Staff members had time and opportunity to sit and spend time with people.
- We saw one person express some anxiety and embarrassment. The staff member supported them and reassured them. The person expressed later how grateful they were by this approach.

Supporting people to express their views and be involved in making decisions about their care

- People said they were supported to make decisions about their care and support and they were involved in the development of their care and support plans.
- Throughout this inspection we saw people were supported to make decisions. This included the support they wanted and any activities they wanted to take part in.

Respecting and promoting people's privacy, dignity and independence

- People told us they were treated with dignity and respect and their privacy was supported by staff members.
- We saw one person was low in mood. The staff members supported them to increase their personal image and self-esteem through regular interaction. They supported the person to take acceptable risks regarding their mobility which helped increase their confidence and independence.
- We saw information which was confidential to the person was kept securely and only accessed by those with authority to do so.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People and if needed those close to them, were involved in the development and review of their own care and support plans. We saw these plans gave the staff information on how people wanted to be assisted.
- Staff members could tell us about those they supported in detail indicating they knew people well. This included details about people's lives so far, what they did for a living and things which mattered to them. Personal tastes and the things they enjoyed to do to keep themselves occupied were known by those supporting them.
- When it was appropriate, relatives were kept informed about changes to people's health and needs.
- We saw people's care and support plans were reviewed to account for any personal or health changes. These plans also reflected advice and guidance from visiting healthcare professionals.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People had information presented in a way that they found accessible and in a format, they could easily comprehend.
- People had an information pack which assisted them to orientate themselves to living at the Old Rectory (Bramshall). Should they require it this pack could be presented in different formats to meet their individual needs.

Where the service is responsible, how are people encouraged and supported to develop and maintain relationships with people that matter to them, both within the service and the wider community, and to avoid social isolation

- Throughout this inspection we saw people were involved in activities they enjoyed, found interesting and stimulating. This included word puzzles, bingo, movie quizzes, arts and crafts. The provider engaged people in regular conversations and celebrations regarding different religious and spiritual celebrations including Hanukkah, Yom Kippur and Christmas. One person told us they were supported to continue with their preferred religion and to maintain contact with members from their faith group.

Improving care quality in response to complaints or concerns

- We saw information was available to people, in a format appropriate to their communication styles, on how to raise a complaint or a concern if they needed to do so.
- The provider had systems in place to record and investigate and to respond to any complaints raised with them.

End of life care and support

- The Old Rectory (Bramshall) supported people at the end of their lives. People were supported to identify their spiritual and cultural needs as they moved towards the end of their life. The manager had established links with palliative healthcare professionals to effectively support people how they wished.

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 the last inspection this key question was rated as good. At this inspection this key question has now deteriorated 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

- A manager was in post and was present throughout this inspection. However, they had yet to register with the Care Quality Commission. The last registered manager deregistered in January 2019. This means the provider was not meeting this requirement of their registration with us.
- The provider had appropriately submitted notifications to the Care Quality Commission. The provider is legally obliged to send us notifications of incidents, events or changes that happen to the service within a required timescale.
- We saw the last rated inspection was displayed in accordance with the law at the Old Rectory (Bramshall).

Continuous learning and improving care

- The management team had systems in place to monitor the quality of the service they provided. However, these systems were ineffectively applied as they didn't identify and correct the issues we found at this inspection. For example, they did not identify the issues with fire safety, the inconsistent topical cream recording, infection prevention or legionella preventative systems.
- The manager had introduced some additional checks to care planning and had developed actions to ensure the support people received was responsive and effective. However, as they had only been in post since the 14 November 2019 they were in the process of orientating themselves and understanding the existing systems.
- The manager told us that they kept themselves up to date with developments and best practice in health and social care to ensure people received positive outcomes. This included regular updates from professional organisations involved in adult social care.

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

- People and relatives told us they had a positive relationship with the management team who they found to be accessible and engaging. Everyone we spoke with was complementary about the management team and felt supported by them. We saw positive interaction between people and the management team indicating a relaxed and empowering environment.
- Staff members told us they found the management team supportive and approachable. One staff member said, "You can see the improvements already. It feels so much more organised since they started."

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

- We saw the management team and provider had systems in place to investigate and feedback on any incidents, accidents or complaints.

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

- People were involved in decisions about their care and support and were asked for their opinion.
- Staff members told us they found the management team supportive and their views were welcomed and valued.
- Staff members took part in staff meetings where they could discuss elements of the work they completed. The manager had introduced policy of the month. This was where staff members could test their understanding and application of key pieces of work which informed their practice.
- Staff members understood the policies and procedures that informed their practice including the whistleblowing policy. They were confident they would be supported by the management team and provider should they ever need to raise such a concern.

Working in partnership with others

- The management team had established and maintained good links with the local communities within which people lived. This included regular contact with local healthcare professionals which people benefited from. For example, GP practices and District Nurse teams.

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	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The physical environment within which people lived was not always safe.