

Westcare (Somerset) Ltd

# The Tudors

## Inspection report

Street Road  
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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

The Tudors is a residential care home providing personal care and accommodation to people aged 65. The service can support up to 21 people. At the time of the inspection 16 were living at the home.

The home is arranged over two floors. There is communal lounges and a dining room on the ground floor. The service has a large garden area.

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

People were safe. People and relatives spoke positively about the care and support received. The service was clean. Staff were clear on infection prevention and control measures.

Medicines were administered and managed safely. Assessments were in place to identify and reduce risks to people. Staff knew how to identify and report safeguarding concerns.

The service was well-led. We received positive feedback about how the service was managed. There was a calm and positive atmosphere. Systems were in place to monitor and review the quality of the service.

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 21 January 2018).

### Why we inspected

We received a range of concerns about people's care and support. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has not changed and remains Good. This is based on the findings at this inspection.

We found no evidence during this inspection that people were at risk of harm from this concern.

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

### Follow up

We will continue to monitor information we receive about the service until we 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?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service well-led?

Good ●

The service was 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 Care Act 2014.

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 conducted by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

The Tudors is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 did not currently have a manager registered with the Care Quality Commission. The provider was managing the service. 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. 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.

#### During the inspection

We spoke with two people who used the service about their experience of the care provided. We spoke with six members of staff including the provider and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included two people's care records and ten medicine records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures, audits and accident and incident records were reviewed.

#### After the inspection

The Expert by Experience made phone calls and spoke to six relatives. We reviewed training information and staff rotas. We received feedback from one health and social care professional.

# 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 remained the same. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

- Assessments identified individual risks to people, whilst promoting people's independence. For example, around mobility, skin integrity, oral healthcare and personal care. Guidance directed staff how to support people safely and minimise known risks.
- We highlighted some gaps in repositioning recording for one person. The provider had identified this in their audits and were addressing it.
- The provider ensured the premises and environment were safely maintained. Regular checks were in place for equipment, so it was safe for the intended use.
- Fire safety assessments and checks were completed both internally and externally. Personal evacuations plans were in place. These detailed the support people would need in an emergency situation.

### Staffing and recruitment

- We examined the staffing rotas. The provider did not have a system of formally monitoring staffing levels against people's assessed support needs. Staff told us staffing levels at present were sufficient. However, when the home was at full capacity that staffing levels would benefit from being reviewed, particularly at known busy times of day.
- At the inspection we observed people's care and support needs were met. The home, however was not full. One person said, "Staff are very good. Always staff around. I can ring the bell." One relative said, "From what I've seen when visiting recently they appear to have enough staff."
- The provider followed safe recruitment processes to ensure staff employed were suitable for the role. This included a Disclosure and Barring Service check (DBS), obtaining references and a full employment history.

### Using medicines safely

- Medicines were stored and administered safely. Temperatures of medicine storage areas were monitored and actions taken as required.
- We reviewed medicine administration records (MAR) and topical administration records (TMAR). These were completed accurately, with no gaps in recording.
- Medicines which required additional storage in line with legal requirement were stored and monitored appropriately.
- Protocols for 'as required' (PRN) medicines were clear and detailed. These included guidance about how people would communicate their medicines may be needed.

### Preventing and controlling infection

- 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 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.
- 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.
- The home was clean. A relative said, "We are reassured by the COVID-19 precautions they have in place."

#### Systems and processes to safeguard people from the risk of abuse

- Staff had received training in safeguarding adults. Staff we spoke with were knowledgeable about how to recognise and report abuse. One staff member said, "I would go straight to the providers, if there were any concerns." Another staff member said, "Things get investigated and looked into."
- Systems were in place to record, report and investigate any safeguarding concerns. The provider knew to report safeguarding concerns to the local authority and Care Quality Commission (CQC) as required.
- People and relatives said they felt safe at the home. One person said, "Staff are friendly and very good to me." A relative said, "The care is very good, the staff are kind and try to keep everyone's spirits up during these difficult times."

#### Learning lessons when things go wrong

- Accidents and incidents were reported by staff. A monthly analysis was conducted to monitor for patterns and trends. Actions were reviewed to prevent reoccurrence and to obtain support external professionals as required.



# 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 requires improvement. At this inspection this key question has now improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The provider had made improvements in recording and quality monitoring systems since our last inspection. There were clear action plans to areas identified in audits. For example, in medicines, care plans and accidents and incidents.
- Notifications were submitted as required. A notification is information about an event or person which the service is required to submit to CQC.
- The provider had displayed their CQC assessment rating at the service and on their website.

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

- People, relatives and staff spoke positively about how the home was led and managed. Although a manager was not currently in post the provider had ensured the home ran efficiently. A health professional said, "The home is managed well." A relative said, "Both the [providers] are friendly and caring." A staff member said, "[The provider] is easy to talk to and genuinely cares." Another staff member said, "We [staff] feel supported [by the provider]."
- There was a calm and friendly atmosphere in the home. Staff knew people well. One staff member said, "We [staff] work well together." Another staff member said, "It is homely and relaxed. People feel safe and comfy."

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

- Meetings occurred with people and staff to gain views and feedback. For example, people had suggested a historical talk about the local area which had taken place. A relative said, "There's plenty to keep [name of person] occupied as they get bored quickly at times."
- Communication systems were in place to keep staff updated and informed. A staff member said, "Guidance is communicated well."

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 had a full understanding of the duty of candour. Records demonstrated who had been informed and when.

Continuous learning and improving care; Working in partnership with others

- Relatives gave a few examples when communication could have been prompter. However, relatives told us staff and the provider always had time to speak with them. A relative said, "The [provider] is good at keeping in contact and has time to talk things through when needed."
- The provider had established links with community health and social care professionals. A health professional said, "The service raises any concerns promptly." Another health professional said, "[The provider] is always very helpful and knowledgeable about the residents."
- Adaptations had been made throughout the pandemic to ensure current government guidance was adhered to. For example, in regard to social distancing measures and visitors. A relative said, "We've been sent emails about the changes to visiting arrangements during the year."