Four Seasons (Evedale) Limited

Tudor Grange

Inspection report

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Ratings

Overall rating for this service	Good
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?	Good

Overall summary

We inspected the service on 6 January and 7 January 2016. Tudor Grange is registered to provide accommodation and personal care for up to 33 older people living with or without dementia. On the day of our inspection there were 28 people living at the home.

The home had a manager who was on duty on both days of the inspection. They had managed the home since November 2015 and were in the process of registering with us. 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 who used the service, and their representatives, felt safe and well looked after at Tudor Grange. People told us that staff met their needs effectively and were all kind and caring. Staff were knowledgeable about people's needs, preferences and life experiences. Staff respected people's privacy and dignity.

Summary of findings

Staff had a good understanding of what constituted abuse and would be confident to recognise and report it. Staff felt that people were kept safe.

Some maintenance issues relating to keeping the environment safe in the event of a fire had been identified by the provider but not actioned. The manager was following this up. The home's smoking policy required review in light of arrangements within the home to ensure people's ongoing safety at all times.

Although staffing levels reflected numbers assessed based on dependency staff were rushed and this impacted on their ability to respond to needs promptly. The manager was in the process of reviewing staffing levels.

Staff were recruited through safe recruitment practices and overall medicines were stored and administered safely.

Staff received appropriate training and supervision. There was an induction program in place to support new staff. Staff were positive about the support and training they received. Staff understood their roles and responsibilities and said that they had good training opportunities. The manager was actively looking for alternative training methods to support the on line learning that staff were required to complete.

People's rights were being protected under the Mental Capacity Act 2005.The manager and staff team were in the process of developing their knowledge and understanding of the legislation so that they could carry out their responsibilities effectively.

People were provided with sufficient food and drink to maintain their good health and wellbeing, and overall people were satisfied with what they had to eat. Health professionals worked closely with the home to ensure people's health care needs were met. Communication between staff and outside agencies was good.

Overall people enjoyed a range of activities both at the home and in the community.

People and their relatives were involved, or had opportunities to be involved, in the development and review of the service. People felt listened to and would be confident to make a complaint or raise a concern if they needed to. Staff knew the complaints procedure and we saw outside agencies had supported people with decision making when appropriate. People who used the service and the staff team had opportunities to be involved in discussions about the running of the home and felt the management team provided good leadership. There were systems in place to monitor the quality of the service provided.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires improvement

The service was not consistently safe.

Staffing levels reflected assessed numbers but individual needs could not always be met promptly.

Environmental issues relating to fire precautions could potentially affect people's safety.

The provider had systems in place to recognise and respond to allegations or incidents of abuse.

Overall people received their medicines as prescribed and medicines were managed safely.

Recruitment procedures were good ensuring that only people suitable to work with vulnerable people were appointed.

Is the service effective?

Good

The service was effective.

Staff, including the manager, were in the process of increasing their knowledge and understanding of the Mental Capacity Act 2005 and deprivation of liberty safeguards to ensure people's rights were protected.

Staff received appropriate induction, training and supervision.

People received sufficient to eat and drink.

External professionals were involved in people's care as appropriate.

Is the service caring?

Good

The service was caring.

Staff were kind, caring and respectful when supporting people to meet their care and support needs.

People's privacy and dignity was respected and promoted.

People were listened to and were supported to be able to make decisions and choices.

Summary of findings

Is the service responsive?

Good

The service was responsive.

Care records provided clear guidance for staff to respond to people's needs.

People enjoyed a range of activities.

A complaints procedure was in place and staff knew how to respond to complaints.

Is the service well-led?

Good

The service was well-led.

The management team encouraged openness and involvement throughout the service and staff had opportunities to review and discuss their practice regularly.

The management team were approachable and sought the views of people who used the service, their relatives and staff.

There were procedures in place to monitor and review the quality of the service.

Tudor Grange

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 was planned to check 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 inspection took place on 6 and 7 January 2016 and was unannounced.

Before the inspection we reviewed information the provider had sent us including statutory notifications. A notification is information about important events which the provider is required to send us by law.

The inspection team consisted of 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.

As part of the inspection we spoke with seven people who used the service about the care and support they received. We also spoke with three people's representatives.

We spoke with the manager, the deputy manager, and a regional manager who worked for the provider. We also spoke with five care staff, a visiting hairdresser and a health professional.

We looked at three care records (and extracts from others), three staff recruitment files and other records relevant to the running of the service. This included policies and procedures and information about staff training. We also looked at the provider's quality assurance systems.

Requires improvement

Is the service safe?

Our findings

People told us they felt safe living at the home. One person told us, "I feel very safe. They check on me every hour at night as well." Another person said, "I feel very safe." Relatives were also confident that people were safe. One relative told us, "Yes, people are safe here. Staff know what they are doing."

Staff told us they were confident that people were kept safe. They had received training to protect people from abuse. Staff had a good understanding of what constituted abuse and what to look for to indicate it was happening. They understood the process for reporting concerns and said that they would be confident to report suspected abuse in order to protect people who used the service. Senior staff knew how to refer incidents to external agencies if needed.

Risks had been managed so that people were protected and their freedom supported and respected. Risk assessments had been carried out and actions taken to reduce identified risks as far as possible. Staff were aware of individual risks and knew how to ensure people's ongoing safety. Due to the layout of the building the manager told us that individual risks in relation to mobility were assessed prior to admission. We saw that people were able to move freely round the home suggesting that the home was suitable to meet the current mobility needs of the people who used the service. We saw that the equipment being used in the home had been tested to check that it was safe to use.

The fire risk assessment that had been due for review in September 2015 had areas identified on it that were still outstanding for action. The manager told us that they had contacted the person required to complete the tasks and was chasing them up. There was a smoking policy in place but it was proving difficult to enforce due to environmental factors. The fire risk assessment did not cover smoking. At least three people were regular smokers and others were exposed to cigarette smoke as they accessed and left the building. This meant that people's safety and wellbeing could be compromised. The manager began a review of this arrangement at the time of the inspection.

People told us that they thought there were not always enough staff available to meet their needs in a timely manner. The manager used a staffing tool to identify the number of staff required on each shift. We saw that actual numbers reflected this total. However people told us that they often had to wait for assistance, especially when they needed help with personal care. One person told us, "There are delays in the lounge if I need the loo and there is no staff around or a way to call them." Another person identified that there was a lack of staff availability at certain times of the day. This time coincided with the change of a staff shift. A visitor to the home told us that they had seen people having to wait for support with personal care. They said that, at times, they had gone to find staff on behalf of people who were looking uncomfortable. We shared this feedback with the manager. They said they would review arrangements however they had already taken steps to improve staffing levels by increasing numbers at night. They told us this was having a positive effect on getting tasks completed.

Staff told us that they were often rushed and we saw this. One staff member told us, "It can be hectic but it fluctuates." We saw there were few instances of care staff being in the lounge, unless they were carrying out a task. During a half hour period we saw seven clients sit with no interaction or stimulation apart from being offered a drink. There was more interaction on the second day of our inspection as there were designated staff on duty to arrange and carry out activities. Three staff told us that they would like to have more time to sit with people and spend more quality time with them. Staff vacancies were impacting on the overall staffing arrangements The manager told us that she was aware of this and was looking at how tasks could be appropriately allocated within teams to enable improvements in this area.

We looked at the recruitment files of the last three staff members to join the team. The manager told us that the content of the files was an area that they had identified for improvement. The files we reviewed contained all required information to demonstrate that only suitable people were recruited. We recognised that none of the files reviewed were for recent appointments as staff retention was good and there had been no appointments made by the new manager. The regional manager, who was visiting the home at the time of the inspection, told us that they were confident that the manager had the skills and knowledge to recruit as per the provider's policies and procedures. The regional manager told us that they routinely audited recruitment files to ensure they demonstrated that safe processes were followed.

Requires improvement

Is the service safe?

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage them safely. The medication policy detailed how safe monitoring, administering and storing procedures should be implemented. We saw staff administering medicines in line with this policy. One staff member was complimentary about the training they had received prior to being deemed competent to administer medicines. They told us, “We don’t do anything unless we are competent to do so.”

Risk assessments had been carried out in order to ensure people received the right dose at the right time. Staff had been trained in the safe handling, administration and disposal of medicines. A recent audit from the local pharmacist demonstrated that overall medicines were being stored securely and administration charts were appropriately completed. Where improvements had been identified the manager told us how they were taking action to address them. Improvements included the need to implement protocols to offer a consistent approach for staff administering medicines as and when required. On the day of our inspection people said that they did not have any concerns about the way they received their medicine. We saw however that a recently prescribed cream was not being stored appropriately or recorded as administered regularly. The manager took immediate action to address this. Other medicines were being stored safely.

Good

Is the service effective?

Our findings

The people we spoke with told us that staff were trained and had the right skills to provide effective care. One person said, "They seem very capable." Another person said, "They're good people. They look after you really well." Relatives were equally as complimentary about the staff's ability to meet people's needs.

Staff told us that they could meet people's care and support needs effectively. They felt well trained even though the manager had identified that some people required refresher training to ensure that their skills and knowledge were up to date. Staff told us that a lot of training was now computer based. Some staff commented that they would prefer more face to face training. The manager and the senior manager (who was on site at the time of the inspection) were aware of this and were exploring preferred methods to support the on line courses. Staff told us that the manager had asked them what training they would like. Training was available to staff working in all roles within the home. Some training was to support safe and effective practice and some was specifically arranged to meet the individual needs of people who used the service. A review of staff training carried out by the home identified that some training was lacking. They had developed an action plan that all training identified would be completed by the end of January 2016. The manager was actively working towards achieving this.

There had been no newly appointed staff so we could not assess the effectiveness of the home's induction process. However the regional manager told us that all new staff would complete the provider's induction program which incorporated the new Care Certificate. The certificate has been developed by a recognised workforce development body for adult social care in England. The certificate is a set of standards that health and social care workers are expected to adhere to in their daily working life.

Staff felt well supported by each other and by manager. They felt that they were listened to and that the new manager was responding positively to changes suggested to make the service better. One staff member told us, "We have a good team." Staff told us that they had regular opportunities to sit with senior staff and review their personal and professional development. Staff said that mutual support was a strength of the team and we saw positive interactions between staff members when supporting people.

People told us that staff involved them in discussions and decisions about how they wanted to receive their care.

The Mental Capacity Act (MCA) 2005 provides a legal framework for making particular decisions on behalf of people who may lack mental capacity to do so for themselves. The Act requires that as far as possible people making their own decisions are helped to do so when needed. When they lack mental capacity to take particular decisions, any decision made on their behalf must be made in their best interests and as least restrictive as possible.

People cannot 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). Staff told us they had received training in relation to MCA and DoLS. We saw how the manager had identified that additional training was required to ensure that they could fulfil their obligations effectively. Assessments seen were not fully completed. The manager had arranged additional training and the support of a social care professional. Staff understood the principles of capacity and restrictions meaning they could promote choices and decision making while ensuring people's personal freedom.

People told us that they enjoyed mealtimes. They confirmed they were offered choices for breakfast, dinner, tea and supper. Everyone said that they had plenty to eat. People had a choice as to where they ate their meals. Most people chose the dining area but some preferred the privacy of their rooms. Staff worked flexibly to accommodate this.

We asked people about the food they received. One person told us, "I enjoy it a lot. We have plenty to eat." Another person said, "It's pretty good food." One person commented, "Most of the food is alright but the veg can be a bit hard."

We observed the lunch time experience. Tables were neatly laid beforehand and most people chose to eat in the dining area. Drinks were served prior to the start of the meal. Most people managed their own food with minimal support.

Good

Is the service effective?

Staff worked efficiently and staff interactions during lunch were positive. Portions seemed generous, the food was hot and of good quality. We heard a number of people comment about the vegetables of the day saying that they were too hard. No other negative comments were made however.

People told us that they had plenty to drink. Most people told us that they always had a jug of water in their room. Soft drinks were provided with all meals and a jug of juice was accessible in the lounge. Snacks were available at times in between meals. We saw one person helping themselves to sweets that had been left out for everyone to share. When people had been assessed of being at risk of poor nutrition, which might have a detrimental impact on their health and well being, their intake was monitored to ensure that they were getting enough to eat and drink.

People's health needs were met effectively. People's health and wellbeing were monitored and when needs changed people received the support required to be seen by relevant health professionals. Records showed that referrals to external health care professionals were made when people's needs changed. We saw referrals were made to district nursing teams and speech and language teams. People who used the service and relatives told us that health professionals visited the home regularly. We saw that care plans detailed referrals to outside agencies. Records also showed that routine appointments were attended. Care plans were updated when health needs changed to ensure people continued to receive care required. In conversations staff were knowledgeable about people's health needs and told us how they monitored them.

Staff told us that a GP ward round took place at the home once a week. Senior staff told us that they shared feedback from these visits within staff teams and recorded changes appropriately. We saw how this had been implemented following the recent visit for one person who used the service. Staff told us that they received good medical support and that the home had an identified GP. They felt that this meant that good working relationships were developed and health professionals got to know the people they supported.

We saw district nurses visiting people who used the service. They liaised with staff and shared information effectively. We saw how information was recorded. We spoke with a visiting health professional who described the home as, "Really good." They told us that there was always someone around to speak with and that the staff contacted them appropriately when people's needs changed. They said, "They will always ring for advice." They told us that they had never heard anyone complain about the home and that it had a good reputation locally.

Tudor Grange was homely in décor but the layout was not always suitable for people with mobility problems or difficulties with orientation. The provider had taken steps to help keep people safe by risk assessing the environment to help minimise any risks it might present for people who used the service. We did not that there was no signage to help people find their way around There was very limited outside space and people told us that they would like to have more outdoor space to enjoy. There was one very small seating area and staff told us that this was used by a small group of people in the summer months. Storage space was also an issue inside the home. We saw how equipment was stored wherever there was space. We had concerns about the use of the sluice room as a storage facility and this had recently been highlighted during an external infection control audit. The manager and her senior manager were actively looking at how they could resolve this issue.

Good

Is the service caring?

Our findings

People considered that they were well looked after. One person told us, “Staff are very caring and very kind.” Another person said, “They’re exceedingly kind. All superstars and so caring.” Relatives’ comments reflected this and a visiting health professional told us, “Staff are kind. They provide compassionate care and support. They have always done a good job.” One person told us that they had had a particularly positive bathing experience that morning. They attributed this to the kindness of the staff member supporting them.

We saw staff offering care and support quietly and sensitively. One person refused their meal at lunch time. A staff member knelt down at their level and asked how they were feeling. On being told they were fine, the staff member asked if they would like the meal kept hot until a little later. We also saw staff offer discreet support to a person who was not eating. Staff told us, “We provide compassionate care. We treat people how we would want to be treated.” We heard one staff member support a person who was experiencing pain. They offered reassurance and physically made them feel more comfortable.

People were fully involved in making decisions about their lives. We saw how people were consulted about what they did, where they sat, what they ate and who they saw. People’s social and emotional needs were considered and met.

Some people told us that when they had shared their views about the service they had felt listened to. We saw that menus and activities were developed around people’s needs and preferences. Relatives told us that they would be confident to make any suggestions for change or improvement to the manager who they thought would try to accommodate them.

Staff told us that they promoted people’s independence and offered guidance when appropriate.

People were able to dress according to their personal preferences. Some people liked to have their hair and nails done. People who had their hair done on the day of our inspection were very happy with the results and enjoyed the compliments they received from relatives and staff. Staff told us how people liked to be dressed according to their own individual preferences and they supported people to feel good about themselves wherever possible with manicures and other ‘pampering sessions’.

The home had two identified dignity champions. These were staff members who took a lead role in promoting dignity within the home. We saw their pictures on the wall in the main reception area and also information about what people should expect in relation to maintaining dignity. All of the staff we spoke with understood the importance of maintaining people’s dignity and respecting their privacy. We saw the hairdresser doing people’s hair in the main lounge. People we spoke with felt that this was not ideal in relation to offering privacy however space in the home was an issue and this was the only area. The manager was aware of this issue and was seeking a resolution.

We saw that when staff entered people’s bedrooms they knocked and waited to be invited in. Relatives told us that they saw staff take people to private areas to offer personal support. Plans detailed significant people and their contact details to ensure links were maintained. We spoke with three relatives who were very happy with the service provided at the home. They felt informed and consulted. Relatives told us that they were welcomed at the home and encouraged to visit whenever they wanted.

Good

Is the service responsive?

Our findings

The service was responsive to people's individual needs and wishes. People told us that staff provided the care and support that they needed. Staff told us that the needs of people who used the service had changed over the years and they needed more physical support. They said that they had been able to accommodate this. Care was personalised and people were consulted and involved as far as they were able in developing care and support plans. People's representatives told us that they were also involved when appropriate.

We saw how assessments were carried out prior to admission and the manager told us how they used this process to check that the home could meet the person's needs. They told us how they had to consider the layout of the building and access issues. We saw that the home's statement of purpose identified that there was limited outdoor space at the home. Sharing this information prior to admission meant that people could consider it when making the decision whether the home was right for them.

We looked at how care was planned and delivered. Care plans contained information detailing people's care and support needs although on two files we found that needs had changed and plans had not been updated accordingly. For one person a recent fall had not prompted any changes to their care plan despite it being reviewed. The manager told us that this had been an oversight and that they would review the plan. When we spoke to staff about these and other changes, they were aware of updated information meaning that they could continue to meet people's needs even without the written information. Relatives and other significant people were involved in reviews of the care and support people received when appropriate.

Daily notes reflected care plans. Life histories were well documented and we heard staff on numerous occasions referring to people's past to make connections with them. For example one person was enjoying the movement class and a staff member told another that the person used to be a dancer. Staff were very knowledgeable about the people they supported. We saw how religious and cultural values and beliefs were recorded in care plans and care planned to meet those needs. Detailed care plans meant that staff could support people in accordance with their beliefs and preferences.

We saw that bedroom files were used to record information to assess changing needs promptly. However, we found that where people's fluid intake was being monitored this was not always done robustly. There was a risk that any patterns of concern, such as insufficient fluid intake, might not be picked up. The manager told us that this was an area where they had identified improvement was required and they were monitoring the situation closely.

People's likes and preferences were recorded. Preferences included preferred times to go to bed and little details like whether the light should remain on or off.

People enjoyed a range of activities both at the home and at venues in the local community. One person told us, "We're currently knitting blankets for charity. Christmas was fantastic with the decorations and singing." Other people told us that activities were not available every day but they were popular, especially the trips out.

On the first day of our inspection activities were restricted mainly to people accessing the services of the hairdresser. We saw that people sat in the lounge with minimal staff social interaction. On the second day there were a number of activities taking place which people clearly enjoyed. In the afternoon people were offered the choice of visiting a local social club. People told us that they particularly looked forward to Thursdays so that they could attend this outing.

There was no formal activities programme for weekends. Staff told us that this was because of the number of visitors and the pace being slower and more relaxed. Activities staff told us that they arranged one to one support for people who spent long periods of time in their beds. This meant that everyone had opportunities for some social interaction and they hoped to develop this further.

People told us that they did not have any concerns about the service they received, but they would speak with the manager or named staff if they had any complaints. We saw how people who used the service were confident to approach the manager and staff on duty when they had something to say or a request to make. Relatives told us that they had regular opportunities to speak with the manager and would be confident to raise any concerns that they might have with them. People told us that they were confident that resolutions would be found informally without having to use the formal processes.

Good

Is the service responsive?

Staff told us that they were aware of the complaints procedure and they would share it with people who used the service if necessary. We saw the complaints policy and procedure in the main hallway. Although it was not in an easy to read format people were aware of it. The manager told us that there had been no complaints about the service provided and records reflected this.

Good

Is the service well-led?

Our findings

People who used the service told us that they thought the home was well run. Relatives and visitors reflected this. One person told us, "I think there's good leadership here." Another person said, "I see [the manager] every day and she's easy to talk to."

The manager told us that they were currently working on historical practice issues in relation to staffing and in particular communication. They had introduced a number of systems to improve this such as a 'daily huddle'. This was a meeting held daily where key information was shared and then disseminated to the staff team who were not present. Staff told us that these had improved communication and made them feel involved and valued. They considered that the home was being well managed. Staff told us that they felt well supported. Staff had opportunities to discuss their personal and professional development with the manager and had regular opportunities for informal support. Staff told us that they would be confident to raise any issues, concerns or suggestions. Staff knew about the whistle blowing policy and said they would use it if necessary. The whistle blowing policy enabled staff to feel that they could share concerns without fear of reprisal. Staff told us how they shared information between staff teams and that these systems were informal and effective. Staff said meetings took place to enable staff to meet as a whole team and discuss the service provided. Records showed that they had shared issues and discussed solutions.

Meetings were held with people who used the service. Records were kept of these meetings. The manager told us about a 'worry catcher meeting'. This was a meeting held to check what people were happy with and what they were not. The meeting was supported by staff and a representative from Age UK (an independent charity) as a person to represent the views of people who used the service. We saw that responses to the meeting had been very positive. Meetings reflected an open culture within the home and the manager's willingness to listen to views and respond appropriately.

Tudor Grange had a manager who had been in post since November 2015. They told us how they were reviewing all aspects of the service in order to make changes and improvements. They had identified that there was lots of good care being delivered at the home but that paperwork was an area where improvement was required. The manager showed us an action plan that they had developed in order to prioritise and address issues identified since her appointment. They had set timescales for action. Their findings reflected ours suggesting that they knew the strengths and needs of the service provided.

Registered persons are required to notify CQC of certain changes, events or incidents at the service. Records showed that since our last inspection the provider had notified CQC of changes, events or incidents as required.

We spoke with the maintenance staff member. They told us that they had the resources to carry out the tasks required of them. We saw how they completed tasks in a timely manner. Tasks identified for completion by the provider had not been completed so promptly. We shared this with the visiting regional manager as two issues related to fire safety. The manager told us that they were taking direct action to get these issues resolved. We saw records that showed how safety checks were routinely carried out in house. The person responsible for these checks told us about the processes and how they complete the tasks. The manager reviewed checks to ensure they were completed and any issues acted upon.

We saw audits used to monitor practice. They were being completed appropriately. We saw newly introduced quality of life audits that reflected standards of care and people's experiences were being considered and acted upon. The manager also told us how they carried out a daily walk around to check on standards and quality. The local authority had carried out an infection control audit and identified areas where improvements were required. The manager showed us how they were responding to this with an action plan although some issues were proving difficult to resolve and senior managers were now working with the manager to find a solution.

There was an electronic system in the main reception for people to use to share feedback and ask questions about the running of the home. The manager was informed electronically every time this was used. Their responses were monitored by the provider meaning that all comments were formally acknowledged and responded to. Relatives told us that they were aware of this although we did not meet anyone who had used it. Senior managers shared records of monitoring visits to demonstrate how they also checked the quality and safety of the home.