Careplex Limited

Tudor Rose Rest Home

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

This inspection took place on the 30 June and 1 July 2016. The first day of the inspection visit was unannounced, the second day was announced. We last inspected Tudor Rose on 6 and 12 January 2015 where we found the provider had breached the Health and Social Care Act 2008 in three regulations. This included ineffective systems to protect people from the risk of unsafe and inappropriate care, unsafe medication practice and not notifying us of a change in managers. At this inspection, we found there had been improvements made.

Tudor Rose is a home providing accommodation and residential care for up to 27 people. At the time of our inspection 27 people were living at the home.

At our last inspection there was no registered manager in post. At this inspection, there was a registered manager in post. 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.

At the last inspection it was found peoples' safety was not consistent. People did not always receive their medication as prescribed. Risks within the environment were not always identified, people were at risk of cross infection and staff had not always managed people's care in a way that would prevent people from the risk of harm. We found there had been improvements in all areas identified as previously requiring improvement.

People had received their medicines as prescribed. An effective infection control procedure had been introduced to protect people from cross infection and risks within the environment were identified and repaired in a timely way. People felt safe living at Tudor Rose. Staff understood their responsibility to take action to protect people from the risk of harm because the provider had systems in place to minimise the risk of harm and abuse.

At the last inspection it was found peoples' rights had not always been protected. At this inspection there had been an improvement. People identified as being under a form of restricted practice to keep them safe, in their best interests, appropriate processes to protect their rights had been followed.

Improved systems were in place to monitor, audit and assess the quality and safety of the service but they had not been consistently effective and still required further improvement.

There were sufficient numbers of staff available to support people. Suitable staff had been recruited and had received training to enable them to support people with their individual needs.

People were able to choose what they ate and drank and enjoyed their meals and given the opportunity to

join in different activities if they wished.

People were supported to receive care and treatment from a variety of healthcare professionals and received treatment if they were unwell.

Staff demonstrated a positive regard for the people they were supporting. People felt staff were caring and kind. Staff understood how to seek consent from people and how to involve people in their care and support.

People felt happy living at Tudor Rose. There was a complaints process in place and people could raise concerns. Feedback on the service provided at Tudor Rose was sought from people living at the home, their relatives and staff.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People were safe living at the home.

People were protected from the risk of abuse because staff were aware of the processes they needed to follow.

Risks to people were assessed and people were supported by adequate numbers of staff on duty so that their needs would be met.

Staff were recruited through effective recruitment practices.

People were supported with their prescribed medicines.

Is the service effective?

Good

The service was effective.

People were supported by skilled staff who knew their care needs.

There were arrangements in place to ensure that decisions were made in people's best interest and people's rights had been protected.

People enjoyed the meals provided and had a choice in what they ate and drank.

People received support from health care professionals to meet their care needs.

Is the service caring?

Good

The service was caring.

People were treated with dignity and respect.

Individual staff demonstrated kindness and compassion.

Staff knew peoples' personal preferences and personal likes and

dislikes.

People were supported to make decisions about their care and support.

Is the service responsive?

Good

The service was responsive.

People living at the home and relatives felt people received a service that was based on their individual needs.

People were supported and encouraged to participate in a activities if they wished.

People and relatives felt they could raise concerns and that the service would be responsive to their requests.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

The processes in place to monitor, audit and assess the quality of the service being delivered were not always effective.

People felt happy with the service they received.

People were given the opportunity to feedback on the quality of care and support.

Tudor Rose Rest Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 unannounced inspection took place on 30 June 2016 and the inspector returned for a second day which the provider was aware of on 1 July. The inspection team consisted of one inspector, an expert by experience and a specialist advisor. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of dementia care service. The specialist advisor had an in-depth knowledge in dementia care.

When planning our inspection, we looked at information we held about the service. This included notifications received from the provider about deaths, accidents/incidents and safeguarding alerts that the provider is required to send to us by law. We contacted the local authorities who purchased the care on behalf of people, to ask them for information about the service and reviewed information that they sent us. We reviewed the findings of our last inspection report. We had received information about risks to people which also informed our inspection planning.

During our inspection we spoke with 11 people, three relatives, five staff members, two healthcare professionals and the registered manager. Because a number of people living at Tudor Rose Rest Home were unable to tell us about their experiences of care, we spent time observing interactions between staff and the people that lived there. We used a 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 looked at records in relation to five people's care and seven medication records to see how their care and treatment was planned and delivered. Other records looked at included two staff recruitment and training files. This was to check staff were recruited safely, trained and supported to deliver care to meet each person's individual needs. We also looked at records relating to the management of the service.

Good

Is the service safe?

Our findings

During our last inspection in January 2015, we found that the arrangements in place to protect people against the risks associated with the unsafe use and management of medicines were unsatisfactory and had breached the Regulations. At this inspection, we found improvements had been made. We looked in detail at seven people's medicine administration records and audited a number of medicines. This was to ensure the quantity of medicine administered balanced with the quantity of medicine in stock. We found staff administered medicines in a safe way and ensured people took their medicines. One person told us, "They [staff] never forget to give me my medication." Another person said, "My medicine is given regularly." People who required medicines to be taken at night had their needs reviewed and times altered that ensured people were not asleep and at risk of missing their prescribed dosage. Staff were required to ensure some medicines were to be given in a specific way and we found that staff had ensured they were.

We saw that people received medicine as and when required. We found protocols were in place for staff that provided them with guidance when people required pain relief. Medicines were stored in a locked cabinet, secured to an external wall. This kept medicines secure and prevented unauthorised people accessing the medicines.

At our last inspection the service was found to be requiring improvement at identifying risks in the environment. At this inspection we found improvements had been made. The provider had a staff member that was able to complete small repairs to the building and surrounding environment. We found the home was well maintained. Safety checks of the premises and specialised equipment for example wheelchairs, hoists and the lift had been carried out by registered maintenance engineers and were up to date.

Staff explained what they would do in the event of an emergency. One staff member explained how they had taken effective action to assist one person that had been involved in a serious choking incident. A health care professional confirmed with us how this action had 'probably saved' the person's life. All care files we looked at had a fire risk assessment and plan to support people in the event of a fire. One staff member explained, "When the alarm is activated the doors automatically shut. Every door is a fire door and can resist heat up to 30 minutes so people can safely stay in their rooms until the fire brigade arrive." The provider had safeguarded people in the event of an emergency because they had procedures in place and trained staff knew what action to take.

At the last inspection, the service had been found requiring improvement in maintaining a clean environment and preventing cross infection. At this inspection we found improvements had been made. The registered manager was the home's infection control lead and they had arranged recent training in infection control management for all staff. Cleaning schedules had been introduced and were audited regularly. We spoke with one staff member who told us, "We have everything we need to keep the home clean." A relative said, "The place always seems to be clean when I visit." We saw where issues were identified, these were actioned quickly and individual staff members were spoken with to reduce the risk of a reoccurrence. The rooms we were able to visit presented as clean and fresh. We found staff used personal protective clothing when supporting people and anti-septic hand gel was available in the home for staff and

visitors to disinfect their hands. The registered manager had introduced a new infection control policy to support staff that was in line with national guidance. The home environment was clean and provided a safe place for people to live in.

People we spoke with told us they felt safe, although one person said, "I feel safe here, it is just that at night one person living here does walk around and sometimes comes into my room." We discussed this with the registered manager. They explained the person living at the home had recently arrived and become disorientated with their surroundings. This led to the person being confused and unable to find their room. However, the registered manager continued to explain the person had now settled into their new routine, was familiar with their surroundings and able to find their room. Another person said, "I feel safe here, I am well looked after by staff." A relative told us, "I feel my wife is safe here as it is a small home and my wife is able to find her way around herself around more easily than a larger home." Another relative said, [Person's name] is kept safe here, she's had a couple of falls but the staff do what they can, they make sure she has her frame with her but she doesn't always use it." There were a number of people living at the home who were not able to tell us about their experience. One staff member said, "If somebody is upset we can tell by their body language or the expressions on their face." Throughout the inspection, we saw people were at ease in the presence of staff, which demonstrated to us that people felt relaxed with the staff at the home. A health care professional explained they 'felt' people were 'kept safe.' We saw that staff had received safeguarding training and they were knowledgeable in recognising signs of potential abuse and how to follow the provider's safeguarding procedures. Staff knew how to escalate concerns about people's safety to the registered manager and other external agencies for example, the local authority and Care Quality Commission.

We saw people were moving freely around the home and staff we spoke with showed an understanding of supporting people's independence whilst protecting them from risk of harm. One staff member told us, "[Person's name] has become quite scared since their last fall and will sometimes place herself on the floor so we keep a close eye on her." Another staff member said, "We have a number of residents who are at risk of choking, we do encourage them to feed themselves, but make sure we are close by to support them if they started to choke." Staff showed they had an understanding of the risks posed to people, their health and care needs.

We saw risk assessments had been completed for people and for the use of specialised equipment. For example, we found pressure relieving mattresses and cushions were in use to support people who were at risk of developing skin damage. Although we saw one person did not have their pressure relieving cushion in place on the second day of our inspection. We discussed this with the registered manager. They explained the person was not always comfortable with the cushion and sometimes refused to sit on it. The registered manager continued to explain the person's skin was monitored closely by staff and if any soreness or redness to the skin was noticed, they would contact the appropriate healthcare professional. We spoke with two healthcare professionals who confirmed staff were 'very quick' to notice any redness to people's skin and no person living at Tudor Rose had recently developed sore skin.

We saw the provider had an effective recruitment process in place to make sure they recruited suitable staff. Two staff files showed the pre-recruitment checks required by law were completed, including a Disclosure and Barring Service (DBS) check and references. The DBS check helps employers to make safer decisions when recruiting and reduces the risk of employing unsuitable people.

People living at the home, staff and relatives felt there were 'generally' sufficient numbers of staff available. One person told us, "There is more staff on weekdays than at night, but that is ok because I am asleep." A staff member said, "We could probably do with another one or two staff but generally I think it's ok." Another

staff member told us, "We have enough staff." The registered manager explained they had recently recruited two staff and the home had sufficient staff to meet people's needs. The registered manager showed us the provider's 'staff dependency tool' that was used. This was a method used by the provider to determine the appropriate numbers of staff required, subject to the dependency or the intensity of care and support people needed. We saw this was reviewed when people's needs changed or when there was a change in the number of people living at the home. This made sure the provider deployed the correct numbers of staff at all times. The registered manager explained that in the event of planned and unplanned absences, existing staff would be asked to provide cover. Staff confirmed the provider did not employ agency workers and that they would be 'happy' to provider cover because this gave people continuity of care. We saw that requests for assistance were answered in a reasonable length of time and there was sufficient staff on duty to meet people's needs.

Good

Is the service effective?

Our findings

At our last inspection, the provider was not meeting all of the legal requirements associated with the Mental Capacity Act 2005 (MCA), particularly in relation to the Deprivation of Liberty Safeguards (DoLS). The 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. At this inspection we found improvements had been made. One person told us, "Yes, staff always ask me first." Staff we spoke with told us that they sought people's consent before they provided support. We saw throughout the two days staff offered people choices and asked their permission before they provided any support.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). At the last inspection we found the provider was not meeting all the legal requirements associated with the principles of the DoLS. At this inspection, we found improvements had been made. We saw the provider had delivered MCA and DoL training to staff. Staff we spoke with were able to explain their understanding of DoLS and they identified people who they felt could be put at risk if they were not restricted, for example, from leaving the home unsupervised. One staff member told us, "There are a lot of people here who couldn't go out on their own because they could get hurt." We saw that people were closely supervised and most people had been subjected to a restricted practice, in their best interest, to prevent injury to themselves or others. We found mental capacity assessments had been completed and applications to deprive people of their liberty, in their best interests, had been submitted to the 'supervisory body' for authority to do so. Therefore the provider had met their legal requirements to protect the rights of people living at Tudor Rose.

People we spoke with felt they received support from staff that were trained to carry out their roles. One person told us, "I have [name of condition] and I think that the staff here know what they are doing when they look after me." A relative said, "I'm very happy with the way [person's name] is supported, the staff know how to care for them." Staff we spoke with felt supported in carrying out their roles. We saw the provider had an ongoing training programme to support staff development. One staff member told us "The training is good I've recently completed my NVQ2." The provider had a detailed induction programme for new members of staff that included the completion of the Care Certificate. The Care Certificate is a set of standards that social care and health workers abide by in their daily working life. It is the new minimum standards that should be covered as part of induction training for new staff. We saw from training files, two new staff had received support with their training and were regularly assessed in their competency to continually meet and support people's needs.

Staff told us they had received supervision. One staff member told us, "It has got a lot better since [registered manager's name] became the manager, we have regular supervision now, in fact mine's due soon." Another staff member said, "I've not long had my supervision." We saw records that showed staff supervisions had taken place. Staff told us they felt the registered manager was approachable. One staff member said,

"[Registered manager's name] is very approachable and will always support us." Another member of staff said, "I feel very supported."

We saw that staff supported people to access drinks throughout the day which encouraged people to drink enough to keep them hydrated. One person told us, "I like the food." Another person said, "The food here is very good." Another person told us, "We are given plenty to eat and they offer us lots to drink throughout the day." At lunch time, we saw two dining rooms were used. In the smaller dining area people who required more one to one support were seated with staff close by providing assistance when required. In the larger dining area, people were more independent and required less support. A menu was displayed on the lounge notice board and people were asked by staff what they wanted to eat. There was a choice of two dinners and two puddings offered. One person did not like what was offered to them. A replacement meal was offered and the person continued to eat it all. People who preferred to eat in their rooms were not kept waiting, food was taken to them at the same time as people eating in the dining areas. Food was plated and covered to keep it hot and prevent any cross contamination. People were not rushed and staff assisted people who required support to eat at a pace that suited them. Lunch looked appetising and was presented to people in an appealing way. However, the mealtime experience could have been improved for people that required a pureed diet. The food was blended together and served to people in plastic bowls. Although the food was nutritious, its presentation did not look appealing. We discussed with the registered manager and senior care staff, how the dining experience for people that required a pureed diet might be enriched and food presented to maintain the person's dignity befitting to their age. The registered manager said this was an area they would research. The registered manager explained meals were freshly prepared and cooked every day and we saw peoples' dietary needs were catered for. We also saw that some dining chairs had no arm rests which made transferring people from chair to standing more difficult. We discussed this with the registered manager, she confirmed that 'usually' this type of chair would not be used for people who experienced difficulties with seating to standing and it had been an oversight made by the staff.

At the last inspection the provider was found to be requiring improvement because action was not always taken to investigate the reasons why people had lost weight. At this inspection we found improvements had been made. The registered manager had introduced weekly food and fluid audits for people at risk of losing weight. We saw the audits had been effective at identifying when a person had become ill and their appetite affected. People's weight was monitored closely and the audits updated. We found appropriate action had been taken by the provider when people's weight had continued to fall with referrals made to the GP and healthcare professionals. We saw one person had recently been discharged from a Speech and Language Therapist (SALT) because their appetite had improved and they had gained weight. A SALT is a healthcare professional that provides support and care for people who have difficulties with communication, or with eating, drinking and swallowing.

People we spoke with said they were seen by the doctor and healthcare professionals such as, the optician, district nurses and podiatrist. One person said, "We can see the doctor when we need." Another person told us, "I have someone coming to look at my feet." Another person explained, "If we need a doctor urgently, it does not take long." A relative told us, "When [person's name] had a fall, the staff got the ambulance to her quickly." We saw during our inspection a number of healthcare professionals visited people to administer medicine. Healthcare professionals told us staff were quick to contact them when people's needs had changed.

Good

Is the service caring?

Our findings

People living at the home and their relatives we spoke with told us the staff were caring and kind. One person said, "The staff are good." Another person told us, "I'm very happy here, the staff are kind." A relative told us, "I come to visit regularly and the staff always offer me a cup of tea and are great with [person's name]." There were a number of people living at the home with dementia and we saw staff responded to people in a caring and calm manner and their approach was flexible to meet people's individual needs. We saw from the expressions on people's faces and their body language that they were happy with how the staff were supporting them.

Overall, people told us they were happy with the support they received from staff. One person said, "The staff are friendly and speak to me, they make it personal." Another person, who was becoming upset, asked us if we could help them to leave the home. Staff explained to the person in a sensitive way that Tudor Rose was their home and suggested they could go for a walk to the shops. The person showed an interest in going for a walk and returned to their room. There were a number of people living at Tudor Rose who could not always express their wishes. Staff told us that once they got to know people, they could tell by facial expressions and body language whether the person was happy with their support. Staff delivered support to people in a person centred way which ensured the person was happy. For example, we saw people were treated with kindness and empathy; staff understood people's communication needs and gave people the time to express their views, listening to what people said. Staff were able to demonstrate they knew people's individual needs, their likes and dislikes and this assisted staff to care for people in a way that was acceptable to them. We saw and heard staff respond to people in a patient and sensitive manner.

We saw that people's privacy and dignity were promoted. One person told us, "They [staff] close the door and pull the curtains when they do my personal care and treat me with respect whilst doing this." Another person told us, "All the staff are lovely." We saw that staff referred to people by their preferred name and were polite and courteous. One person had spilt food on their clothes following their lunch time meal; we saw staff suggest to the person they might want to change their shirt. The person returned later in clean clothes which maintained the person's dignity.

People, who could, chose to walk freely around the home, although those with walking frames did struggle a small amount due to the narrow corridors, however staff were close by to offer support and encouragement. A number of people were supported to walk by the staff at a pace suitable for the person. People we spoke with confirmed that staff would support them to do what they could to maintain some independence. One person said, "They [staff] sometimes let me cook for myself." Another person told us, "I manage to wash and dress myself but staff are around to help me if I need it." Staff gave us examples of how they supported people to maintain some independence. One staff member told us, "We try to encourage people's independence; we offer them a choice of what they would like to wear by showing them different clothes." Another staff member said, "[Person's name] is very independent so we let them do what they can and if they struggle, we're there to support them." We saw that interactions between staff and the people were respectful and people were dressed in their individual styles of clothing that reflected their age and gender.

The registered manager explained how some people were supported to use the kitchen to occasionally cook their own food and make cakes. We saw two people accessed the kitchen independently. One person gained access to the garden through the back kitchen door, staff were present at the time. Another person had entered the kitchen to look in the cupboards for a snack. We found on this occasion there was no staff in the kitchen. The cupboards and kitchen drawers were unlocked. This left unsupervised and unlimited access to cooking appliances and all kitchen cooking and cutting utensils. We discussed what we had seen with the registered manager. She explained she did not want to restrict people, who could independently get additional drinks and snacks or access the garden for fresh air. However, it was recognised there were people living at the home, which could be at risk of harm if they gained unsupervised access to the kitchen and use its cutting utensils. The registered manager assured us risk assessments for the people living at the home, who could access the kitchen unsupervised, would be reviewed to preserve their independence and maintain the safety of everybody living at Tudor Rose.

People had been supported to maintain relationships with family members and friends, if they wished. During our inspection, we saw a number of relatives visiting their family members. There were opportunities for relatives to meet in one of the two lounges or dining rooms, in the person's bedroom or the garden giving people the opportunity to meet in private.

Good

Is the service responsive?

Our findings

People's care plans reflected the care and support people received. The care plans confirmed an assessment of people's care and support needs had been undertaken. We saw that people's changing needs were kept under review and monitored monthly in their care plans. One person told us, "I remember my care plan" Another person said, "I have many discussions with the manager as to my care and then everything is ok." Relatives confirmed that staff supported their family member, in a way that was responsive to their individual needs. One relative told us, "The staff have kept regular contact with me and involve me in decisions regarding [person's name] care." Another relative said, "Staff are very quick to let me know if anything has happened to [person's name]." We asked staff how they ensured people, who were not always able to explain what they wanted, were involved as much as possible when assessing their individual needs. Staff told us they would speak slowly to people and give them time to respond. They continued to explain how they would show people, for example, different clothes offering them a choice. One staff member said, "When you get to know people, you know what they like by their behaviours."

Staff we spoke with were able to tell us about people's individual needs, their likes and dislikes. Most of the people we spoke with told us staff would support them with their choices. We saw in one person's care plan the particular detail how a person enjoyed the feel of the vibrations through the floor when music was played. We saw this person sought comfort from items that were important to them; staff ensured the person had the items close by at all times. Another staff member told us, "We discuss the person's likes and dislikes and we do try and work to the person's preferences and choices. We saw that staff knew how people preferred to be supported and we saw staff responded to people that required support in a timely way. One person told us, "I do not have to wait long when I press my buzzer for a carer to come."

The atmosphere within the home was calm, with people relaxed and comfortable. We found the televisions in both lounge areas were loud and when we tried to speak with people it was difficult, at times, to hear them. We saw that staff had tried to turn the volume down although this was then requested to be turned back up. However, people that were asleep in their lounge chairs looked unaffected by the volume of the televisions. We saw that people were walking around the home freely, relaxing in their rooms and others were asleep in the lounge areas or watching television. One person told us, "I was bored and used to do a lot of painting, they [staff] helped me to continue my hobby and I painted pictures which are hanging in my room, I've also showed others how to paint." Another person said, "They [staff] took me to church in town the other day." Relatives spoken with explained they were able to visit at any time and made to feel welcome by the staff. All staff, including the registered manager, shared the responsibility for providing recreational time for people. For example, one staff member regularly accompanied people living at the home, to the shops to buy clothes and to have their hair cut. We saw people were provided with the opportunity to take part in a range of different activities, if they wished. For example, reading papers, books and magazines, playing ball games and doing jigsaws. A staff member explained they tried to encourage people to take part in activities but some people chose not to and others preferred to remain in the lounge areas to watch television.

People we spoke with and relatives told us they felt free to raise any concerns with staff at Tudor Rose.

People we spoke with knew how to raise complaints and concerns. One person said, "I feel comfortable raising any concerns but I don't have any." Another person told us, "I know how to complain but I never had to." Another person said, "I would feel comfortable complaining to the staff or the manager." A relative told us, "If I didn't like something about [person's name] care I'd tell any of the staff or the manager." We saw the provider had a complaints recording system in place to investigate complaints. However, because there had been no complaints since the last inspection, we were unable to review the system's effectiveness in checking how the provider would identify any trends in order to improve the service.

Requires Improvement

Is the service well-led?

Our findings

At the last inspection we found people were not effectively protected against the risks of unsafe and ineffective practice due to ineffective systems and processes and had breached the Regulations. At this inspection we found there had been some improvement although further improvement was still required.

We found that on reviewing four people's care plans, they had all had falls within the last three months. We found that appropriate action had been taken by staff and people had seen the GP or were attended to by the emergency services. However, there was not always an audit trail to demonstrate what action had been taken to prevent or reduce the risk of any reoccurrence or to identify any trends. We discussed this with the registered manager, she showed us evidence where some fall referrals had been made to relevant agencies, however this was not consistent practice and she agreed that some of the information had been missed. The registered manager assured us this would be discussed with staff and information updated.

We found that the audits introduced to monitor the administration of medicines had improved. We saw that audits introduced to monitor where people had lost weight had been effective at identifying quickly when additional support from healthcare professionals was required. The registered manager had also introduced audits to monitor the cleaning of the home and these were checked by the registered manager and senior care staff through spot checks.

At the last inspection the provider was in breach of their conditions of registration because Tudor Rose did not have a registered manager in place. At this inspection there was a registered manager in place. We found the staff were open and honest with us about the improvements that were required at Tudor Rose. They explained 'how hard everyone' had worked and how much they thought the 'home had improved' since the registered manager's arrival. People we spoke with told us they knew who the registered manager was and everyone we spoke with thought highly of her. One person told us, "It's much better here now, I like it and I like her," (pointing to the registered manager). A relative said, "I haven't spoken with her [the registered manager] much but she comes across as very nice." Health care professionals explained that during visits to Tudor Rose they had seen the registered manager on the premises and found her to be accessible.

Staff told us they felt supported by the registered manager. Staff explained they were able to raise concerns at staff meetings which were now held more regularly. One staff member said, "Most of us have been here through the really difficult parts and now it is so much better, I really do love working here." Another staff member told us, "We didn't get any support before and it was the people who suffered, now we get support from [registered manager's name], we are like a family." All of the staff we spoke with told us they felt like they belonged in a team. They felt 'motivated' and committed to providing a caring service to the people living in Tudor Rose. Another staff member told us, "There is a nice feel to this home so much better; I can't begin to tell you." All staff members we spoke with told us they enjoyed their role.

Staff told us they would have no concerns about whistleblowing and felt confident to approach the senior care staff members and registered manager. Whistleblowing is the term used when an employee passes on

information concerning poor practice. Staff continued to tell us they had, in the past, reported concerns about poor practice to CQC and if it became necessary they would do so again.

We had been notified about the events that the provider was required to send to us by law. There had been recent safeguardings at the home that had been reported to us. We found there had been full investigations and we saw the provider had worked well with the local authority to ensure the safeguarding concerns were managed. The registered manager explained how she had implemented a 'Duty of Candour' form following the safeguarding investigations. This was a form for staff to complete when there was a serious incident, accident or safeguarding raised. At the time of the inspection, the registered manager had not yet had reason to use it; therefore we were unable to establish its effectiveness.

We saw that there were formal processes in place to obtain feedback from people and staff. Resident meetings were held with people approximately every three months. One person told us, "We do have resident meetings sometimes and they do sometimes address issues." Another person said, "There are resident meetings and things are taken on board." We saw where issues had been raised by people, through feedback surveys or meetings, this information had been collated and action plans put in place to resolve them. One person living at the home explained how they had made a suggestion to the staff and told us it had been fully implemented.