

# Margaret Homes Limited

# Tudor Manor

## Inspection report

2 Brook Street  
Stourbridge  
West Midlands  
DY8 3XF

Tel: 01384379165

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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 well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Tudor Manor is a residential care home providing personal care to 16 people aged 65 and over at the time of the inspection. The service can support up to 22 people in one adapted building.

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

The home environment was clean and well maintained. We found multiple wall radiators in some people's bedrooms and communal areas were without covers to mitigate the risk of burns. Locks on bedrooms doors and window restrictors required replacing to meet British Safety Standards. Medicines management required some improvement to make sure appropriate processes were in place to monitor medicine stock levels. The provider's quality assurance systems were not always effective at identifying areas for improvement.

Other risks, such as risk associated with people's mobility and health conditions had been assessed. Care plans were in place and in the process of being reviewed.

People we spoke with told us they felt safe from the risk of abuse. Family members told us they felt their relatives were safe living at the home and spoke positively about all the staff that supported their relatives. Staff understood their responsibilities to keep people safe and safeguarding concerns were referred to the local authority.

Incidents and accidents had been monitored for future learning.

There were enough staff on duty to meet people's needs and recruitment processes were in place to safely recruit staff. We found there was good communication with healthcare agencies. We saw kind interactions with people.

People's care and support needs had been appropriately assessed and their nutritional needs were being met. Health and social care professionals confirmed the service worked in partnership with them to maintain people's health and support needs.

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 in the service supported this practice.

Staff felt supported by the registered manager. Staff had received supervision to help them in their roles and training had been completed or in the process of being arranged for them.

The registered manager understood their regulatory responsibilities.

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 22 November 2018).

#### Why we inspected

We received concerns in relation to infection control, staff training, medicines management, building maintenance and recruitment processes. As a result, we undertook a focused inspection to review the key questions of safe, effective 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.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection.

We have found evidence that the provider needs to make improvement. Please see the safe and well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Tudor Manor on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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 well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Tudor Manor

## 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 team comprised of two inspectors.

#### Service and service type

Tudor Manor 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 had a manager registered with the Care Quality Commission. This means that they and the provider are 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 used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We reviewed information available through Healthwatch. Healthwatch is an independent consumer champion that gathers and

represents the views of the public about health and social care services in England. We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used all of this information to plan our inspection.

#### During the inspection

We spoke with seven people who used the service and two relatives about their experience of the care provided. We spoke with five members of staff, the deputy manager, the registered manager and a company director. We spoke with four health and social care professionals. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

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

#### After the inspection

We continued to seek clarification from the provider to validate evidence found.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. At 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 an increased risk that people could be harmed.

### Assessing risk, safety monitoring and management

- Regular provider checks of the home environment, including lift equipment, fire safety and water safety, were completed. Although there were no fire safety issues with the bedroom doors themselves, environmental checks had not identified the locks embedded into the bedroom doors were not compliant with British Safety Standards regarding fire safety. The company that completed the provider's fire risk assessment has agreed to return to the property and conduct a re-inspection. Checks had not identified window restrictors were not compliant with Health and Safety guidance and two windows had no restrictors in place and could be opened fully. Window restrictors were fitted immediately following the inspection.
- Provider checks had identified radiator covers were required in communal areas and people's bedrooms. However, the provider had not responded in a timely manner to have covers fitted. The main concern for one missing radiator cover was addressed immediately on the day of inspection. A rolling programme was introduced, following the inspection, to cover the remaining radiators before the end of January 2022.
- Risks to people's health and wellbeing were managed safely and effectively. Risk assessments were in place to guide staff on how to support people safely and were updated.

### Using medicines safely

- One person had told us they had not received their medication. We checked their medication records and three doses had been missed because the medication had run out. We discussed the monitoring of medicine stocks with the deputy manager and registered manager. They gave reassurances their processes were being reviewed and new, more robust monitoring of medication stock were being introduced. The person had not come to any harm as a result of the missed medication. The person's medication arrived on the day of inspection.
- There were no protocols in place for 'as required' medication. This meant if a person was unable to explain to staff they were in pain, there was no guidance available to describe the signs that would indicate the person required pain relief. We discussed the importance of 'as required' protocols with the deputy manager and registered manager and following the inspection they have since confirmed protocols have now been introduced.
- Medicine was stored and disposed of safely.
- Other people we spoke with told us, "The staff look after my tablets. They give me them; they never forget." "Oh I'd rather staff look after my tablets; I would probably forget to take them." We saw staff administer medication to people in a safe way.

### Staffing and recruitment

- Concerns had been shared with us about staffing levels and the provider's recruitment processes.
- There was some room for improvement to make sure references were sought from the applicant's last

employer and gaps in employment were explored at interview. However, all other relevant checks including police and identify checks had been completed. The registered manager and company director assured us, any gaps would be addressed and future practices would be robust.

- Processes were in place to check new applicants COVID-19 vaccination status. This is a condition of employment to work in a care home and the provider was meeting all the requirements of the law.
- The provider had and followed appropriate processes to maintain and monitor safe staffing levels within the home. Our observations during the day indicated there were enough staff on duty to meet people's identified needs. One staff member told us, "We have enough staff working here." Another staff member said, "I think we have excellent staff, there are enough of us and we're all professional."

#### Learning lessons when things go wrong

- Incident and accidents had been reviewed to identify trends and implement action to mitigate the risk of reoccurrence. During a transitional time between registered managers working at the home, monitoring of these events had ceased. Following the inspection, the new registered manager has reintroduced monthly monitoring.

#### Preventing and controlling infection

- We were somewhat assured that the provider's infection prevention and control policy was up to date. We had received information staff members had not been wearing face coverings between August 2021 and November 2021. We found this had been the case. We spoke in detail with the registered manager and company director. It was apparent the provider had misunderstood the Government guidance issued during this timeframe. We signposted the provider to resources to develop their approach. At the time of the inspection, we found staff adhered to the latest guidance in respect of personal protective equipment (PPE).
- 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 the provider was facilitating visits for people living in the home in accordance with the current guidance.

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

- The provider had systems in place to protect people from abuse and avoidable harm.
- People we spoke with told us they were happy and felt safe. One person told us, "It is good to be here (Tudor Manor). The staff help me. They are very kind." Another person said, "As far as I'm concerned, it's perfect (living at Tudor Manor), no-one upsets me and everyone is very kind." A relative said, "The care they've (staff) have given [person] is second to none and we as a family are over the moon and have no worries about [person's] safety."
- Staff had completed safeguarding training and were aware of their responsibilities to keep people safe and report any concerns they might have.



# 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 good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's protected characteristics under the Equalities Act 2010 were identified as part of their needs assessments and care planning. This included people's needs in relation to their gender, age, culture, religion, ethnicity, disability and sexual orientation.
- Staff knew people well. People and their relatives told us they felt supported and looked after by the service. One relative told us, "[Person's] support has had to be tweaked (re-assessed) dependent on their illness. The home always deals with [person's] increased needs well."
- The service conducted reviews of people's needs to ensure the service continued to meet their individual requirements.

Staff support: induction, training, skills and experience

- Staff told us they felt supported by the new management team. They told us they received supervision, had daily handovers and would not hesitate in approaching the registered manager if they had any concerns.
- One staff member said, "It's been a little unsettled over the last few months but it is much better now."
- Staff told us they had received training that provided them with the confidence, knowledge and skills to carry out their roles effectively. One staff member said, "I had a good induction. I am starting to do the Care Certificate." The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sector.

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

- People's specific dietary requirements were being met. People could choose where they wanted to eat and staff were available to support people at mealtimes. Food was provided in line with people's specific dietary requirements.
- People were offered snacks and drinks throughout the day.
- People at risk of losing weight were being regularly reviewed and where appropriate, were on food supplements to help increase their weight.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- Care plans provided guidance for staff for all people's healthcare needs. Where people had a specific health condition, such as Diabetes, there was additional information provided for staff to ensure they met their needs. A healthcare professional told us, "The staff are very good and understand what we (professionals) need. They [staff] are very good at sharing information and will contact us if there are any changes in people's health needs."

- People were supported to access the healthcare they needed. People's health and wellbeing was monitored. For example, where people were at risk of developing pressure sores, their skin condition was monitored by staff for any marks or redness to the skin.
- The management team held regular meetings with staff to make sure updates on people's support needs and any other important information was shared.

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

- The building had been designed to meet people's need with good access to communal areas, spaces for socialising and outside spaces.
- We saw people being able to choose to spend time alone or with others.
- Signs were in place to help people find their way around.

#### 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 saw where it was appropriate for a mental capacity assessment to be completed, they were detailed, decision specific and any decisions made were in people's best interests.
- We heard staff seek people's consent before carrying out support.

# 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

- At this inspection, we found the provider had failed to ensure there were effective governance systems in place to identify concerns and drive timely improvements. For example, audits in November 2021 had identified a number of radiators in people's bedrooms required covers. These issues had not been addressed in a timely way.
- Health and safety audits had also failed to identify two windows on the landing did not have window restrictors in place. The provider took immediate action to fix window restrictors and cover the radiators in people's bedrooms, where there was an increased risk of potential harm.
- The provider had not kept themselves informed of legislative changes concerning the locks in the bedroom doors or window restrictors, to make sure they remained up to date and compliant with British Safety Standards.
- The provider had not made sure their care home staff adhered to the latest government guidance. This was in relation to the wearing of face coverings in a social care setting, between August 2021 and November 2021.
- Medication audits needed to be improved to make sure the monitoring of stock levels prevented medicines running out leading to people not receiving their medication as prescribed.

We found no evidence people had been harmed. The provider had taken immediate action to mitigate potential risk. However, more robust governance processes were required to monitor the safety of the service. For example, to maintain building safety, keep up to date with changes to legislation and monitoring medicine stock levels. This was a breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager had identified in their PIR there was some improvement to be made to people's care plans to make them more person centred and detailed. At the time of our inspection, we saw evidence the management team had started to implement the required changes and reviews of people's needs and their care plans was underway. The care plans we looked at included details regarding people's health, social, emotional and religious needs.
- Throughout the inspection, we found the management team at the service were open about the shortfalls

we brought to their attention. They demonstrated an enthusiasm and commitment to making the required improvements to ensure safe and good quality care.

- Staff said there was a person-centred culture within the home. One staff member said, "I love working here with the residents, making sure they are happy and safe".
- The staff we spoke with told us the management team were focused on bringing around positive change. One staff member said, "[Registered manager] has a really good caring nature and she knows her staff."
- The provider involved people using the service in monitoring the quality of their experiences. They had regular informal discussions with people and relatives had been asked them to complete satisfaction surveys about their experiences of the care provided.
- Everyone we spoke with told us the service provided a good level of care and support to people. One person said, "They [staff] are very good to me, they look after me." One relative told us, "The staff care, every single one of them. We are kept up to date on [person's] health and any changes we are told straight away. They [staff] are good at keeping us in the loop."
- People, relatives and staff spoke positively about the managers of the service. One staff member said, "We've had a bit of a difficult time recently and there have been a lot of staff changes but [registered manager] is making a difference and things are much better."
- Staff received supervision and had their competencies assessed. Feedback was provided through team meetings and daily handovers.

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 registered manager understood the requirements of the duty of candour and other legal responsibilities. It is their legal duty to be open and honest about any accident or incident that caused or placed a person at risk of harm. On reviewing incident records, we saw prompt action had been taken, appropriate agencies notified and measures implemented to mitigate future risk.
- The registered manager told us how lessons learnt are passed onto the staff via meetings, handovers and supervision. We saw evidence of this in minutes of meetings.
- The rating of the last inspection was displayed as required to by law.

Working in partnership with others; Continuous learning and improving care

- The home worked closely with the district nurse team. A named district nurse visited regularly to provide advice and review diabetic care.
- Records showed there was input into people's health and welfare through numerous health and social care professionals.
- There was a positive culture at the service.
- The staff we spoke with felt supported and happy working at the home. Both staff and people felt able to speak with the management team if they had any issues or concerns and felt they were listened to and respected.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>More robust governance processes were required to monitor the safety of the service. For example, to maintain building safety, keep up to date with changes to legislation and monitoring medicine stock levels. This was a breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>