Majorspan Limited

Tudor Court Care 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?	Good

Summary of findings

Overall summary

This unannounced inspection took place on 11 and 12 October 2016. The home was previously inspected in September 2014 and the home was meeting the regulations we looked at.

Tudor Court is a residential home in Paignton, Devon providing accommodation and care for up to 29 people. People living at the home are older people, most of who were living with dementia. On the day of our inspection, 24 people were living at the home. Accommodation consists of 28 bedrooms some had en-suite facilities.

The home had a registered manager. 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 and associated Regulations about how the service is run.

People told us that they were happy and felt well cared for. It was clear to see that people were comfortable living at Tudor Court and really felt they were at home. People's care was personalised and it was evident that staff knew people they were supporting very well. We saw them interacting with kindness and compassion. People and their families described management and staff as caring, respectful and approachable. The families we spoke with had regular contact with the registered manager.

People told us they felt safe, and we found that the registered manager had a number of systems and processes in place to promote safety. Staff received training in and understood their responsibilities in relation to safeguarding adults. Staff were knowledgeable about how to recognise and report abuse. We saw risk assessments in place regarding risks associated with people's care. These explained how people's care should be delivered in a safe way and how to reduce any risks involved.

The registered manager understood their responsibility to comply with the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Where people were deprived of their liberty applications had been appropriately made. For people who were assessed as not having capacity, records showed that their advocates or families and other health professionals were involved in making decisions in their best interests.

Staff had been recruited appropriately to ensure they were suitable to work at the home. People who lived at the home, families and staff told us there were sufficient numbers of staff on duty during the day but some concerns were raised about staffing levels at night. This was discussed with the registered manager who told us that staffing levels were determined by dependency and there were always two staff on duty at night. Rotas confirmed this. The registered manager felt that two staff would be able to meet the needs of people living at Tudor Court but would revise staffing and dependency levels within the home.

Staff knew how to meet people's needs. Records showed they had a thorough induction and on-going

training to help ensure they had the skills and knowledge they needed to provide effective care. We saw staff received regular supervision as part of their on-going development. This provided an opportunity to discuss their work, any concerns and any training opportunities they may have. We saw appropriate records were maintained to show these had taken place.

We looked at the way in which the home managed people's medicines. Medicines were secured safely and accurate records were maintained. Staff received regular competency assessment checks to ensure the on-going safe management of medicines. Safe systems were in place to manage medicines so people received their medicines at the right times.

People and their relatives were involved in planning and agreeing how they were cared for and supported. Care was planned to meet people's individual needs, abilities and preferences. The care plans contained information about each person, who they were and how they should be supported to ensure their needs were met. However, we found that care plans would benefit from additional guidance for staff on individual preferences of how people wished to receive their care to ensure they are individual and fully person centred. We saw that care plans were reviewed regularly.

People told us they were satisfied with the meals. We saw that people were offered a nutritious and balanced diet which met their needs. People had a good choice of food and were served drinks and snacks in-between meals. We observed lunch being served and some people required assistance from staff to eat their meals. This was provided in a caring and unrushed manner.

Risks to people from malnutrition were minimised because people were offered meals that were suitable for their individual dietary needs and met their preferences. For example, where people had been assessed as being at risk with regards to their nutrition, we saw appropriate referrals were made. Staff ensured people obtained advice and support from other health professionals when their health needs changed. We saw care plans showed when professionals had been involved in people's care and referrals were made to other professionals when required.

People's preferences and personalities were reflected in the décor and personal items present in their rooms. People were living in a home that was comfortable and homely and suitable for their needs. The home had made some adaptations to meet the needs of people living with dementia. However, communal areas, corridors and people's bedrooms were not well signed.

We have made a recommendation about dementia friendly signage.

People and relatives were asked for their views about the care provided and informed how to make a complaint or raise any concerns. These were acted on and used to make improvements for people's care when required.

The registered manager's quality monitoring system included regular checks of people's care plans, medicines administration and staff's practice. Accidents, incidents, falls and complaints were investigated and actions taken to minimise the risks of a re-occurrence.

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.

Care plans recorded risks that had been identified in relation to people's care. Risks were being managed and processes were in place to reduce risk of harm.

People were protected by a robust staff recruitment process.

Medicines were ordered, stored and administered safely.

Staff knew how to recognise and report the signs of abuse. They knew the correct procedures to follow if they thought someone was being abused.

We saw sufficient numbers of suitably qualified staff were on duty to meet the needs of people.

Is the service effective?

Good

The service was effective.

People's records showed how the principles of the Mental Capacity Act 2005 (MCA) had been applied when a decision had been made for them. Deprivation of Liberty Safeguards (DoLS) processes had been appropriately applied.

People received care from staff who knew people well, and had the knowledge and skills to meet their needs.

Staff received induction, on-going training, support and supervision.

People were provided with a choice of meals and were supported to maintain a balanced diet and adequate hydration.

People had access to healthcare and were supported to maintain their health by staff who liaised with health professionals effectively and appropriately.

Is the service caring?

Good

The service was caring.

People who used the service, relatives and healthcare professionals were positive about the service and the way staff treated the people they supported. People were supported by kind and caring staff who showed patience and understanding when supporting them.

Staff treated people respectfully, and supported people to maintain their dignity and privacy.

People were involved in decisions about their care. Staff engaged people in all decisions they were able to make and encouraged people's independence. People's care plans contained information about how staff should support them.

Is the service responsive?

Good

The service was responsive.

People's care plans were personalised and provided information of how staff should support them.

People were actively encouraged and supported to engage with their community and there was a range of varied activities available within the home.

People and their relatives felt listened to and were confident in expressing any concerns they had.

People were consulted and involved in the running of the service, their views were sought and acted upon.

Is the service well-led?

Good

The service was well led.

People, their relatives, staff and visiting professionals were extremely positive about the way the home was managed.

People benefited from staff that worked well together and were happy in their roles.

The quality of the service was monitored and the service was keen to further improve the care and support people received.

Tudor Court Care 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 was 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 the 11 and 12 October 2016 and was conducted by one adult social care inspector and an expert-by-experience with experience in caring for older people and people living with dementia. 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 reviewed the information we held about the home. We looked at previous inspection reports and other information we held about the home including notifications. Statutory notifications are changes or events that occur at the service which the provider has a legal duty to inform us about. The provider had completed a Provider Information Return (PIR) before the inspection. The PIR is a form that asks the provider to give some information about the service, what the service does well and improvements they plan to make.

We contacted the local authority Quality and Improvement Team and Healthwatch Devon who provided information about the service. We used all of this information to plan how the inspection should be conducted.

During the inspection we looked around the home and observed the way staff interacted. We met with everyone living at the home and spoke with nine people. We also spoke with four relatives who were visiting the home. In addition, we spoke with the registered provider, the registered manager, deputy manager, the cook and six members of staff. We also spoke with three visiting health care professionals.

We looked at the care plans, records and daily notes for three people with a range of needs, and looked at other policies and procedures in relation to the operation of the home, such as the safeguarding and complaints policies, audits and quality assurance reports. We also looked at four staff files to check that the home was operating a full recruitment procedure, comprehensive training and provided regular supervision and appraisal of staff.

Good

Is the service safe?

Our findings

We asked people if they felt safe living at Tudor Court. People told us they felt safe and happy. A relative told us, "[name's] always felt safe here". One visitor said they wouldn't hesitate to recommend the home especially as both of their parents were there. They also thought their mother-in-law may need to go into care and would suggest she came here. "I've been coming here for 2.5 years. I wouldn't recommend her (mother-in-law) to come if it wasn't good".

People were protected from the risk of abuse. The home had safeguarding and whistle-blowing policies and procedures for staff to follow if they had concerns that a person was at risk of abuse. Staff were aware of different types of abuse people may experience, how to recognise potential abuse and the action they needed to take if they suspected abuse was happening. They told us they would report any concerns to the registered manager and were confident it would be dealt with. Staff were aware of the safeguarding and whistle-blowing policy.

Risks to people's personal safety had been assessed and plans were in place to minimise these risks. For example, risks in relation to nutrition, falls, pressure area care and moving and handling were assessed and plans put in place to minimise the risks. The plans were clear and had been reviewed on a regular basis; to ensure the care being provided was still appropriate for each person. The risk assessment's balanced protecting people with respecting their freedom. We saw that people had appropriate equipment in place, where required, such as mattresses and cushions designed to minimise the risk of developing a pressure ulcer. We also observed staff on a number of occasions supporting people as they moved about the home. They demonstrated safe techniques and supported people giving encouragement and reassurance where needed.

Safe and effective recruitment practices were followed to make sure staff were of good character and suitable for the roles they performed at the home. The registered manager told us that new staff did not take up employment until the appropriate checks such as, proof of identity, references and a satisfactory Disclosure and Barring Service [DBS] certificate had been obtained. The DBS helps employers make safer recruitment decisions to ensure they employ suitable people.

We saw there was sufficient staff available to meet people's needs. Staff were constantly present within the communal areas of the home and were able to quickly respond to people's needs. People received care and support in a calm, patient and relaxed manner. Staff did not appear to be rushed and were able to spend time to interact with people. Call bells were answered promptly and people were not kept waiting when they asked for assistance or support with personal care. We looked at staffing rotas. Staffing levels typically consisted of four care staff including a senior care worker during the morning, four care staff during the afternoon and two staff at night as well as kitchen and domestic staff. The registered manager and deputy manager were on hand to provide support if required. We were told by the registered manager that any absences were covered by staff to ensure that people receive continuity of care, by staff they were familiar with.

However, there were concerns about the staffing levels particularly at night. For example, one person commented that the staff were generally very good and responsive "But not at night…it's difficult to get staff. Sometimes you want a commode and so it's difficult as I need two people to help". Another person said that the staff were "marvellous" but said that they were under pressure at times which showed in their presentation. We spoke with staff about the staffing levels at the home and were told they felt there was enough staff on duty to meet the needs of people during the day. Staff told us they felt there could be more staff at night especially when they were helping people that required two care staff. They said there would be no-one supervising other people who were up and walking about. Staff told us that two staff members could be supporting one person for long periods of time leaving other people alone or having to wait for care.

We discussed this with the registered manager who was not aware of any concerns. The registered manager told us there were two care staff on during the night to ensure that people requiring the assistance of two, received care. They told us that staffing was determined by the care needs of people living at the home and would be adjusted if dependency increased or decreased. They felt that there were enough staff on duty at night but would revise the home's dependency levels and staffing as a result of us bringing it to their attention.

Medicines were managed and administered safely. We looked at Medicine Administration Records (MAR) and observed a medicines administration round. Appropriate arrangements were in place for recording the administration of medicines. These records were clear and fully completed. People had individual MAR which included their photograph. The records showed people were having their medicines when they needed them, there were no gaps on the administration records and any reasons for not giving people their medicines, were recorded. As required medicines (PRN) were recorded on MAR and signed for by staff when administered. There was individual guidance in place for staff on when to offer people PRN medicines. We observed staff asking people if they needed their PRN medicines for example, checking if they were in any pain.

Records showed all staff who administered medicines had the appropriate training and their competencies were reviewed. The registered manager carried out monthly audits to check that administration of medicines were being recorded correctly.

Medicines were stored securely within a locked trolley. This area had a wall thermometer and records showed the temperature of the room was checked daily. This was seen to be within the recommended storage range for medicine. Medicines requiring cool storage were stored appropriately and records showed they were kept at the correct temperature, and so would be fit for use.

Procedures were in place for recording and monitoring incidents and accidents to minimise the risk of re-occurrence. The registered manager reviewed accidents and incidents and considered possible trends or triggers to minimise risks to people. Preventative action had been taken, for instance, providing a sensor mat and a lower level bed to minimise the risks of a person having further falls.

People lived in a safe environment because checks of the premises and equipment were carried out on a regular basis. Records showed regular servicing had been undertaken of fire equipment and systems, portable appliances and gas appliances. The home had a contingency plan for emergencies and each person had an individual plan for their safety in the event of needing to be evacuated from the home. We observed that the home was clean and well-maintained.

Good

Is the service effective?

Our findings

People were supported by a staff team that had the appropriate skills and knowledge and had a good understanding of the needs of people who lived at the home. People were positive and complimentary about the staff. One person said, "Yes, they seem to know exactly what to do." Another person told us "They know what they are doing". Staff felt well trained and had the necessary skills and knowledge to carry out their roles effectively. One staff member said "I'm always doing training. You never know everything and you need to keep up to date".

People were cared for by staff who were trained to provide effective care. We looked at individual training records and the home's training matrix. We saw that staff had undertaken a significant amount of training in key areas such as first aid, moving and handling, fire safety, food hygiene and the Mental Capacity Act 2005 (MCA). Training was provided to meet the specific needs of people living at Tudor Court. For example, the deputy manager designed a workshop based training programme, "In your shoes", that aimed to give staff understanding of the experiences of people living with dementia. We were told that the programme was designed to give staff a sense of empathy with people and to experience the fear and frustration dementia creates. Staff told us "the 'In your shoes' training gives you a lot more understanding of why a resident might act in a certain way. You develop more patience and work harder to understand what they're trying to say to you".

Staff were encouraged to commence a BTEC National Diploma in Health and Social Care as soon as employment was initiated. Staff were supported throughout and encouraged to develop and progress.. The BTEC National Diploma in Health and Social Care is a work based qualification that includes practical work based tasks and goals designed to equip learners in the skills and knowledge needed for their role. We spoke with the BTEC assessor visiting the home who told us the registered manager was very supportive and actively promoted further training for staff. They added "they do take learning very seriously here. Staff have a really good understanding of person centred approach, even before they start the training programme, as this is advocated by the registered manager and practiced throughout the home by all the staff".

Staff had completed an induction programme and were enrolled on the Care Certificate when they had first started work at the home. The Care Certificate is a set of standards that social care and health workers stick to in their daily working life. It is the new minimum standards that should be covered as part of induction training of new care workers. Staff described how they had been given training, such as moving and handling and read the homes policies and procedures during their induction. Staff underwent a period of time where they worked alongside a more experienced member of staff. Staff felt supported by the registered manager and received regular supervision. During supervision, staff had the opportunity to sit down in one-to one sessions with the registered manager to talk about their role and discuss any issues. Staff also had an annual appraisal of their work performance. One member of staff describing the management team said, "They are very pro-active, they encourage us to do training".

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. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

Most of the people living at Tudor Court were living with dementia. When a person lacked the capacity to make some decisions for themselves, a mental capacity assessment had been undertaken of their capacity to do so. If it was decided the person lacked capacity, decisions were made on the person's behalf in their 'best interests'. We saw that when decisions had been made in people's best interests they were carried out with the person's relatives, general practitioner and the registered manager to ensure that it was in the person's best interests and the least restrictive as possible. Examples of decisions being made in people's best interests included the need to ensure people's safety by using an alarm mat or bed rails and to not leave the property unescorted.

We saw that DoLS applications to deprive people of their liberty had been made to the local authority with regard to people remaining at the home. At the time of the inspection decisions had not been made about these by the local authority due to a backlog in applications. The applications had been made correctly to ensure people's rights were protected.

The registered manager and staff had an understanding of the Mental Capacity Act 2005. Staff confirmed they had received training and were able to give examples of how they worked within these legal parameters and protected people's rights and the need for consent. We saw and heard staff seeking people's consent before they assisted people with their care needs. We saw staff took time to explain to people what they were doing and were aware of people who needed support to understand their choices and how to provide this support. Staff knew that if people were unable to make a decision about their treatment or other aspect of their care, health care professionals and family members would be involved in making a decision in the person's best interests.

People told us they were happy with the food and drink they were offered. One person said "We're very lucky… the cook, she's excellent". Relatives told us "[name] always likes it and there's a good choice". Another said "My Dad loves the food, says it's like a hotel". However, some people were unhappy that the last meal of the day was at 5 pm and there was no food offered until breakfast the next day. This was confirmed by one member of staff. We discussed this with the registered manager and cook who said that food and drinks were available and offered to people at any time of the day or night if they requested them. We heard staff asking people if they would like snacks and drinks throughout the inspection.

We observed lunchtime experiences for people to be a sociable and an enjoyable experience. People were supported to have enough to eat and drink. People chose what they wanted to eat from a daily menu and extra options were given to them where these choices did not meet their preferences. For example, one person liked to eat sweet foods and eat their dessert before their main course. This was arranged and the menu was adjusted to include some sweeter main meals such as sweet and sour chicken. We saw staff encouraging people to make choices and offering people alternatives. Staff were attentive to people and where requests for additional food or drinks were made staff were quick to respond. On two occasions staff took people's plates back into the kitchen and replaced the meals, if their food was getting cold or added something different. Where people needed extra support with their meals this was offered. For example, some people needed staff to sit with them so they could be prompted and supported to eat their food

safely.

We spoke with the cook who was preparing the food during the inspection, and they had knowledge of everyone's food preparation needs and understood about providing a fresh nutritious diet for people. People's preferences and menu suggestions were listened to and the menu's altered where ever possible. Staff understood people's particular dietary needs, such as diabetic diets and their known likes and dislikes and made provision for high calorie food and drinks for those at risk of losing weight. People's dietary needs were carefully monitored.

People's nutritional needs were met because assessments had been completed and when needed, people had been referred to the appropriate professionals for advice. Risk assessments were completed when a risk to a person had been identified, such as a risk of malnutrition. These gave staff clear guidance in how to minimise the risks to people. One person had recently lost weight. Staff had identified this and had referred this person to their GP who advised the person receive high calorie drinks and high calorie snacks and foods. This person's nutritional care was being reviewed regularly and staff told us this person was starting to gain weight. Records confirmed this. However, we saw charts monitoring people's fluid intake throughout the day did not record the acceptable fluid balance required for that individual. This meant that staff were not clear about how much fluid to give a person and when to seek advice if people were not drinking enough. This could lead to people becoming dehydrated. We found no evidence people were receiving insufficient fluid. We discussed this with the registered manager who immediately contacted people's district nurses or GP's for advice on individuals fluid balance targets.

We saw that where people had difficulties in swallowing food, soft and pureed meals were available. We saw equipment including plate guards were available to promote people's independence and safe eating practice. We saw that the home monitored peoples' weights which enabled them to identify any significant changes or potential risks to people's diet and/or physical health.

People were supported by staff to see healthcare professionals such as GPs, district nurses, chiropodists, and dentists. People were referred to outside professionals without delay and the advice provided by these professionals were listened to and used to plan people's care. People told us they saw their GP when they needed to. We spoke to a visiting health professional who said "It's a lovely home, staff are so friendly and they know all about their residents. They are very responsive and stay with us when we visit. Overall it seems to be run like clockwork".

People's bedrooms were personalised with pictures, photographs and personal ornaments. There were some pictorial signage to help people, such as indicating doors to toilets and bathrooms. However, it was noticeable that very few bedroom doors had people's names or pictures on them to help people identify their rooms. There was little in the way of signage directing people to communal rooms, bathrooms, toilets lifts and stairs. For example, we saw one person walking around trying to find the toilet. Introducing signs pointing the way would have helped them find the toilet by themselves, promoting their independence. The lounge area had information displayed in a format that helped people living with dementia, such as picture boards with the date, season and year and a menu board with photographs of meals. The home's communal rooms promoted meaningful interaction and purposeful activity. They were decorated in a homely way with a choice of seating arranged in clusters to encourage conversation. A quiet area was available in the conservatory for people to use. An area was arranged so that people could take part in activities.

We recommend the home finds out about using dementia friendly signage to create a home environment, based on current best practice, that enables people who are living with dementia to find their way around

independently.

Good

Is the service caring?

Our findings

All of the people we spoke with told us they were happy and felt well cared for. Comments we received from people included, "We're really very well looked after, all the staff are very nice". And "All the staff are smashing. Nothing is ever too much trouble". Relatives told us how happy they were with the care at Tudor Court and they would not hesitate to recommend it. One relative said "I am so glad that I chose Tudor Court for my mum and I couldn't have wished for anything better". Staff told us how much they enjoyed working at Tudor Court. One member of staff said "I love it. We have a brilliant team, it's very rewarding". Another said "It's a very lovely home. We are here for the clients and we work as a team. Everyone will go that extra mile".

People were supported by kind and caring staff who showed patience and understanding when supporting them. When staff went into a room where people were, they acknowledged people. They were very attentive and addressed people respectfully and by the name they wished to be called. Staff had a good rapport with people and there was lots of laughter and fun. We heard staff communicating clearly and effectively, staff sat with people, giving them time to remember stories, asking questions and showing an interest in what they had to say. For example, one staff member went over to one person and congratulated them on news that they had a great grand-daughter the day before. We saw staff recognised and responded to people's emotional wellbeing. We saw a person had become unsettled and staff responded quickly and calmly, gave them a hug and stayed with the person talking with them and reassuring them. The person responded positively to this.

We observed routines within the home were relaxed and arranged around people's individual needs. We saw they were provided with the choice of spending time on their own or in the lounge and conservatory area. We observed the registered manager and staff enquiring about people's comfort and welfare throughout the inspection. We saw they responded promptly if people required any assistance. For example, we saw people being given drinks on request and assisted to the toilet where needed.

The staff and registered manager, were very knowledgeable about the people living at the home, and were able to talk about people's likes, dislikes, history and backgrounds. We saw this information was recorded within care plans so all staff could get to know each person as an individual. The staff all felt the information in the care plans supported them to develop caring relationships with people.

People appeared relaxed and comfortable in the company of staff. People enjoyed the attention they received from staff who regularly asked if they needed anything. People told us they received a good level of care. During our inspection we saw staff knock on doors and speak with people in a discreet manner whenever offering personal care.

People's independence was promoted by staff. For example, when staff were supporting people to transfer from one place to another they were encouraged to do as much as they could do, independently. Where people required equipment to enable them to be more independent it was available, such as plate guards to help people with their meals.

People who lived at the home were supported to make decisions about their care. They told us they or their relative had been given the opportunity to contribute to their care plans.

People were supported at the end of their life and their preferences and choices for end of life care were recorded in their care plan. Staff said they received training in end of life care and understood people's preferences and choices. This helped to ensure people received the care and treatment they wanted.

People were supported to maintain relationships with people close to them. We saw people meeting with their visitors during the day, spending time in their rooms and communal areas.

Good

Is the service responsive?

Our findings

People who lived at the home told us they received a personalised service which was responsive to their care needs. They told us the care they received was focussed on them and they were encouraged to make their views known about the care and support they received. We saw there was a calm and relaxed atmosphere when we visited.

Pre-admission assessments were undertaken prior to people moving into Tudor Court to ensure the home could meet and understand their care needs and preferences. Important information was gathered about previous life history, as well as important relationships. Following an initial assessment, care plans were developed detailing the care needs and support required to ensure personalised care. Care plans provided some guidance for staff about how people's care and support needs should be met, their preferred routines and life history. Care plans used tools such as the dementia society tool "This is me" to help staff get to know the person. "This is me" is a tool for people with dementia to complete that lets health and social care professionals know about their needs, interests, preferences, likes and dislikes. Staff told us they knew people's needs by reading the care plans. However, we found that care plans would benefit from additional guidance for staff on individual preferences of how the person wished to receive their care. For example, care plans saying that people need support to wash and dress do not describe in detail what they could do for themselves or their personal preferences such as, toiletries they liked to use or clothes they liked to put on. These details would ensure that an individual's preferences, abilities and involvement were considered. This could result in inconsistent care and given to the person in a way they did not like or choose.

We saw care records had been reviewed on a regular basis or as someone's needs had changed. We checked whether the care and equipment needs identified within the care plans were in place and found they were. For example, pressure relieving equipment was being used if required and records of regular checks and re-positioning were being carried out for people at risk of pressure ulcers.

People, who could, told us they were happy with the activities at Tudor Court and chose what they wanted to take part in. The home employed an activities co-ordinator for two hours a day, three days a week. They told us they tried to engage people in whatever was meaningful to them and tailored the activities and one to one sessions to what people wanted to do. This was especially important for people who could not leave their rooms or chose to stay in their room, to minimize the risk of social isolation. The activities co-ordinator described how they would take magazines and books to discuss with people and give people hand massages and manicures if they were unable to communicate with them. They said they knew people liked this because they would smile in response to their touch. However, one person who chose to stay in their room, described feeling a little isolated. "You're meant to socialise, but I can't. They're not people I can mix with". We brought this to the attention of the activities co-ordinator who told us they would spend time with them.

During the inspection we saw people taking part in board games, art work and other activities with the activities co-ordinator on a one to one basis. For example, one person, who liked to organise objects, was sorting out plastic toy animals into groups. Another person was really enjoying beating the activities co-

ordinator in a game of connect 4. The activities co-ordinator told us how they used people's past experiences, likes and dislikes to tailor their sessions. One person, who loved to knit, but could no longer do so, was very happy to have balls of wool to sort out. Another person who loved to draw in their past, was encouraged to paint and draw in their one-to one sessions.

As well as individual activities people were also encouraged to take part in arranged activities in larger groups. Sessions included musical activities, choir practice, animal visits, movement and exercise sessions, group crosswords and bingo. We saw that all staff were involved in activities with people. We saw staff sitting with people reading newspapers and talking to people about the content and current affairs. People were seen to sit in the conservatory or main communal lounge talking with one another and staff, listening to music or watching television.

Staff helped people to become involved in community life. The home had links with the local church that visited monthly providing a service with music and prayer. The local school choir were invited in to sing for people. People were able to visit the hairdresser. This promoted people's self-esteem and helped people feel good about their appearance. People were supported to visit the library and shops.

People and relatives were able to express their views about the home on an on-going basis. We were told by people that the management team and staff were approachable and happy to talk with them at any time. People and their relatives where also asked to share their views by completing satisfaction questionnaires. Feedback received from questionnaires was positive. Comments include "All staff treat the residents lovely and they are well cared for", "Staff are always helpful and work well as a team" and "I believe they are well cared for". A monthly newsletter was available for people and their visitors that described activities planned for that month, celebrations and other news.

Relatives told us that the registered manager was very responsive and kept them well informed about their loved ones as well as dealing with any issues proactively. One particular example of this was the registered manager's role in getting one relative's father to join his wife in the home. The registered manager came to their house at their request as their relative didn't seem to like the idea of going into the home. "So [name] visited our home and chatted with my dad and asked 'would you like to come and stay with us for a while and he just said yes without any hesitation". He had not been able to visit his wife in the home for six weeks when he was ill and she had started to deteriorate.

The registered manager had a procedure for receiving and managing complaints. We saw there were no formal complaints made since the last inspection. The registered manager told us they deal with issues as soon as they are raised. For example, a relative complained that there was an unpleasant smell in their relative's room. The registered manager immediately dealt with the issue by replacing the carpet that had become soiled, solving the issue. People we spoke with told us they had never needed to make a complaint about the service provided. They said that, if they had any concerns, they would speak to the registered manager or any of the staff. They also told us they were confident the registered manager would take action in response to their concerns.

Good

Is the service well-led?

Our findings

People told us they thought the registered manager was approachable, friendly and helpful. Relatives felt they could speak with or approach the manager with any problems they had. Thank you cards and compliments reflected relatives' satisfaction with the care their loved ones had received. One relative stated "The manager always goes out of her way to make you feel welcome". Another person described the management as "friendly and professional".

Observations of how the registered manager interacted with staff members and comments from staff showed us the home had a positive culture that was centred on the individual people they supported. We found the home was well managed, with clear lines of responsibility and accountability. The registered manager had an 'open door' policy and encouraged people and staff to share their views and ideas.

Staff spoke positively about the registered manager and deputy manager. Their comments included, "The management, if you've got any problems you can go straight to them" and "The manager is approachable and would listen if I had any complaints or suggestions". One member of staff describing the management team said, "[name] and [name] are fabulous, they are approachable, listen to staff and go the extra mile for us. They do a really good job and the training is so good. I'm very, very happy here and I come in every day with a smile on my face". Staff told us the management team led by example and worked hard to ensure staff provided people with a high standard of care. Staff said the registered manager had high standards and was always willing to help where needed. Staff told us morale was good, comments included, "We work as a team", " We have a brilliant team" and " I believe we work well as a team and continually strive to ensure residents are provided high quality care".

Staff knew their roles and responsibilities. They were supported to bring their feedback to the registered manager during their supervisions, appraisals and team meetings. Minutes of staff meetings showed that topics such as improvements to the service and roles and responsibilities were discussed. Staff were encouraged to make suggestions to improve care.

The provider information return (PIR) said "we maintain a clear vision which includes inclusion, empathy, dignity, respect, equality, independence and safety as our core foundations". The management team and staff worked hard to ensure they delivered care and support of a good quality and fulfil their vision of their service.

Observations took place in communal areas to assess how effectively staff were interacting with people and records were regularly checked to ensure they remained up to date. There were systems in place to assess, monitor, and improve the quality and safety of care. For example, we saw audits were carried out on a regular basis to look at the environment, management of medicines, accidents and care plan reviews. The home had a 'Quality Assurance Improvement Plan' so that plans for improvement were shared, discussed and aims agreed and success measured. Plans included; replacing the conservatory roof, continuing to improve people's bedrooms to make them more 'homely', improving accessibility around the garden and providing meaningful activities. As a result of our feedback during the inspection, we were told by the

registered manager that they had revised the care plans and altered them reflecting people's wishes and choices in more detail, making them more person centred.

Questionnaires were sent to people and relatives annually in order to gain feedback on the home and to measure the effectiveness of the service they provide. The most recent surveys confirmed people strongly agreed that they were happy with the care they received.

Detailed records were well maintained within the home and stored securely. There was a system in place to monitor incidents and accidents, which were recorded and investigated. These were then analysed for learning and any action required. Staff had policies within the home that helped them understand why certain processes and protocols were in place. These policies included safe handling of medicines, safeguarding people and infection control. This access to information enabled staff to feel more confident at challenging poor practice and also helped to set out the expectations people should have of the home.

The registered manager and deputy manager ensured they kept up to date with best practice by regularly attending Clinical Commissioning Governance meetings, multi providers forums, subscribing to a number of care magazines and using the Care Quality Commission (CQC) website.

The registered manager knew how and when to notify the Care Quality Commission (CQC) of any significant events which occurred, in line with their legal obligations. They also kept relevant agencies informed of incidents and significant events as they occurred. This demonstrated openness and honesty. The registered manager understood and was knowledgeable about the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.