

Assured Services Limited

# Tudor House Nursing Home

## Inspection report

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### Ratings

#### Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

### Overall summary

This inspection took place on 13 October, 9 December and 11 December 2014 and was unannounced.

Tudor House Nursing Home provides accommodation and nursing care for up to 37 older people. It is a purpose built care home that offers accommodation to people on three floors.

We last inspected the home on 28 July 2014. At that inspection we found the service was meeting all the regulations that we assessed.

There was a registered manager in post at the time of our inspection. A registered manager is a person who has

registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People using the service and their representatives told us they felt safe and well cared for at Tudor House Nursing Home. People were able to take part in activities and maintain relationships with family and friends who were important to them.

# Summary of findings

There were clear procedures in place to recognise and respond to abuse and staff had been trained in how to follow these. Staffing numbers on each shift were sufficient to help make sure people were kept safe. Medicines were stored securely and safely.

We found however that further work was required to ensure that the provider consistently acted in accordance with the requirements of the Mental Capacity Act 2005. The assessments of capacity showed a lack of understanding in applying the Act to protect people who may not be able to make decisions for themselves. You can see what action we told the provider to take at the back of the full version of this report.

Staff were caring and treated people using the service with dignity and respect. They received training and support to help them carry out their role effectively.

A positive culture was evident at Tudor House Nursing Home where people using the service, their relatives or friends and staff were included with their views listened to and acted upon.

We have made a recommendation for the provider to look at ways of making the environment more dementia friendly. Further work should take place in ensuring the premises continue to meet the needs and dependencies of the people living there in line with sector guidance such as that available from the Social Care Institute for Excellence (SCIE).

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe. People received their medicines as prescribed. There were enough staff on duty to meet the needs of people using the service.

Staff were recruited safely and knew how to recognise and report abuse to help keep people using the service safe.

Good



### Is the service effective?

Some aspects of this service were not effective. Further improvements were required to ensure that, where people did not have the capacity to consent, the provider acted in accordance with legal requirements.

Practice around responding to distressed behaviour and learning from incidents could be improved.

People had enough to eat and individuals received the support they needed with their meal.

Staff received training to help ensure they had the skills and knowledge to meet people's needs.

Requires Improvement



### Is the service caring?

The service was caring. The dignity and privacy of people using the service was respected by staff.

Relationships between staff and people receiving support were positive and consistent feedback was received about the caring attitude of the staff.

Good



### Is the service responsive?

The service was responsive. Staff were knowledgeable about people's care and support needs.

People were supported to take part in activities and to maintain contact with friends and family.

People using the service or their representatives were able to raise concerns.

Good



### Is the service well-led?

The service was well-led. The registered manager regularly sought feedback from people using the service and maintained a visible presence within the home.

Quality assurance systems were in place to monitor and review the quality of care provided.

Good



# Tudor House Nursing 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 checked 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.

Before the inspection we looked at all the information we had about the service. This information included the statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by.

One inspector initially visited the home on 13 October 2014. Further visits then took place by two inspectors on 9 December and by one inspector again on 11 December 2014.

During our first two days of inspection, we focused on speaking with people who lived in the home and their visitors, speaking with staff and observing how people were cared for. We returned to the home on day three to examine staff files and other records related to the running of the service.

We spoke with 11 people using the service, four visitors, six care staff, the registered manager and the registered provider. We observed care and support in communal areas, spoke with people in private and looked at the care records for fifteen people. We also looked at records that related to how the home was managed.

# Is the service safe?

## Our findings

People said they felt safe living at Tudor House Nursing Home. Comments included “They come in at night to check if I’m ok”, “They are nice to you, they don’t grumble at you” and “I don’t feel unsafe here at all.”

Visitors we spoke with said that they had never had any concerns about the safety or welfare of their relatives or friends. They told us “It’s very good, I have no concerns”, “Its wonderful here” and “a very good place.”

Staff were aware of safeguarding procedures and confirmed they had completed training in this important area. They could describe what actions to take should they become aware of abuse or poor practice. Staff said they would take immediate action to protect the person at risk and report their concerns to their line manager. One staff member said “I would go report to my manager” and another individual said “I would go to the CQC” if they felt people were not being safeguarded.

Staff told us that they never used restraint within the home. One staff member told us “If we see someone is getting anxious we leave them to calm down. We make sure they are safe and then say “let’s have five minutes to calm down.” Risks to people’s health and safety were managed. Care files included risk assessments for falls, pressure sores, use of bedrails and nutrition to help keep people safe.

The majority of people we spoke with said there were enough staff around to help them when they needed assistance although staff could be very busy at times. Their comments included “They’re very busy”, “always someone about” and “yes, enough staff”. The majority of staff spoken

with said there were enough staff on each shift to meet people’s needs and additional staff were provided when required. One staff member said “They do bring in extra carers.”

Call bells were kept in reach of people who used the service during our visits and were answered promptly. A person using the service told us, “They come quickly. You might wait a couple of minutes but not long.” Another person said, “They are pretty good at responding.” People we spoke with said that the call bell was answered quickly at night as well.

Effective systems were used to make sure staff were only employed if they were suitable and safe to work in a care environment. We looked at three recruitment records and saw that checks and information required by law had been obtained before they were offered employment in the home.

People told us that staff assisted them to take their medicines. Comments included “I get my medicines every breakfast, dinner and evening”, “They manage my medicines very well” and “I get my medicine in the morning at about 9am. Sometimes it’s a little bit earlier and sometimes a little later.”

We saw that medicines were stored safely and administered correctly with accurate records kept. There were clear procedures for the storage and administration of controlled drugs and staff adhered to these.

Regular checks of the premises and equipment in use took place to help keep people safe. These included fire alarm tests, water temperature checks and servicing of equipment such as hoists.

# Is the service effective?

## Our findings

Individual records were not being kept in line with the providers own policy around the application of the Mental Capacity Act 2005. Recorded assessments around capacity and consent did not include any evidence relating to people's ability to understand, retain or weigh information in relation to specific decisions. For example, an assessment completed for one person around the use of bed rails contained no information about the person's capacity or that staff had fully considered the least restrictive option.

The records for two people receiving their medicines covertly included agreement from the GP and family members but did not include an assessment of the person's capacity or a documented best interest's process to make decisions about the care and treatment for a person identified as lacking capacity.

Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) Decisions were recorded in the care plans we looked at. However different formats were in use and one example seen stated that the person did not have capacity to make or communicate decisions about DNACPR. There was no clear documentation of how this decision was made or evidence of review by the responsible staff member.

These shortfalls were a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We asked people who used the service about the support they received from staff. One person said, "They make my bed and do my cleaning. They help me to get dressed. I can do some myself and they help me to do what I can't." Another person commented, "I've been here so long the care staff know what I want done and now do it automatically. I could say no, if I don't want something but I've never had to."

Care plans around distressed behaviour were in place for some people using the service. Staff had recorded how they had followed the plan and the outcomes from their intervention on Antecedent Behaviour Consequence (ABC) charts. It was however unclear as to who was monitoring these records and how any learning could be applied to guide future staff practice.

People were supported by staff with appropriate skills and experience. Staff said they received the training and support to help them carry out their work role. They told us they had an induction when they started work and completed a workbook documenting their learning. One staff member said, "I had a two week induction which involved having a mentor and working a mixture of shifts". Another staff member described their induction as "brilliant, I enjoyed it" and said "I got all the help I needed".

Records showed that staff completed a range of training relevant to their roles and responsibilities. This included training to keep people safe, such as safeguarding adults, moving and handling, food hygiene and health and safety awareness. Other training that had taken place including diabetes, challenging behaviour in people and person centred planning. One staff member told us that the registered manager had arranged for them to undertake a National Vocational Qualification (NVQ).

Staff said they received regular 1-1 supervision with their line manager to reflect on their practice and their own skills and development. Records were kept of these sessions.

Comments about the food included, "The food is lovely", "On the whole quite good", "The food is alright. They ask what I want. You get two choices", "The food is not bad. It's not like what you cook for yourself but it's ample" and "You know what you are going to get." We observed people having lunch. Staff assisted individuals in an unhurried manner telling them what they were eating and checking they were enjoying their meal.

People said they were given a choice of two meals for lunch each day. One person told us they had particular dietary requirements that staff were aware of and it was catered for. The menu choices form used by staff each day documented individual dietary needs. For example, if the person was diabetic or required a pureed meal. It was noted however that an accessible picture or large print menu was not made available to people using the service for their information.

People had regular access to healthcare professionals such, as GPs and the chiropodist. One person who used the service told us, "There is a doctor who comes in regularly. I've also had my eye tested." Another person told us, "The chiropodist comes in regularly to see me. I've also seen the optician."

## Is the service effective?

There were no Deprivation of Liberty Safeguards (DoLS) authorisations in place. We saw evidence that senior staff had received training and the registered manager had discussed prospective applications with the local supervisory body.

**We recommend** that further work takes place in ensuring the premises continue to meet the needs and

dependencies of the people living there. This is with particular reference to developing environments that are dementia friendly in line with sector guidance such as that available from the Social Care Institute for Excellence (SCIE).

# Is the service caring?

## Our findings

People using the service said that staff were caring and that they were treated with dignity and respect. Comments included “I couldn’t be happier. They are all very nice people”, “They are kind, very kind”, “The staff are very good”, “very friendly and helpful” and “lovely.”

People told us that staff asked their permission before carrying out personal care. One person said, “Yes, they ask. They close the door when I’m getting dressed. I wear what I like.”

One visitor told us, “Staff treat [my relative] very well, they are happy here.” Other visitors commented, “They are very kind here” and “They are so kind and caring.”

Staff were aware of people’s right to make their own choices. They gave examples of what people in the home would choose for themselves such as their own food and clothes to wear each day. We were told by one member of staff, “We give them appropriate choices, and we would not give a choice of summer clothes in winter.”

During the inspection we saw staff positively interacting and engaging with people and their visitors in a friendly manner. It was clear that they knew people well and we saw examples of this throughout the inspection

The level of detail in people’s care records about their life history, individual preferences and interests varied. Two of

the care records we viewed included some good information about individual preferences and interests. Other people’s care records we viewed did not consistently include this information.

People using the service were not always aware of the content of their care plans. One visitor told us “I have had the care plan read to me. There has been a review with social services in the past but not for a while.” The care plans we looked at were being reviewed on a monthly basis, however they did not consistently show how people and their representatives were involved in their formulation.

Some people who used the service had communication needs and these were described in careplans so staff were aware of the best way to engage with people. We saw one person expressed their needs with the use of picture cards and staff told us how they gained the agreement of another person who could not verbally communicate.

Care plans set out people’s preferences for when they reached the end of their life. A ‘Thinking ahead’ form was completed in the care plans we looked at with each person’s wishes as to where they’d like to spend the rest of their life and their wishes after death. The home had attained commend status in September 2013 for the Gold Standards Framework (GSF) end of life care programme.



# Is the service responsive?

## Our findings

People's needs were assessed before they came to live at Tudor House Nursing Home. An assessment form was completed to start looking at the needs of the person and how they wanted to be supported. Care plans were then drawn up by a qualified staff member and then reviewed on a monthly basis.

Staff kept records of the care provided throughout the day and night and we saw that these were then used to inform a monthly review of the care plan. The quality of information presented varied between care plans with some evaluations just stating 'care plan continued'. This was discussed with the registered manager and he told us work was ongoing with the local care home support team in developing staff skills around care planning.

Staff knew people well and were able to describe the care and support needs of the individuals they were working with. They were aware of people's assessed needs and could describe the current care plans and preferences for individuals.

Exercise, craft and quiz sessions took place during our inspection visits. People using the service said, "There is lots to do, bell ringers came yesterday", "I've made a lot of friends here", "The activities co-ordinator visits me every now and again, not an awful lot as she is busy" and "My

family pop in regularly." Some people said they would welcome more to do at weekends with one person commenting "During the week it's alright, there is nothing to do at the weekends."

Visitors told us, "My [relative] enjoys taking part in the handicrafts. The offer of trips out is there but [my relative] won't go" and "Lots going on, the activity co-ordinator is marvellous."

A monthly events schedule included visits from local schools, pat dogs, dancers and musical entertainers. Local schools were visiting to sing over the Christmas period and a trip had been arranged to see a pantomime. Records were kept for each person detailing their participation in each activity session and visits by family or friends. Further work could take place to ensure that this information is integrated with the care plans kept by the service and is then subject to a regular review process.

People told us they felt able to talk to a member of staff or the registered manager if they had a concern or wanted to raise a complaint. One person told us, "Any problems, I see the boss man, they do listen to you."

The complaints procedure set out how any concerns or complaints would be managed and investigated. The procedure included relevant contact details and timeframes and was made available to people using the service and their representatives in the communal area. The registered manager told us that no complaints had been received in the last 12 months

# Is the service well-led?

## Our findings

People using the service and their visitors were positive about the way the home was managed. The registered manager conducted a round of the home each morning speaking to people using the service and this was clearly appreciated. They said, “The manager comes in every morning and asks you if everything is alright”, “I trust the care manager here implicitly”, “I see the guvnor, he comes to see me every day” and “Generally the managers are very good here.” One person told us, “The manager creates a nice atmosphere.”

Visitors said they felt able to approach senior staff to discuss any issues and said that the home communicated well with them and felt the home was well managed. Comments included “They are very nice”, “Yes, we can speak to the manager” and “They are alright. They have a joke with me sometimes.”

A visitor told us, “Resident meetings are held regularly. My [relative] is invited to attend. Suggestions are taken into consideration or it’s explained why not.” Minutes of meetings included discussion about activities, trips out and the food provided. Some people using the service had

voiced their dissatisfaction with the decoration of the communal lounge / dining room. This area was being re-decorated at the time of our inspection in response to this feedback.

People were asked what they thought of the service. A questionnaire had been sent out in November 2014 and the feedback received so far was positive with comments such as, “I think they do a wonderful job” and “Staff are very helpful.”

The registered manager held quarterly staff meetings with the most recent taking place in September 2014. Staff said they felt able to put their views forward saying “I can talk to him anytime” and “I’m upfront and say what I need to and management listen to me.”

Audits were undertaken to help identify any risks that may compromise the quality of care provided. Medicines, care plans and accidents were being audited however the records kept of these audits were inconsistently completed. Each accident form was reviewed by the registered manager or their deputy. We saw areas for improvement were discussed in staff meetings and in staff supervisions as necessary.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA (RA) Regulations 2014 Need for consent
Treatment of disease, disorder or injury	<p>The registered person did not have suitable arrangements in place for obtaining, and acting in accordance with, the consent of service users in relation to the care and treatment provided to them.</p> <p>This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>