

Mrs S C Joyce

# Tudor Cottage

## Inspection report

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13 February 2020

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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

### About the service

Tudor Cottage is registered to provide accommodation and nursing and personal care for up to 19 people. The service is intended for older people, who may also have a physical disability, mental health needs or a dementia type illness. The service is in a large period house located in the market town of Axminster in East Devon. The home is within walking distance of Axminster town centre, local church and post office.

This inspection took place on 7 and 13 February 2020, the first day was unannounced. There were 16 people living at the service at the time of the inspection. One of these people were staying at the home for a period of respite care.

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

People were cared for by staff who knew how to keep them safe and protect them from avoidable harm. Staff were kind and compassionate and respected people's privacy and dignity. The atmosphere within the home was friendly and welcoming and staff were warm and considerate towards the people they cared for.

There were sufficient staff available to meet people's needs and people told us when they needed assistance, staff responded promptly. The provider was monitoring the staff level at night to ensure it met people's needs.

People's medicines were safely managed, and incidents and accidents were investigated, and actions were taken to prevent recurrence. The home was clean, and staff followed infection control and prevention procedures.

The service continued to be effective. People's needs were assessed before they came to the home. At the time of the inspection the service was changing to a new electronic care record system. This meant some information about people's care was on the old paper system and other information was on the new system. On the first day of the inspection, we found some people's risk assessments and care plans lacked detailed information to guide staff about some safety aspects. We highlighted this to the provider. By the second day of the inspection, these risk assessments and care plans had been updated and were well understood by staff. The provider had arranged additional help to complete updating all people's care records in the new format.

Staff were well trained and knowledgeable about people's care and support needs. People were provided with a nutritious and varied diet and they were positive about the quality and choice of food offered.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. When people were unable to make decisions about their care and support, the principles of the Mental Capacity Act (2005) were followed.

Staff were responsive to people's individual needs and had an in-depth knowledge about each individual. Staff offered people choices on an ongoing basis.

People had access to a range of activities and entertainment that they enjoyed. People's views and concerns were listened to and action was taken to improve the service as a result.

The service continued to be well led and benefitted from clear and consistent leadership. The management team were praised by staff, for their supportive approach.

Systems were in place to monitor the quality of care provided and continuously improve the service.

#### Why we inspected

This comprehensive inspection was brought forward two months because of concerns raised with the Care Quality Commission (CQC) and the local authority safeguarding team about people's care, staffing and care practice, medicines management, documentation and leadership at the home. We made the decision to inspect earlier than planned so we could examine those risks as part of the inspection.

We also participated in a multiagency meeting with the provider and local health and social care professionals to discuss the concerns raised. This included identifying and agreeing further actions needed to support people living at the home and staff caring for them.

The last rating for this service was Good (published 17 August 2017).

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection programme. If we receive any concerning information we may inspect sooner.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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.

Details are in our safe findings below.

**Good** ●

### **Is the service effective?**

The service was effective.

Details are in our effective findings below.

**Good** ●

### **Is the service caring?**

The service was caring.

Details are in our caring findings below

**Good** ●

### **Is the service responsive?**

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### **Is the service well-led?**

The service was well-led.

Details are in our well-Led findings below

**Good** ●

# Tudor Cottage

## 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.

#### Inspection team

The inspection was carried out by three inspectors.

#### Service and service type

Tudor Cottage 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. A registered manager 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 reviewed information we had received about the service since the last inspection.

#### During the inspection

We spoke with eight people who used the service and three visitors about their experience of the care provided. We spoke with two visiting health and social care professionals, eight members of staff including the registered manager, senior care staff, care staff and ancillary staff. We also spoke with the provider on both days of the inspection.

We reviewed a range of records. This included three people's care records and medication records. We looked at one staff file in relation to recruitment and staff supervision. A variety of records relating to the management of the service were viewed. These included complaints and compliments, maintenance records, quality monitoring audits and minutes of meetings.

# 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 remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe and were happy at the home. Comments included, "A good place to live, feel safe here" and "I feel very safe and comfortable because there is always someone on duty."
- People were protected from potential abuse and avoidable harm by staff who had undertaken safeguarding training and knew about the different types of abuse. Information about how to report safeguarding concerns was displayed in the home.
- The registered manager understood their safeguarding responsibilities and had reported concerns when necessary. The registered manager and provider were working with the local authority safeguarding team and health professionals following concerns raised to identify if there were any actions needed.

Assessing risk, safety monitoring and management

- Risks to people's health and wellbeing had been assessed and there were measures in place to manage any identified risk. People had risk assessments to help staff promote their safety, independence and social inclusion. These included measures to minimise risks as much as possible. For example, where people were at risk of falling and were unable to use a call bell, staff visited them regularly to anticipate their needs. The service also used pressure mats for some people. These alerted staff if person was moving around their room, so they could offer them assistance. For example, to use the bathroom.
- We followed up safety concerns raised with us about moving and handling and some people's behaviours that challenged the service. Staff had a good awareness of how to keep people safe and protect them from avoidable harm.
- People lived in a home which was maintained to a safe level. Regular health and safety checks of the environment were undertaken to make sure it was safe. For example, checking the fire panel, fire exits, security and water temperature checks. There was an ongoing programme of servicing, repairs and maintenance and environmental risk assessments were regularly updated.
- People had personal emergency evacuation procedures in place (PEEPs) which detailed how staff needed to support individuals in the event of an emergency to keep them safe. These were in three grab bags near fire exits at the home which also contained contact details of staff and important contacts, mobile phones, torches and other useful items for use in the event of a fire. This meant emergency services would be able to access people's information in the event of an emergency evacuation.
- In October 2019 the service was inspected by an environmental health officer to assess food hygiene and safety. The service scored the highest rating of five, which confirmed good standards and record keeping in relation to food hygiene had been maintained.
- Staff had a good understanding of how to keep people safe and about their responsibilities for reporting accidents, incidents or concerns. Staff followed a continuity plan flow chart to guide them about the actions to take if a person fell. The registered manager and provider monitored accidents and incidents at the home

and looked for patterns and trends

#### Staffing and recruitment

- The provider carried out the necessary recruitment checks before staff commenced employment. Safe recruitment procedures ensured that people were supported by staff with the appropriate experience and character. This included checks from the disclosure and barring service (DBS), and references being obtained.
- People and staff said there were enough suitably skilled and knowledgeable staff to meet people's needs. People said their needs were met in a timely way. One person said, "I do feel very well looked after, we've got a bell, it is always with us. Sometimes if you lay on it, it goes off and you wait a second or two and they say you rang the bell."
- The provider was in discussions with staff about the staff level at night. This was because at night one staff member was awake and another sleeping who could be called upon if needed. The provider had asked staff their opinion and they felt the arrangement worked. The provider told us they were monitoring whether this met people's needs.
- People had access to call bells to summon assistance when needed. Some people had a pressure mat in their room and/or a door alarm so staff would know when the person was moving around and provide assistance in a timely manner.

#### Using medicines safely

- Medicines were managed safely. People received their medicines safely and on time. Staff were trained in medicines management.
- Regular audits had been carried out by the deputy manager and where they identified any issues these were addressed.
- There were systems in place for the storage, ordering, administering, and disposal of medicines.

#### Preventing and controlling infection

- Measures were in place to control and prevent the spread of infection. The home was clean, and a daily cleaning schedule was followed. Housekeeping staff were aware of which rooms needed more regular deep cleaning to prevent odours.
- Regular audits of cleanliness and infection control were carried out and action taken to deal with any improvements needed.
- People were protected against the risk of the spread of infection because staff received training in good infection control practices.
- We followed up concerns raised with us about lack of available personal protective equipment such as disposable gloves and aprons to prevent cross infection. We found plentiful supplies available in all areas.
- The laundry was well managed and had adequate chemicals. Soiled laundry was segregated and laundered separately at high temperatures in accordance with the Department of Health guidance.

#### Learning lessons when things go wrong

- Staff knew how to report accidents or incidents. Recent concerns had been raised with the provider and registered manager. They had been very proactive in investigating these concerns and where any issues were identified these were addressed to prevent the risk of a similar concern occurring.

# 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 now 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 needs, and preferences were assessed prior to a person moving into the home. This helped ensure the service could meet their needs and that they would suit living with the people already at the home.
- Health and social care professionals were regularly consulted to help ensure people's care and support reflected best practice.
- Staff updated people's care records when changes occurred. This meant people's support was up to date to ensure they received the right care and support. People had their care needs reviewed monthly. Staff spoke with people and their family members regularly to help ensure the care received was appropriate. Families said they were kept informed about their relatives.

Staff support: induction, training, skills and experience

- Staff induction procedures ensured they were trained in the areas the provider identified as relevant to their roles. New staff spent time working with experienced staff until they felt confident to work alone. Records showed staff had undertaken training to have the skills necessary to meet people's support needs. This included dementia training which looked at managing challenging behaviour.
- Relatives told us they found staff were competent and skilled and they had no concerns about the care and support provided.
- Staff were given opportunities through supervision to discuss their individual work and development needs.
- Staff meetings were held regularly, and staff told us they felt able to raise any ideas or concerns. For example, during the inspection process the provider had a meeting with the night staff to discuss the night routine and staff levels.

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

- People's wishes, and beliefs were taken into consideration when preparing meals. There was a two-week rolling menu as a base with two choices. Where people had specific dietary requirements, like requiring a gluten free or vegetarian diet, the cook worked with them to accommodate their requirement.
- People were positive about the food at the home. Comments included, "Food is very good perfectly cooked" and "Excellent food...offer choices, nothing is any trouble."
- We observed a breakfast and lunchtime dining experience for people. The tables were laid with tablecloths, flowers and condiments. Staff were very attentive and supported people who required assistance discreetly.

- Since our last inspection a buffet style breakfast had been introduced, with individual boxed cereals, so people could help themselves to their preferred choice. This continued at lunchtime with people being able to serve their own vegetables and potatoes from serving bowls.

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

- Since we last visited the service improvements had been made to the environment. For example, the dining room had been relocated to a bigger room, which enabled people to eat together in a more sociable space. A number of areas of the home had been redecorated with attractive murals and artwork depicting birds, trees and plants. The small outdoor courtyard was a sensory garden in memory of a special person which had been attractively planted with new garden furniture, hanging baskets and raised planters.
- Changes had also been made to take into account the needs of people living with dementia. The home has three staircases, which had been redecorated with themes to spark people's interest and help people orientate themselves. For example, inspired by seaside and Africa. A cosy 'Suzie's café' area had been created where people could enjoy afternoon tea. This included a selection of china cups/plates and cake stands to make each occasion special. This area was also used for art and craft activities. Picture/symbol signage had been placed on bathroom areas to help people locate these more easily, although further signage in communal areas would further help steer people in the right direction. The provider was aware that the patterned carpet was not ideal for people with dementia, this was gradually being replaced with plain carpet.
- The home was an old house with narrow corridors and many slopes and changes in floor levels with three staircases. The registered manager said it was not suitable for people who required hoists and stand aids. People were made aware of this upon admission.

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

- People were encouraged and supported to attend regular health appointments. People saw the dentist regularly. Care plans showed what support people needed with oral care.
- Health and social care professionals visited people regularly and any information or advice was shared with staff to help ensure people's needs were met.
- A visiting social care professional said, "I have had no reason to have any concern about anything. (Registered manager) is approachable accommodating and honest... if they have an issue here, we get a phone call ...very transparent...advice is followed no evidence things haven't happened."

#### Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take 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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

- Mental capacity assessments had been completed in order to identify whether people lacked the capacity to make decisions in a particular area.
- The registered manager had a good understanding of the MCA and had made appropriate DoLS applications.

- Staff asked people for their consent before commencing any care tasks. One person told us, "Staff always ask me before they do anything, I can't find a fault...I've recommended it to my friends, its perfect."

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- During the inspection we found there was a pleasant homely atmosphere with staff providing friendly and compassionate support to people. People had built caring and trusting relationships with staff. We observed people were confident requesting help from staff who responded promptly to their needs.
- Staff treated people respectfully and fairly. Information was included in people's care plans to guide staff about any specific needs people had. Although the information was not always easily accessible as it was in two places because the provider was in the process of changing to electronic care plans.
- People and relatives were very positive about the staff and the support they received. Comments included, "I know all of the staff they are lovely. They treat me very well couldn't fault them", "I know all of the staff they're wonderful. Nicest place, home from home feel like we are the only one" and "Very nice here, I can spend time here where I want...staff are very friendly and kind." One relative told us how the provider went out of their way to collect and take them home after evening events at the home, so they could attend. They also went on to tell us how staff had taken their spouse to buy flowers and prepared a special meal for their anniversary.

Supporting people to express their views and be involved in making decisions about their care.

- People told us they felt able to speak with staff about anything they wished to discuss. Relatives felt able to raise any issues with the provider or registered manager.
- The registered manager and deputy manager worked alongside the care staff providing care and support to people. They regularly spoke with people to discuss any changes they wished to make to their care and support.

Respecting and promoting people's privacy, dignity and independence

- Care staff were person-centred in their interactions with people and treated them with dignity and respect.
- People were supported to maintain and develop relationships with those close to them. Relatives could visit without restrictions and were regularly updated about people's wellbeing and progress.
- People were encouraged to do as much for themselves as possible. People's said they were able to be independent at the home. One person commented, "I can pretty much do what I like here...I can have a laugh and joke with staff."
- Staff supported people to maintain their dignity. One person found it difficult eating in public, so staff had liaised with a local community café who had opened early so the person could go there to eat their waffles in private to maintain their dignity.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

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 needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Staff had a good understanding of people's individual needs and provided personalised care.
- At the time of the inspection the service was changing to a new electronic care record system. This meant some information about people's care was on the old paper system and other information was on the new system. On the first day of the inspection, we found some people's risk assessments and care plans lacked detailed information to guide staff about some safety aspects. We highlighted this to the provider. By the second day of the inspection, these risk assessments and care plans had been updated and were well understood by staff. The provider had arranged additional help to complete updating all people's care records into the new format.
- Daily notes reflected the care people had received.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Throughout our inspection we observed people and staff communicated openly using a range of verbal and non-verbal gestures which people fully understood and responded to positively. We saw this enabled people to be fully involved in communicating their needs and preferences at any time to any of the staff team.
- There was information in place to enable the provider to meet the requirements of the Accessible Information Standard (AIS). Each person had a communication care plan, toilets and bathrooms had pictorial/symbol signage and the activities board had pictures and symbol signage.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People had built relationships with staff and other people who lived at the home which helped them to avoid social isolation. Some people sat together and enjoyed the company of others around them in the communal spaces.
- Staff had created new records which collated what support people needed to participate in activities and what their interests were. For example, one person was interested in motocross.
- People had access to a range of group activities such as flexercise, quizzes, poetry, reminiscence, pen pals and music, along with entertainment and external trips.
- People were supported to undertake individual activities based on their interests. For example, one person

wanted to go out in a side car which was arranged.

- A staff member employed two days a week undertook one to one time with people who were not able to go to communal areas or chose to stay in their rooms. Volunteers visited the home and helped with activities and operated a small sweet shop for people.
- Links had been built with the community. People from the local town often popped in and children from the local preschool and school visited. People were supported in to the town to visit the market, community café and church.
- The registered manager and staff supported people each year to go on holiday. This year they planned to go to a farm with disabled access. Previous holidays included going to Doniford Bay, Dawlish, Looe and Lyme Regis.
- People are kept informed about events by a newsletter which included details of forthcoming activities, quizzes, birthdays and pictures of people participating in recent activities.
- Each Friday they had 'Food Friday' which had a different theme each week. During our visit it was red Friday. People were encouraged to wear red and the food was all red themed for example, tomato and cheese tart, beef in red wine and red velvet cake.

Improving care quality in response to complaints or concerns

- People and relatives told us they knew how to complain if they needed to. One person told us, "No one can complain because there is nothing to complain about."
- There was written guidance available about who to make a complaint to, if required.
- A complaint log demonstrated any concerns or complaints were dealt with proactively. The provider met with staff to investigate concerns. They worked with the person, family and staff to learn lessons and make improvements.

End of life care and support

- We were told by the registered manager that when somebody required end of life care they were supported by the community nursing team to provide good quality end of life care to people.
- To help ensure people had all they needed when receiving end of life care, staff had access to an 'end of life box'. This contained many useful items which included, new pretty bedding, tissues, aromatherapy, mints and socks.

# 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 remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager and staff were clear about people being at the centre of everything at the home. This was reflected in the way staff spoke about how they supported people.
- Staff completed regular audits at the home and understood the needs of people.

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 provider promoted the ethos of honesty, learned from mistakes and admitted when things had gone wrong. Before the inspection concerns had been raised with the provider about alleged poor practice at the home. They had taken this very seriously and undertook robust investigations and worked with the local authority safeguarding team to ensure people were receiving appropriate care. They were open and honest which reflected the requirements of 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.
- The provider and registered manager were aware of the need to report to CQC, any significant events, including any deaths and events that affected the running of the service, as they are legally required to do.
- Residents and family meetings had been held to share information with people and seek their views of the service provided.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager was supported by a deputy manager and they worked well together. They were very familiar with people's needs and preferences and worked alongside the care staff. Staff were positive about the support they received from the management team and working at the home. Comments included, "We update (registered manager) every day...it is friendly and relaxed. We are a small team, we share information well and support each other. It feels safe to talk...proud to work here have really good relationship with people...very stable staff team until recently."
- The registered manager told us the provider visited the home regularly and supported them well.
- The ratings from our previous inspection were displayed in the entrance.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- As well as regular meetings, people and families were asked for their views in an annual survey. The responses from the last one were positive. Where comments had been made these had been considered and action taken to address them.

- Regular staff meetings took place to give staff an opportunity to discuss any changes to the organisation, working practices and raise any suggestions. Staff said they felt well supported and that they could talk to management at any time, feeling confident any concerns would be acted on promptly.

- Staff kept people, healthcare professionals, staff and families well informed.

#### Continuous learning and improving care

- The provider had a very comprehensive oversight of the service. They completed very thorough checks on the quality of the service. Where improvements were identified required actions would be put in place and followed up by the provider.

- In order to keep up to date with best practice the registered manager was a dementia friends champion and active in the dementia friends' group in Axminster. They were also involved in the skills for care, outstanding management networks and forum, this is where they share ideas with other managers. As part of their involvement with skills for care they have mentored a manager new to the role, which they said had been very rewarding and interesting.

#### Working in partnership with others

- The service communicated with commissioners and external agencies appropriately about people's care. Care records held details of external healthcare professionals visiting people and the guidance they had given. Where there had been minor concerns raised by visiting healthcare professionals these had been acted upon.