

Roche Healthcare Limited

Tudor House

Inspection report

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25 August 2021

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30 September 2021

Ratings

Overall rating for this service	Good ●
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Is the service safe?	Good ●
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Is the service well-led?	Good ●
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Summary of findings

Overall summary

About the service

Tudor House is a residential care home providing personal and nursing care to up to 30 people aged 65 and over, some of whom may be living with a physical disability or dementia. At the time of the inspection the service was supporting 25 people.

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

People were protected from the risk of abuse and avoidable harm. Staff had guidance about how to manage risks to people's health and safety and they managed people's medicines safely. Lessons were learned when things went wrong to prevent the same incidents from occurring again.

We have made a recommendation about staffing.

The home was warm and welcoming, and people benefited from person-centred care. The provider had a system in place to monitor the quality and safety of the service and identified where action was needed to make improvements.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the Care Quality Commission website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 18 September 2019). The service remains rated good.

Why we inspected

We received concerns in relation to safeguarding. This was a planned inspection based on the previous rating. As a result, we undertook a focused inspection to review the key questions of safe and well-led only. We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection. The overall rating for the service has remained the same. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Tudor House on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-

inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Tudor House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

We are improving how we hear people's experience and views on services, when they have limited verbal communication. We have trained some CQC team members to use a symbol-based communication tool. We checked that this was a suitable communication method and that people were happy to use it with us. We did this by reading their care and communication plans and speaking to staff or relatives and the person themselves. In this report, we used this communication tool with four people to tell us their experience.

Inspection team

This inspection was carried out by two inspectors.

Service and service type

Tudor House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with five people who used the service about their experience of the care provided. We spoke with seven members of staff including the registered manager, interim home manager, quality and compliance manager, senior care worker, care worker and domestic supervisor. We also spoke with a visiting healthcare professional and an agency nurse who was working at the service.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. We also looked at records relating to accidents and incidents and the maintenance of the premises.

After the inspection

We reviewed a variety of records relating to the management of the service, including policies and procedures.

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

Staffing and recruitment

- Staff were not always effectively deployed across the home to meet people's needs. This had an impact on the availability of staff to support people, particularly at mealtimes. Some people told us they sometimes had to wait for staff when they needed help.

We recommend the provider reviews their systems and processes for the deployment of staff and take action to update their practice accordingly.

- The provider operated safe recruitment systems to make sure only suitable staff were employed.
- The provider considered people's different needs when assessing how many staff were needed on each shift.
- Staff had received up-to-date training in fire safety, moving and handling and first aid awareness.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

We have also signposted the provider to resources to develop their approach.

Systems and processes to safeguard people from the risk of abuse

- Staff protected people from the risk of abuse and ill-treatment.
- The provider had policies and processes in place for safeguarding vulnerable adults and staff had received training in this area.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People were protected from avoidable harm.
- Care plans and risk assessments included guidance for staff about how to manage risks to people's health and safety.
- People had access to the equipment they needed to move safely around the home. One person told us, "I have my walker and go upstairs in [the lift] and it takes me up. It's always lit up so I can find my way around."
- Staff made appropriate referrals to other healthcare professionals when people's needs changed to make sure people continued to receive safe care and support. A visiting healthcare professional told us staff appeared knowledgeable about people's needs and followed their guidance.
- The registered manager carried out thorough investigations when things went wrong and identified actions to prevent the same incidents from happening again. The provider had policies in place to support this practice.

Using medicines safely

- Staff administered people's medicines on time and as prescribed. One person told us, "I get them (medicines) every morning."
- Medicines were only administered by qualified nurses or staff who had received training and had been assessed as competent.
- The provider had invited a pharmacist to carry out an external audit to make sure medicines practices were safe.

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

- There was a warm and welcoming atmosphere in the home. Staff treated people with dignity and respected people's individual needs and preferences. One person told us, "I know everyone and have everything I need."
- Managers were a visible presence in the home and there was a clear organisational vision for providing high-quality care.
- The provider had policies in place to promote equality and diversity, which outlined the responsibilities of managers and staff.
- The provider recognised and rewarded staff for their work which promoted a positive workplace. Staff told us they enjoyed working at Tudor House.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; 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 had implemented a programme of audits and checks to monitor the quality and safety of the service. These identified where action was required to improve the service and managers met regularly to monitor actions.
- The provider recognised the requirement to be open and honest when things went wrong, and incidents and accidents were thoroughly investigated so that any lessons could be learned.
- Staff were kept up to date about changes to people's needs and about the running of the service. An agency nurse told us they received a thorough handover to make sure they could provide consistent care.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The provider involved people, their relatives and staff in the running of the service. Managers regularly communicated with staff through meetings and the publication of newsletters and actively encouraged staff to share their ideas.
- There were good links with other healthcare professionals and staff made appropriate referrals to ensure people received the right care and support.