

Roche Healthcare Limited

Tudor House

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

About the service

Tudor House provides residential and nursing care for older people who may be living with a physical disability or dementia. The service is registered to support up to 30 people, and 24 people were using the service when we inspected.

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

People received safe and effective support to meet their needs. Staff were kind, caring and respectful in their approach and people responded positively to the friendly relationships they shared with the staff who supported them.

Staff had been safely recruited and the registered manager monitored staffing levels to make sure enough staff were deployed to meet people's needs.

Regular training, observations and competency checks were used to make sure staff had the skills and knowledge to safely meet people's needs. Staff had been trained to recognise and respond to any safeguarding concerns.

Medicines were managed and administered safely. We made a recommendation about continuing to monitor and make sure medicines were stored at a safe temperature.

People's needs were assessed and care plans and risk assessments guided staff on how best to support people.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Staff understood people's communication needs and used accessible information when necessary to help people be involved in decisions.

The environment was suitable for people's needs. It was clean, tidy and regular maintenance checks helped make sure it was safe and suitable for people.

Staff were caring in their approach. They treated people with dignity and respected their privacy.

Improvements had been made to the range of activities and opportunities for meaningful stimulation offered at the service. People were encouraged to raise issues, concerns or complain if needed. The provider had a policy and procedure to ensure complaints were responded to.

The provider had responded to feedback at the last inspection to improve the service. Regular audits were used to continually monitor the quality and safety of the service.

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

Rating at last inspection and update

At the last inspection service was rated requires improvement (report published 30 August 2018). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

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 effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team

The 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 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 CQC. 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

The first day of inspection was unannounced; we told the registered manager we would be visiting on the second day.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with the service. We used information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection

We spoke with eight people who used the service, two people's relatives and received feedback from two

professionals about their experience of the care provided. We spoke with the registered manager, deputy manager and five staff including a nurse, senior care worker, a care worker, the activities coordinator and cook.

We looked at two people's care records in full and two people's care records in part. This included medication administration records and people's daily notes. We looked at four staff's recruitment, induction, training and supervision records as well as other records relating to the management of the service.

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 requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Learning lessons when things go wrong

At our last inspection we recommended the provider review how they record and analyse information about accidents and incidents. At this inspection the provider had made improvements.

- Staff responded to accidents and incidents to help keep people safe; they recorded what happened and how they responded.
- Accidents and incident reports had been checked and analysed by the registered manager to make sure staff had responded appropriately and to identify any lessons that could be learnt.

Using medicines safely

- People received safe support to take their prescribed medicines; staff had been trained and checks were completed to make sure they administered medicines safely.
- Staff recorded the support provided with people's medicines.
- Medicine errors had been reported and investigated to prevent a similar mistake happening again.
- Medicines had not always been stored at the recommend temperature, but action was planned to address this.

We recommend the registered manager continues to monitor and make sure medicines are stored at a safe temperature.

Staffing and recruitment

- Staff had been safely recruited; relevant checks helped to make sure new staff were suitable and safe to work with people who may be vulnerable.
- The registered manager made sure nurses had active registrations to practice.
- Staffing levels and staff deployment were monitored to make sure there were enough staff on duty to safely meet people's needs.
- People gave generally positive feedback about staffing levels and how staff responded to their requests for support.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse and avoidable harm; staff had been trained to recognise and respond to any safeguarding concerns.
- The registered manager worked with the local authority to report, investigate and address any safeguarding issues to help keep people safe.

Assessing risk, safety monitoring and management

- People felt safe and well cared for; one person explained, "I feel safe living here. A lot of the staff that are on are very nice and very hardworking."
- People were supported in a way which minimised risks to their safety; staff had been trained and risk assessments were in place to guide them on how to safely meet people's needs.
- Regular servicing and maintenance checks helped to make sure the home environment and equipment was safely maintained; we spoke with the registered manager about reviewing security and access arrangements at the front door and they took steps to address this.

Preventing and controlling infection

- Staff were trained and used personal protective equipment such as gloves and aprons to help reduce the risk of spreading healthcare related infections.
- The service was very clean and tidy; effective systems were in place to make regularly cleaning was completed.

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 requires improvement. At this inspection this key question has now improved to good. This meant outcomes were good, and people's feedback confirmed this.

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

At our last inspection we recommended the provider reviewed good practice guidance on maintaining a dementia friendly environment. At this inspection the provider had made enough improvements.

- People benefited from a welcoming and homely environment, which was suitable for their needs.
- Steps had been taken to develop and maintain a 'dementia friendly' environment; the registered manager agreed to continue exploring 'dementia friendly' design principles in future redecoration work.

Staff support: induction, training, skills and experience

- People were supported by staff who were trained and understood how to meet their needs.
- Staff regularly updated their training to make sure they had the skills and knowledge to effectively support people.
- Nurses completed additional training to develop their clinical skills and help maintain their professional registration.
- Regular supervisions, observations of practice and annual appraisals were used to monitor staff's performance and support and encourage them to learn and develop in the role.

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

- People received effective support based on a full assessment of their needs; a relative explained, "They asked us what supported [Name] was having at home. They asked us loads of questions, and they went to see them in hospital as well."
- Care plans and risk assessments included information from these assessment and guided staff on how best to support people.
- Staff sought advice and guidance from professionals when planning people's care and support; this information was included in people's care plans and supported staff to effectively meet their needs.

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

- Staff worked with health and social care professionals to promote and maintain people's health and wellbeing.
- Staff supported people to access healthcare service when needed; a person explained, "If I don't feel very well I have a word with the staff and they sort it out for me."
- Professionals praised staff's good communication and the effective working relationships they shared

when monitoring and making sure people's health needs were met.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

- People were involved in decisions about their care; mental capacity assessments and best interest decisions had been made when necessary.
- People's rights were protected; appropriate applications had been made to make sure people were lawfully deprived of their liberty only when necessary.

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

- People received effective care to make sure they had enough to eat and drink; staff monitored food and fluid intake and responded to any concerns if people lost weight.
- People had a varied choice at mealtimes and staff patiently encouraged and supported people to make sure they ate and drank enough; this included providing drinks and snacks throughout the day.
- People's nutritional needs were assessed and special diets were provided when needed.

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 good. At this inspection this key question has 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

- People were supported by kind and caring staff. A person explained, "It's very good here, everybody is so kind and they look after us well."
- People shared friendly and meaningful relationships with staff; they responded positively to staff and laughed and joked with them, showing they valued their company.
- Staff completed equality and diversity training; they recognised people had individual and diverse needs and tailored their approach to supporting them.

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

- People had choice and control over their daily routines; they felt free to do the things they wanted, when they wanted to.
- Staff encouraged and supported people to make decisions and to have control over how they were supported; a 'resident of the day' scheme was used to actively encourage people to express their views, preferences and be involved in reviewing their care and support.
- Care plans recorded information about how people communicated; staff understood how best to approach and share information with different people in a way which they would understand.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity were maintained by kind and respectful staff. A professional explained, "The staff always interact and speak with people in a respectful way."
- People's personal care needs were met; staff supported people in a dignified way to take pride in their appearance and dress according to their preferences.
- Staff explained what they were doing before providing support, they encouraged people to make decisions and to complete tasks independently.

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 requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

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

At our last inspection the care and support provided did not always meet people's needs. This was a breach of Regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of this regulation.

- People were supported to take part in a range of activities throughout the inspection; the provider employed an activities coordinator and had made improvements to the variety and consistency of activities provided.
- Staff supported people to maintain important relationships; visitors were encouraged and welcomed to the home. A visitor told us, "You can come at any time there are no restrictions and it feels like you are in your own home."

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

- People received person-centred care from staff who were responsive to their needs. A person told us, "The staff are very obliging, if we want anything we have only got to ask and if possible it is done."
- People and their relatives were involved in planning their care and support provided; care plans and risk assessments contained person-centred information to guide staff on how to support people.
- Staff knew people well and understood what support they needed and how best to provide it, taking into account their individual likes, dislikes and personal preferences.

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.

- Staff assessed and care planned how to meet people's individual communication needs; accessible information was available where needed to help people understand important information about their care and support.
- The registered manager understood their responsibility to provide accessible information; and had made

sure, for example, that accessible information was available to help people make meal choices.

Improving care quality in response to complaints or concerns

- People felt confident speaking with staff or the registered manager if they were worried, concerned or needed to complain about the service. A relative told us, "Any worries we have, you feel it is ok to ask, because they are that welcoming and they encourage you to ask questions. They don't want you to go away worrying about anything."
- The provider had a complaints procedure and the registered manager had responded to a complaint to improve the service.

End of life care and support

- People received compassionate and person-centred support approaching the end of their life; plans were in place for staff to complete training in this area.
- Staff assessed and recorded people's end of life wishes to help make sure the support provided would meet their needs.

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 requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection the provider had failed to properly monitor and improve the quality and safety of the services and keep complete records. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of this regulation.

- People received good care; regular audits helped the registered manager to continually monitor the quality and safety of the service and identify where improvements could be made.
- Improvements had been made in response to feedback at the last inspection; this included improvements to the range of activities provided and to keep more detailed records in relation to recruitment checks, accidents and incidents.
- The registered manager was very open to feedback and responsive to suggestions about how the service could be improved.
- The registered manager split their time between two of the provider's homes; in their absence a deputy manager was in post and responsible for managing the service.
- Staff felt supported by management and told us advice, guidance and support was available when needed.

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

- People received person-centred care. A person told us, "I think it is a very good home. The staff are very friendly and any help I have needed they have made all the arrangements."
- Daily 'huddles', handover records and regular meetings were used to share information, to coordinate the care and support provided and to make sure people's needs were met.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was open and transparent; they understood their responsibility to apologise to people and explain what happened if things went wrong.

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

- Staff worked collaboratively with professionals. They appropriately sought advice and guidance on how best to meet people's needs.
- The registered manager had a collaborative and inclusive approach; residents meetings provided an opportunity to share information, gather feedback and discuss the running of the service.