Affinity Trust

Tudor House

Inspection report

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Date of inspection visit:
17 February 2016

Date of publication:
30 March 2016

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

Tudor House is a care home which is registered to provide care (without nursing) for up to six people with learning disabilities. The home is a detached building within a secluded area of West Berkshire. People have their own bedrooms and use of communal areas that includes an enclosed private garden. The people living in the home needed care from staff at all times and have a range of care needs.

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

People who use the service had a range of communication abilities that ranged from verbal communication to the use of picture references to indicate their needs and wishes. These were understood by staff and enabled them to support those individual's to make choices and express their views. Staff treated people with kindness and respect. They had contact with families of people who wanted to be involved to make sure they were fully informed about the care and support their relative received.

People's safety was promoted within the home and they were involved in the recruitment of staff. The recruitment and selection process helped to ensure people were supported by staff of good character. There was a sufficient number of qualified and trained staff to meet people's needs safely. This included existing and agency staff to make up the staff team. Staff knew how to recognise and report any concerns they had about the care and welfare of people to protect them from abuse. People's medicine was managed safely.

People were provided with effective care from a staff team who had received support through supervision, staff meetings and training. Their care and support plans had been reviewed and detailed how they wanted their needs to be met. Risk assessments identified risks associated with personal and specific behavioural and or health related issues. They helped to promote people's independence whilst minimising any risks.

The service had taken the necessary action to ensure they were working in a way which recognised and maintained people's rights. They understood the relevance of the Mental Capacity Act 2005 (MCA), Deprivation of Liberty Safeguards (DoLS) and consent issues which related to the people and their care.

People were encouraged to live a fulfilled life with activities of their choosing that were structured around their needs and individual to each person. Meals were nutritious and varied and people told us the food at the service was good.

People had the opportunity to be involved in decisions about the home. This included discussions and consent from people about the provider's proposal to relocate the service to an area within the heart of a community village. This was to minimise the risk of social isolation for the people who lived in Tudor House and to give them better access to services within the community.

People benefitted from living at a service that had an open and friendly culture. The provider had an effective system to regularly assess and monitor the quality of service that people received. There were various formal methods used for assessing and improving the quality of care. This had resulted in improved quality monitoring processes and records to support people the way they wanted to be supported.

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.

People who use the service felt safe living there.

Staff knew how to protect people from abuse and the provider had emergency plans which staff understood and could put into practice.

People were protected by the provider's recruitment procedures.

There were sufficient staff with relevant skills and experience to keep people safe.

People's medicines were stored and handled correctly.

Is the service effective?

Good

The service was effective.

People's individual needs and preferences were met by staff who had received the training they needed to support people.

Staff met regularly with their line manager for support to identify their learning and development needs and to discuss any concerns.

People had their freedom and rights respected. Staff acted within the law and protected people when they could not make a decision independently.

People were supported to eat a healthy diet. They were helped to see there GP and other health professionals to make sure they kept as healthy as possible.

Is the service caring?

Good

The service was caring.

Staff treated people with respect and dignity at all times and promoted their privacy and independence as much as possible.

People responded to staff in a positive manner and there was a relaxed and comfortable atmosphere in the home.

People's right to confidentiality was protected.

Is the service responsive?

Good

The service was responsive.

Staff knew people well and responded quickly to their individual needs.

People's assessed needs were recorded in their care plans and provided information for staff to support people in the way they wished.

Activities within the home and community were provided for each individual and tailored to their particular needs.

People knew how to raise concerns. Complaints were dealt with quickly and resolutions were recorded along with actions taken.

Is the service well-led?

Good

The service was well-led
There was an open culture in the home.

People had a say in the running of the home. They were included in decisions of proposals by the provider to relocate to a new home closer to community facilities.

Quality assurance systems monitored the quality of service being delivered. Improvements identified were actioned to promote people's independence, safety and well-being.

Tudor House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider 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.

This inspection took place on the 17 February 2016. It was carried out by one inspector and was unannounced.

Prior to the inspection we looked at all the information we had collected about the service. This included any notifications the service had sent us. A notification is information about important events which the service is required to tell us about by law.

During the inspection we sought feedback from people who use the service, their relatives, staff and health and social care professionals. We obtained the views of two people who use the service. Additionally we spoke with the registered manager, interim support manager, team leader, three support staff and one social care professional.

We looked at three people's records and records that were used by staff to monitor their care. In addition we looked at two staff recruitment files, staff training records and documents, which related to the management and quality monitoring of the service.

Good

Is the service safe?

Our findings

People who use the service were safe. One person remarked: "I feel safe" and "I get on with everyone".

The provider had effective recruitment practices which helped to ensure people were supported by staff of good character. They completed Disclosure and Barring Service (DBS) checks to ensure that prospective employees did not have a criminal conviction that prevented them from working with vulnerable adults. References from previous employers had been requested and gaps in employment history were explained. However, there were staff vacancies that the provider was finding difficult to recruit to. The registered manager stated they believed this was mainly due to the rural location of the home and of difficulties experienced within the South East of England to recruit and retain support workers.

The staff rota identified that there were always sufficient staff to meet the assessed needs of the people who use the service safely. For example, staff numbers were dependant on each person's daily activities and also based on risk assessments as some people required 1:1 support. Staffing shortfalls due to staff vacancies were covered by existing staff and staff from agencies. We saw that staff responded quickly to meet people's needs safely and took time when supporting people with chosen activities. There was an on-call procedure that detailed the contact numbers of senior staff should staff require further support in an emergency. This also included the contact numbers of safeguarding teams within the commissioning authorities of the people who use the service.

People were protected against the risks of potential abuse. There had been one safeguarding investigation since our visit to the service in December 2013, which had been investigated under safeguarding procedures and was unsubstantiated. The provider had notified the Care Quality Commission (CQC) and the local authority safeguarding team of an alleged concern in February 2016. This was being investigated under multi-agency safeguarding procedures.

Staff told us they knew what to do if they suspected one of the people they supported was being abused or was at risk of abuse. They were able to give a good account of the types of abuse that vulnerable people might be subjected to and were fully aware of safeguarding procedures.

Staff had received training in the safe management of medicines. Their competency was assessed and signed off by a senior staff member before being authorised to support people with their medicine. Where staff errors had occurred these were investigated. Staff involved were stopped from giving people their medicine until they had successfully repeated the training and assessment process. People's medicines were stored securely within each of their rooms. The service used a monitored dosage system to assist staff to administer people's medicines safely. The medicine administration records were accurate and showed that people had received the correct amount of medicine at the right times.

Accidents and incidents were recorded and detailed level of risk. These were evaluated for any trends with a conclusion and action taken noted before being signed off by senior staff. For example, to make sure care plans and risk assessments were updated to reflect changes of a person's mobility.

Staff had received health and safety training that included first aid, moving and handling and infection control. They were knowledgeable about emergency procedures such as fire safety. Contact numbers were available for staff should there be an emergency.

Good

Is the service effective?

Our findings

People were supported by staff to attend health care appointments such as physiotherapist and GP. The outcomes of people's appointments and follow-up appointments with health care professionals' were recorded. These included an annual health check and review of the person's prescribed medicine. People had a hospital passport that was used to provide hospital staff with important information about them and their health should they be admitted to hospital. This was recently put into practice for one person who was in hospital at the time of our visit.

People were supported to make healthy living choices regarding food and drink. Staff had completed e-learning on food safety and food and nutrition to support people to maintain a balanced diet. People's weights were recorded and dietician input and support was requested should they experience difficulty with eating and/or have unexplained weight loss or gain. People were enabled to make choices about the food they wanted to eat through their preferred communication methods such as visual aids. Their meals were freshly prepared and well-presented.

Staff attended regular staff meetings and had received one to one supervision and appraisals that were structured around their development needs. Staff induction had been reviewed to include the care certificate that was introduced in April 2015. This is a set of 15 standards that new health and social care workers should cover during their induction period and as refresher training for existing staff. The registered manager told us that all staff were provided with a care certificate workbook to be completed over 16 weeks.

Training was linked to the new standards and had been arranged for staff to meet health and safety, mandatory and statutory requirements as well as training to support specific individual needs. For example, positive behaviour support training was provided. This training gave staff the skills they needed to effectively support people who presented with behaviours that placed the person and/or others at risk of harm. Staff spoke of triggers, specific to each person and told us how they reduced the risk of behaviours (incidents) recurring. Records specific to individuals included behaviour observation charts that detailed what happened immediately prior to the behaviour to identify if there were any triggers.

People's rights to make their own decisions where possible, were protected. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA. People using the service were subject to authorisation under the Deprivation of Liberty Safeguards. The registered manager had a good

understanding of the MCA and staff had received MCA training. Staff were aware of their responsibilities to ensure people's rights to make their own decisions were promoted. During the inspection we observed staff asking people's permission and consent when working with them.

Good

Is the service caring?

Our findings

There was a comfortable and relaxed atmosphere as staff responded to people in a respectful caring manner and listened to what they had to say. People were able to come and go as they pleased dependant on risk and with staff support.

People were encouraged by staff to make decisions about everyday activities such as choosing what to eat, what to wear and how to spend their time. They were able to express their views through verbal and non-verbal communication methods. Staff understood people's request through discussions with them and by the use of pictures of reference that individual's communicated through. This enabled staff to support those individual's to make choices and express their views.

People's bedrooms were decorated and personalised with items of their choice. Two of the people we spoke with showed us their room and told us they had their own key and were able to come and go as they pleased. Considerations had been taken to promote people's privacy when alone in their room or alone with their visitors, such as staff knocking on doors before entering. There were three reception rooms within the home that enabled people to choose where they wanted to be and what they wanted to do. One room had been furnished in a colour chosen by a person that was calming for the person and enabled them to relax.

People's support plans were reviewed and centred on their individual needs and what was important to the person such as their family, daily routine, likes and dislikes. Monthly meetings were held that enabled people to be part of any decisions made about the home. For example a proposal by the provider to relocate the service to a new address within West Berkshire.

Staff had received training in equality, diversity, human rights, dignity and respect. Staff spoke respectfully of people's care and support needs and encouraged people in conversation throughout the day of our visit. They gave examples of how individuals preferred to be assisted and of people's wishes and needs such as promoting their independence whilst being supported in the home and community. Staff knew people's likes and dislikes with regard to recreational activities, daily living and the support each person needed.

People's records were securely stored to ensure the information the service had about them remained confidential at all times. Information about each person was only shared with professionals on a need to know basis.

Good

Is the service responsive?

Our findings

People were able to express their views and staff understood their requests. Staff showed patience and understanding as they supported people. For example, people were encouraged to join in conversation and take part in daily tasks to promote their independence.

People told us that there was always something to do either in the home or in the community. On the day of our visit only three people were living in the home as one person was in hospital. People were being supported to attend activities within the community and home. One person spoke of reflexology classes scheduled that day and of their involvement at a local garden centre that provides work opportunities for people with a learning disability. In a group discussion with people and staff, one person reminisced about a holiday to Blackpool and stated that they wanted to go to Great Yarmouth this year. One person did not want to talk to us about things they wanted to do, but reflected with staff on activities they had joined in and had clearly enjoyed.

Residents and monthly keyworker meetings were held and gave people an opportunity to discuss and be involved in any decisions about the home. This included proposed plans to relocate the service to an area that would be less secluded than Tudor House. One person told us about the plans and was keen to move to an area where community facilities were more accessible. It was clear that the person had been fully involved in the discussions of a potential move to a new home. This would help to ensure a smooth transition should the plans go ahead.

People's records contained a 'pen picture' that gave an overview of the person and what was important to them. Care plans detailed what the person was able to do on their own and of the support they needed. Support plans detailed people's daily routines such as keeping safe and accessing the community. A daily diary for each person was recently introduced and had enabled staff to record what the person's day was like, for instance outcomes of planned activities and appointments. Staff said that they felt there was enough detailed information to support people in the way they wanted to be supported. Reviews of people's care and support needs were completed at least annually or as changing needs determined. Professionals and people's families were invited to their reviews and were fully involved.

The provider had a complaints policy that was accessible to people and their visitors. There were was one registered complaint in the twelve months up to the date of our visit to the home that was being managed within appropriate timescales of the provider's complaint procedure.

Good

Is the service well-led?

Our findings

The provider and registered manager valued feedback from people who use the service and staff and acted on their suggestions. This was achieved through day to day conversation, surveys and meetings. For example people were involved in the recruitment process of staff and told us that they felt listened to. They had also completed a questionnaire in September 2015. This was written in a format that they could understand and enabled them to detail their views of the services provided and how these could be improved.

There was a registered manager at Tudor House who had been registered with the Care Quality Commission since 1 October 2010. The registered manager was present throughout the inspection process. The registered manager was also an operations manager within the organisation and so did not have a full time presence within the service. They were fully involved in ensuring the service was managed effectively and safely and measures had been taken to recruit a support manager. In the interim a support manager had been contracted from an agency to provide advice, administration, support and supervision of staff.

Staff, which included agency staff, told us they felt supported by the registered manager and interim support manager. They told us they could approach the managers at any time as there was an open door policy that created a positive culture in the home. They told us that they worked well as a team and had no hesitancy to speak with staff either individually or in a group to promote good practice.

Quality assurance systems were in place to monitor the quality of service being delivered and the running of the home. These included robust systems to monitor processes that promoted the safety and well-being of the people who use the service. Health and safety audits such as fire safety and infection control were completed by the registered manager and/or senior staff with actions and outcomes recorded. Additionally internal audits by the provider and an external audit by the local authority care quality team had identified shortfalls. Action had been taken to review and implement a robust auditing process and improve records. These included for example, a review of people's care plans and risk assessments to ensure they were person centred and to empower staff to cover various areas of responsibility.

As part of the audits undertaken by the provider and local authority one of the actions identified was to ensure a robust staff structure by developing a person centred rota and to include a shift leader. Although these had been actioned it was difficult for the service to recruit and retain staff due to the rural location of Tudor House. Therefore there was a heavy dependency on agency staff that risked the service not achieving continuity of care for the people who lived there.

The home was isolated and was dependant on staff being able to drive the service's vehicles for people to access and be involved in community events. The provider had identified that the property would require adaptations due to people's changing health needs. For these reasons the provider proposed to relocate to a property that would meet people's needs within a village location. The provider was in full consultation with the local commissioning authority and with the people who live in the home. This was to ensure people were fully informed and involved with decisions made.