

GCH (Tudors) Limited

The Tudors Care Home

Inspection report

North Street, Stanground,
Peterborough, Cambridgeshire, PE2 8HR
Tel: 01733 892844

Date of inspection visit: 28 September 2015.
Date of publication: 13/11/2015

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 

Overall summary

This unannounced inspection was carried out on 28 September 2015. This was the first inspection of this service since GCH (Tudors) Limited had been registered with the Care Quality Commission as the provider. This change of registration occurred on 5 January 2015.

The Tudors Care Home is registered to provide accommodation and personal care for 44 older people, some of whom were living with dementia. There were 38 people living at the home during this inspection. The home is situated over two floors, which can be accessed by stairs, a lift, and a stair lift. All bedrooms except for five

rooms have en-suite facilities. There are a number of communal areas within the home, including lounge and dining areas, a library area, cinema area, hairdressing room, shop, bar and a garden for people to use.

There was a registered manager in place. 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.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS)

Summary of findings

and report on what we find. We found that there were formal systems in place to assess people's capacity for decision making and applications had been made to the authorising agencies for people who needed these safeguards. Staff respected people choices and staff were aware of the key legal requirements of the MCA and DoLS.

People who used the service were supported by staff in a kind and respectful that promoted people's privacy and dignity. People had individualised care and support plans in place which recorded their care and support needs. Individual risks to people were identified by staff. Plans were put into place to minimise these risks to enable people to live as independent and safe a life as possible. These records guided staff on any assistance a person may require. Arrangements were in place to ensure that people were supported and protected with the safe management of their prescribed medication.

People were supported to take part in activities within the home and the local community. People's family and friends were encouraged to visit the home to help support and promote people's social inclusion.

There was an 'open' culture within the home. People and their relatives were able to raise any suggestions or

concerns that they might have with staff and the registered manager and felt listened too. People were supported to access a range of external health care professionals and were supported to maintain their health. People's health and nutritional needs were met.

Staff were trained to provide effective care which met people's individual needs. Staff understood their role and responsibilities to report poor care. Staff were supported by the registered manager to develop their skills and knowledge through regular supervision, appraisals and training.

Recruitment checks were in place to make sure that staff were deemed suitable to work with the people they supported. There were a sufficient amount of staff on duty to meet peoples care and support needs.

The registered manager sought feedback about the quality of the service provided from people who used the service, their relatives and staff by holding regular meetings. They had in place a quality monitoring process to identify areas of improvement required within the home.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Robust safety checks were in place to ensure that staff were of a good character. People's care and support needs were met by a sufficient number of staff.

Systems were in place to support people to be cared for safely. Staff were aware of their responsibility to report any safeguarding concerns.

People were supported with their medication as prescribed.

Good



Is the service effective?

The service was effective.

People were assessed for their capacity to make day to day decisions. Appropriate DoLS applications were made to the authorising agencies to ensure that people's rights were protected.

Staff were trained to support people with their care needs. Staff had regular supervisions to ensure that they carried out effective care and support.

People's health and nutritional needs were met.

Good



Is the service caring?

The service was caring.

Staff were respectful and caring in the way that they engaged with and supported people.

Staff encouraged people to make their own choices about things that were important to them and to maintain their independence.

People's privacy and dignity were respected by staff.

Good



Is the service responsive?

The service was responsive.

People were supported by staff to take part in activities within the home and were encouraged to maintain established and develop new interests. People had links with the local community to promote social inclusion.

People's care and support needs were assessed, planned and monitored. People's individual needs were documented clearly and met.

There was a system in place to receive and manage people's suggestions or complaints.

Good



Is the service well-led?

The service was well-led.

There was a registered manager in place.

People and staff were asked to feedback on the quality of the service provided through meetings.

Good



Summary of findings

There was an on-going quality monitoring process in place to identify any areas of improvement required within the service.

The Tudors Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 unannounced inspection took place on 28 September 2015. The inspection was completed by two inspectors.

Prior to our inspection we reviewed the provider's information return (PIR). This is information we asked the provider to send to us to show what they are doing well and the improvements they planned to make in the service. We looked at information that we held about the service including information received and notifications. Notifications are information on important events that happen in the home that the provider is required to notify us about by law. We also received feedback on the service

from a representative of the Peterborough City Council contracts monitoring team and Cambridge and Peterborough continuing health care team to help with our inspection planning.

We spoke with three people and three relatives, the regional manager, registered manager, deputy manager, administrator, two team leaders and two care assistants. We also spoke with kitchen assistant, activities co-ordinator, housekeeping (domestic staff) and a visiting community nurse. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We also used general observations.

We looked at four people's care records and we looked at the systems for monitoring staff training, supervisions and recruitment checks. We looked at other documentation such as quality monitoring records, accidents and incidents records. We saw compliments and complaints records, and medication administration records, business contingency plan and the building maintenance and utilities safety checks.

Is the service safe?

Our findings

People told us that they felt safe. One person told us, “Knowing staff are there – always someone there for you,” made them feel safe. A relative said that staff, “Catch things early and any concerns [are] acted upon promptly.” They went on to explain that they had given staff, “Carte blanche,” to make decisions about their family member’s care needs as they trusted staff so well.

Prior to the inspection we had received some information of concern about the cleanliness of the home. The home during our visit was visibly clean and tidy. One person confirmed to us that their own room was kept, “Very clean.” Staff we spoke with confirmed to us that they used protective gloves and aprons when cleaning people’s rooms and that they changed this equipment after each room. This showed us staff had access to this personal protective equipment to reduce the risk of spreading infection. Staff also confirmed that they had received infection control and cross contamination training to help them understand how to reduce the risk of infection. Hand sanitizers were available around the home and hand washing instructions were displayed in communal toilets. Staff told us about the cleaning schedules that they followed to clean the home and records we looked at confirmed this. This meant there were systems in place to reduce the risk of spreading infections.

Staff demonstrated to us their knowledge on how to identify and report any suspicions of harm or poor practice. They gave examples of types of harm and what action they would take in protecting people and reporting such incidents. This included external agencies they could also contact to report poor care practice. Training records we looked at confirmed that staff received training in respect of safeguarding adults. This showed us that there were processes in place to reduce the risk of harm to people living in the home.

Staff demonstrated to us their knowledge and understanding of the whistle-blowing procedure. They knew the lines of management to follow if they had any concerns to raise and were confident to do so. This showed us that they understood their roles and responsibilities to the people who lived in the home.

People had detailed individual risk assessments and care plans which had been reviewed and updated. Risks

identified included, but were not limited to: people at risk of falls, moving and handling risks, poor skin integrity, food intolerances, medication, communication and being able to use a call-bell to summon help. Where people were deemed to be at risk, these risks were monitored. We saw documented ‘repositioning charts’ for people with poor skin integrity who required regular assistance or prompts from staff to change position. People at risk of malnutrition had documents in place to show that they were weighed on a regular basis. We noted that as a result of this monitoring and where appropriate, staff had made referrals to the relevant healthcare professionals. Records gave clear information and guidance to staff about any risks identified as well as the support people needed in respect of these. Staff were also reminded in these documents to continue to promote people’s choice and independence. Staff were aware of people’s risk assessments and the actions to be taken to ensure that the risks to people were minimised.

We saw that there were sufficient staff on duty to meet people’s support and care needs throughout the day. One person told us that there were always staff around, “[Staff are] always backwards and forwards, one of them [staff] always about.” The registered manager on occasion used bank staff to cover short notice staff absences. Our observations showed that people’s needs were met in a timely manner and care call bells responded to promptly. We saw that staff were available in each communal area of the home supporting people. The registered manager told us that they assessed regularly the number of staff required to assist people with higher dependency support and care needs in line with their company’s policy on staffing levels. Records we looked at confirmed this. This showed that the registered manager had enough staff available to deliver safe support and care for people who lived in the home.

Staff said that pre-employment safety checks were carried out prior to them providing care. They told us that that no one started work at the home without safety checks being in place. This was to ensure that new staff were suitable to work with people they would be supporting. Checks included references from previous employment and a disclosure and barring service check (DBS). This is a criminal records check and a check that staff are not on the ‘barred’ list for England, Wales and Northern Ireland. We also saw photo identification and address identification had also been sought and was held on file. Staff told us about their induction when they were a new staff member. They said that they had ‘shadowed’ a more experienced

Is the service safe?

member of staff. This was until they were deemed confident and competent by the registered manager to work with people living in the home. One staff member told us that there was, “A lot of on-going support...I don’t feel awkward asking for support or asking questions.”

Our observations showed that people were supported by staff with their medication in an unhurried, discreet, and safe manner. The medication trolley was attended at all times by staff and it was observed that the staff member did not sign to say that medication had been given until people were observed swallowing their medication. Staff told us that they received medication training and that their competency was assessed. Records we looked at confirmed this.

Records of medication administered were complete and we saw that all medication was stored securely and at the correct temperature. Staff we spoke with who administered

medication were clear on how medication was to be administered. Records were in place to document what time the medication had been administered. This was so staff could quickly see what time the last medication dose was given, to ensure that the correct and safe time gap had been adhered to.

We found that people had a personal emergency evacuation plan in place in the care records we looked at and there was an overall business contingency plan in case of an emergency. This showed that there was a plan in place to assist people to be evacuated safely in the event of an emergency.

We looked at the records for checks on the home’s utility systems and risk assessments. These showed us that the registered manager made regular checks to ensure people were, as far as practicable, safely cared for in a place that was safe to live, visit or work in.

Is the service effective?

Our findings

We spoke with the registered manager about the Mental Capacity Act 2005 (MCA) and changes to guidance in the Deprivation of Liberty Safeguards (DoLS). We found that they were aware that they needed to safeguard the rights of people who were assessed as being unable to make their own decisions and choices. Assessments to establish people's capacity to make day-to-day decisions had been determined and appropriate applications made to the supervisory body (local authority).

People said that staff respected their choices. One person said that they could get up in the morning, "When they liked," and that staff would assist them in this. Our observations throughout the visit showed that staff asked people their choice and respected the choices made. People told us that they felt listened to by staff. Staff showed they understood the importance of asking about and respecting people's choices. Staff were able to demonstrate to us an understanding that they knew how to ensure people did not have their freedom restricted.

There were two dining areas within the home. In the residential area we saw that the tables were set and dressed for people with tablecloths, tablemats, napkins and condiments to make the mealtime experience an effective, pleasant and more social occasion. The dining area where people were living with dementia had been designed as an American diner. We saw bright coloured tablecloths, napkins and table mats with condiments on each table. There was a jukebox and posters to help with the design theme and to make the dining area more appealing to people who lived in the home. Our observations during the lunchtime meal showed that both dining rooms were used by people to eat their meals and that social interaction was promoted by staff. People were given a choice of where they would like to eat their meal and staff respected this choice. Menus were also in a pictorial format to help with people's understanding. We saw that meals were served to people by giving them a visual choice. For people who may have been unable to remember their choice of meal, visual prompts were used where meal options were plated up and shown. This was done in an unhurried manner by staff allowing the person time to make their choice. This meant that the person was able to make an independent choice using visual prompts from staff.

One person said that the food was, "Not too bad at all." Another person told us that the, "Food was very good, no complaints." The kitchen assistant said that they were updated by staff regarding people's weight gain or loss or any special dietary needs. They talked us through some examples. They also confirmed that if people did not like the food that was on offer they would make them something else to eat. This was confirmed by our observations during the lunch time meal. Snacks, fresh fruit and drinks were available to people throughout the day. We saw that people were offered a selection of homemade cakes, biscuits and snacks during the day. We also saw that fresh fruit was also available. In the residential area of the home there was a new 'self-service' section where people and visitors could help themselves to drinks and snacks as they wished. Drinks were readily available and promoted regularly by staff. We saw staff encouraged people who needed some assistance with their fluid intake to drink throughout our visit. This was confirmed by a relative we spoke with.

Staff told us about the training they had completed to make sure that they had the skills to provide the individual support and care people needed. This was confirmed by the registered manager's record of staff training undertaken to date. Examples of training included: moving and handling, dementia awareness, first aid, fire safety, mental capacity act 2005 and deprivation of liberty safeguards, medication, safeguarding, infection control, end of life care and food hygiene. This showed us that staff were supported to provide effective care and support with regular training.

Relatives said that staff were quick to involve external health care professionals when needed. One relative told us that staff were, "Very good at calling to doctor, they keep a close eye on [family member]." Another relative said, "They rang the other week to let [them] know they'd called a doctor as [my family member] wasn't well. I'm quite impressed to be honest." Observations during this visit showed a staff member calling a person's doctor when they had become concerned about their well-being. Records we looked at showed that external health care professionals were involved by staff to provide assistance if there were any concerns about the health of people using the service. The visiting community nurse we spoke with said that staff

Is the service effective?

were good at communicating concerns, they co-operated with them and that they felt that staff followed their guidance. This showed that staff were quick to involve external health care professionals when needed.

Is the service caring?

Our findings

People and their relatives had positive comments about the support provided by staff. They spoke highly of the staff who assisted them or their family member. A relative told us, “Staff are kind, it is not just a job.” One person said, “Staff sing. They’re always happy and the girls [staff] especially, they tend to be jolly.” Another person told us, “Before I came here I was in a home (named location), not happy there. Here, very good, nothing like I imagined – better. Very happy here.” We were told that staff supported people in a caring and kind manner and our observations throughout the day demonstrated this.

We saw that people were assisted by staff to be as independent as possible. Observations showed that staff encouraged people to do as much for themselves as they were able to. We noted that staff guided people, when needed, in a respectful way. We saw one person on the being encouraged and supported by staff to help make their own snack of choice to encourage independence. This was done in a patient and caring manner.

On the day of our visit we saw people’s relatives visiting the home. We observed that staff made them feel welcome by asking them if they would like to stay for lunch or whether they would like a drink. People told us that there were no restrictions to them visiting. A relative told us, “Feels like a home from home...no restrictions on visiting times. [I] could stay all night if needed if [family member] was poorly.”

We saw that staff supported people in a kind and patient manner. Staff took time to support people when needed at a pace the person was comfortable with. We also saw staff reassure people, who were becoming anxious, in an understanding manner to help them settle. We also noted good examples of how staff involved people in conversations throughout our visit to the home, about lunch and what was on the television.

People told us that staff respected their privacy and dignity when supporting them. One person said that staff knocked on their bedroom door when they wanted to enter and waited for a response. This was confirmed by our observations throughout our visit. A relative confirmed to us that staff took them to their family members room for any ‘private chats.’ This meant that staff respected and promoted people’s privacy.

Our observations throughout the day showed that people’s rooms were personalised with their belongings to make them feel more homely. We saw that people were dressed appropriately for the temperature within the home and in a clean and tidy manner which maintained their dignity.

Care records we looked at were written in a personalised way which collected social and personal information about the person, including their individual care and support needs. People also had their end of life wishes documented should they choose to. These plans included a wish to not be resuscitated. Records we looked at showed that people or their appropriate relative were involved in the agreeing and review of their care and support plans.

Correspondence was sent to appropriate family members inviting them to be involved in reviews. A relative told us that they could see their family members care plan at any time with senior staff and that there was, “Good communication all round.”

Advocacy services information was available for people where required on posters on communal notice boards and within the service user guide information was available for Independent Mental Health Advocacy (IMHA) and Voice Ability who are a charity who offer an advocacy service. Advocates are people who are independent of the home and who support people to make and communicate their wishes.

Is the service responsive?

Our findings

During this inspection we saw people maintaining their interests by watching television and reading newspapers, magazines and books. People told us that they played games of dominos which they enjoyed and watched 'the soaps' on television. For people who needed some assistance to pursue their interests they were supported by staff. We saw a staff member sitting with a person and talking through their photo album of memories in a respectful and supportive way. A relative told us how staff had encouraged their family member to take up their interest in knitting again. This had been an interest that the person had given up previously but with support from staff they were enjoying this pastime again.

People and relatives told us about the film nights held in the cinema area of the home. They told us about the films they had seen recently and that staff brought films in for them to watch. The area was decorated in the style of a cinema with a popcorn machine and film posters on display. People told us that they enjoyed these events. We also observed a person enjoying the library area of the home. They told us that, "I'm a bookish person myself, [and] I quite like it here." The activities co-ordinator told us how newsletters are sent to relatives of people detailing what events were planned. People told us that the activities co-ordinator asked people in advance on what they would like to do. One person said, "We are asked if we want to do things." They said that there were enough activities for them to do if they chose to take part.

We saw that the communal garden was well maintained so people and their visitors could use it easily. A relative told us that the garden was now being used and that vegetables and fruit were now grown. The activities co-ordinator told us how this had helped encourage people who had an interest in gardening and 'do it yourself'. They showed us pictures of how a person inspired by the new raised vegetable beds in the garden had decided to paint the raised beds as a, "Surprise" for staff and had got great joy from it.

One person told us how they had suggested a trip out and that in response to this request one had been organised. They said, "I went in the office the other day and tapped the 'boss' [registered manager] on the shoulder. I said I don't think it would hurt you to take us to (sea side town named) for the day. So we did a collection and went for the

day in a mini bus. It was a lovely day....we had fish and chips in a café, ice cream on the prom. It was well organised [with] enough wheelchairs. They were very good to us." The activities co-ordinator told us that a beach themed fete was held and the local community was invited alongside people's friends and family as part of the fund raising for trips out. We saw photos of these events which appeared to be well supported. A relative said, "I got to the stage where I didn't really want to come in. Over the last year the staff have worked wonders. It's really pleasant now. I can spend time with [family member]. They are going out more, the pub, Chinese restaurant, Kingfishers [a sheltered housing complex with a restaurant]. They've been doing gardening, a VE day party, fete, [and] entertainers. Both units (residential and dementia) mix. [The activities co-ordinator] has worked wonders. [They have been] chatting to a group [people using the service] about what people would like to do. I was impressed, she deals with everybody, but she deals with the individual and finds out what they like."

People told that they had trips out to the local cathedral and town. Our observations during our visit showed that when a person asked to go out for a walk around the local area to visit the church, a staff member organised this quickly in response to this request.

The registered manager showed us a new dementia café in a converted outbuilding which they planned to open in October 2015. They told us about a relative of a person who used to live in the home who still wanted to be involved in the home. In response to this request they had encouraged this relative support the home as a 'dementia friend' who would also be involved in the dementia café. People told us about the café and that they were going to bake goods for it the night before. One person confirmed to us that, "I believe we're going to be baking stuff for it." Another person confirmed that although they were not a very good baker their friend who lived in the home was. This demonstrated to us that staff encouraged links with the local community to promote people's social inclusion and promote their well-being.

In response to the refurbishment of the home people told us how they had been encouraged to get involved. One person said, "There has been a lot of decoration done. I told them what to do. I chose the wallpaper through there [pointed to wallpaper]." A relative told us how their family member had been encouraged to choose the wallpaper in

Is the service responsive?

their own room when the room had been redecorated. Another relative said how at a relatives meeting it had been suggested that the lounge/diner been swapped around. They told us that the registered manager and staff had listened to this suggestion and in response had actioned this.

We looked at three people's care plans during our inspection. Records we looked at documented that people had signed to agree their plan of care and support. Reviews were carried out regularly to ensure that people's current support and care needs were documented. Records included personalised information on people's social history documented in an Alzheimer's charity 'this is me' booklet. The activities co-ordinator showed us how they were building on this by developing a 'remembering me' book with people's family and friends. This book was a life history in photos, cards and visual prompts of different stages and phases in people's life. They told us how on compiling this book with relatives that they felt that they had really got to know the person as an individual. This book also documented what was important to people including any interests they may have. Care records also

documented people's preferences and how the person wished their individualised care to be provided. This meant that staff got to know and understand the individual they were supporting.

People and relatives told us that that they knew how to raise a concern. People and their relatives told us that communication was good and that they would speak to staff if they were concerned about anything. One relative said they had, "No concerns or complaints in the last year, everything has been dealt with there and then."

We asked staff what action they would take if they were aware of any concerns. Staff said that they knew the process for reporting concerns and would inform senior staff or the registered manager. Records of compliments showed that people and their relatives were complimentary about the care they or their family member had received. Complaints records showed that they had been reviewed and action taken as a result of the concern raised. Information of the providers complaints policy was also made available to people.

Is the service well-led?

Our findings

The home had a registered manager who was supported by care staff and ancillary staff. We saw that people who lived at the home and staff interacted well with the registered manager. People we spoke with had very positive comments to make about the registered manager and staff. Relatives said that the registered manager kept them up-to-date about their family members and that communication was good. One relative said, "I would recommend this place. ... [a] marked improvement in the home under the new manager." Another relative said, "They've not only put things right, but gone over and above [in] the way they've taken time to prepare areas for example the cinema and dining room." One staff member told us that there had been, "Lots of positive changes to make this care home, the care home that in the past it always had the potential to be." Another staff member told us how, "[They] enjoyed working here. [The] home has improved greatly in the last few months."

Staff told us that the culture in the home was 'open' and that the registered manager was approachable and supportive. The registered manager told us how they had moved their office from the front of the home to the middle of the home. They told us that this was so they would be more visible, located in an area where they could see what was going on and not cut off from the people living in the home, their visitors or staff.

The registered manager told us how they had recently nominated a staff member for a 'Great British care award,' in recognition and support for their work at the home. Staff spoken with told us that they were supported by the registered manager. They said that they had regular supervisions and appraisals. This was confirmed by the records we looked at.

Records showed that people and relatives' could attend meetings to discuss and feedback on the service provided. A relative told us that these meetings were well advertised and talked us through an example of a suggestion made that was actioned by staff.

Records showed that staff meetings happened and that they were an open forum where staff could raise any topics of concern they wished to discuss. Staff told us that they were encouraged to make any suggestions that they may have to improve the service.

We saw documented evidence that there was an on-going quality monitoring process with actions taken on any improvements needed recorded in a service improvement action plan. Monitoring included, but was not limited to: falls trends analysis, accidents and incidents people's care records, medicine administration records, infection control, fire safety, activities and administration. We saw the provider analysed any accidents that may have occurred by risk highlighting them as 'red' (high risk), amber and green (low risk). They also used the analysis to identify 'repeat trends' and action was taken to reduce the risk of reoccurrence. The registered manager also showed us records of unannounced 'night time' checks they carried out to ensure that the quality of the service was still maintained at different times of the day and night. This meant that there was a robust on-going process in place to monitor the quality of service provided.

The registered manager notified the CQC of incidents that occurred within the home that they were legally obliged to inform us about. This showed us that the registered manager had an understanding of the registered manager's role and what this entailed.