

Tudor House Limited

# Tudor House

## Inspection report

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Date of inspection visit:  
20 November 2019

Date of publication:  
09 December 2019

## 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 accommodation and nursing or personal care for up to 23 people. On the day of our inspection, 21 people were living there, some of whom were living with dementia.

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

People received safe care and support as the staff team had been trained to recognise potential signs of abuse and understood what to do to safely support people.

The provider had assessed the risks to people associated with their care and support. Staff members were knowledgeable about these risks and knew what to do to minimise the potential for harm to people.

Staff members followed effective infection prevention and control procedures when supporting people. Staff members had access to, and used, appropriate personal protection equipment.

People received safe support with their medicines by trained and competent staff members.

The provider supported staff in providing effective care for people through person-centred care planning, training and one-to-one supervision.

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 at Tudor House supported this practice.

People had access to additional healthcare services when required. Staff members knew people's individual health outcomes and supported them appropriately.

People were supported to maintain a healthy diet by a staff team which knew their individual preferences.

People received help and support from a kind and compassionate staff team with whom they had developed positive relationships.

People were supported by staff members who were aware of their individual protected characteristics like age, gender and disability.

People were provided with information in a way they could understand.

The provider had systems in place to encourage and respond to any complaints or compliments from people or those close to them.

The provider, and management team, had good links with the local communities within which people lived.

The management team and provider had systems in place to identify improvements and drive good care.

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

Rating at last inspection

The last rating for this service was 'Good' (published 04 May 2017).

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?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

# Tudor 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.

#### Inspection team

One inspector and an Expert by Experience carried out this inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### 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 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 used the 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.

We asked the local authority and Healthwatch for any information they had which would aid our inspection. Local authorities together with other agencies may have responsibility for funding people who used the service and monitoring its quality. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this

information to plan our inspection.

During the inspection

We spoke with ten people who lived at Tudor House and seven relatives. 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 spoke with six members of staff including, the registered manager, general manager, domestic staff member, senior carer, one carer and the cook. We also spoke with one visiting healthcare professional.

We reviewed a range of records. These included two person's care and support records. We also looked at the records of medicines administration. We had sight of one staff member's file in relation to recruitment and supervision. In addition, we looked at a variety of records relating to the management of the service, including any quality monitoring checks and incident and accident records.

# 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.

Systems and processes to safeguard people from the risk of abuse

- All those we spoke with told us they felt safe and protected at Tudor House. One person said, "There is nothing to be frightened of here." Another person told us they never have anything to worry about at Tudor House.
- People were protected from the risks of ill-treatment and abuse as staff members had received training and knew how to recognise and respond to concerns.
- Information was available to people, staff, relatives and visitors on how to report any concerns.
- The provider had systems in place to make appropriate notifications to the local authority to keep people safe.
- The environment and equipment was safe and well maintained.
- People had personal emergency evacuation plans in place which contained details on how to safely support them at such times.

Assessing risk, safety monitoring and management

- People were supported to identify and mitigate risks associated with their care and support.
- We saw assessments of risks associated with people's care had been accurately completed. These included risks to people's skin integrity, mobility and diet.
- Throughout this inspection we saw staff members safely supporting people whilst using a variety of mobility aids which were individual to those using them. Staff members knew the risks associated with people's care and support and how to keep people safe.

Staffing and recruitment

- People were supported by enough staff who were available to safely support them. We saw people were promptly supported when needed or requested.
- The provider followed safe recruitment processes when employing new staff members. The provider had systems in place to address any unsafe staff behaviour including disciplinary processes and re-training if needed.

Using medicines safely

- People were safely supported with their medicines by a trained and competent staff team. Everyone we spoke with told us they received their medicines when they needed them. One person said, "I take tablets when necessary and I know what they are for."
- The provider had systems in place to respond to any medicine errors, including contact with healthcare professionals, investigation into any perceived error and, if needed, retraining of staff members.
- People had guidelines in place for staff to safely support them with 'when required' medicines including

the maximum dosage within a 24-hour period to keep people safe. Staff members were aware of these guidelines.

#### Preventing and controlling infection

- Staff members told us they had received training in infection prevention and control and knew how to minimise the risks of infectious illnesses.
- Staff members had access to personal protection equipment which they used appropriately when needed.

#### Learning lessons when things go wrong

- The provider reviewed any incidents or accidents to see if any further action was needed and to minimise the risk of reoccurrence. For example, all incidents, accident and near miss incidents were recorded and passed to the registered manager for their review. They analysed these incidents to identify if anything else could be done differently in the future to minimise the risks of harm to people.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's physical, mental health and social needs had been holistically assessed in line with recognised best practice. These assessments included, oral health mobility, skin integrity, diet and nutrition.
- Staff members could tell us about people's individual needs and wishes. People were supported by staff who knew them well and supported them in a way they wanted.
- People's protected characteristics under the Equalities Act 2010 were identified as part of their need's assessment. Staff members could tell us about people's individual characteristics and knew how to best support them. This included, but was not limited to, people's religious beliefs, cultures and personal preferences. At this inspection we saw people were supported to their preferred place of worship.

Staff support: induction, training, skills and experience

- People were assisted by a well-trained staff team who felt supported by the provider and the management team. One person described staff as, "Experienced and competent."
- Staff members told us they received support and supervision sessions. These were individual sessions where they could discuss aspects of their work and training.
- New staff members completed a structured introduction to their role. This included completion of initial training, for example, health and safety and basic food hygiene. In addition, they worked alongside experienced staff members until they felt confident to support people safely and effectively.
- Staff members new to care were supported to achieve the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life.

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

- People told us, and we saw, they had a choice of the meals provided and alternatives were available if they disliked what was offered. We saw people making decisions about what they wanted to eat and when. One person said, "The food is good. I don't have to ask for food but if I was thirsty I could ask but generally the drinks are served frequently."
- When people needed additional support to eat we saw this was provided at a pace to suit them.
- We saw one person refused their meal. Staff members offered alternatives they knew the person enjoyed. This was then provided by the catering staff.
- When people required specialist assessment, regarding their eating and swallowing, this was arranged promptly. Staff members were aware of any recommendations following specialist assessments and supported people consistently to maintain their well-being. Any recommendations were clearly written for staff members to follow.

Staff working with other agencies to provide consistent, effective, timely care

- Staff members had effective, and efficient, communication systems in place. This helped to share appropriate information with those involved in the support of people receiving services from Tudor House. This included formal handover meetings when staff members changed shifts.

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

- We saw people moving safely around Tudor House. The Home was safe and well maintained with appropriate signage to assist people with their orientation.

Supporting people to live healthier lives, access healthcare services and support

- People had access to additional healthcare professionals including GP's, dentists and chiropodists. When it was needed people were referred promptly for assessment. One person said, "They (staff) organise specialist checks if I need them."
- Staff members we spoke with were knowledgeable about people's healthcare needs and knew how to support them in the best way to meet their personal health outcomes.

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, and some hospitals, 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- We saw the provider had made appropriate applications in line with the MCA and had systems in place to ensure any renewed applications were made in a timely way to ensure people's rights were maintained.
- People told us staff members asked for permission before supporting them. One person said, "They (staff) always ask for consent first."

# Is the service caring?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has 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 told us they were treated with care by a helpful, considerate and friendly staff team. People and relatives described staff members as, "Absolutely wonderful," "Kind," and "Lovely." One relative described staff "Very patient and courteous."
- All staff members talked about those they supported with fondness, compassion and genuine positive regard.
- Throughout this inspection we saw staff members chatting with people and relatives in a relaxed and engaging manner. The general atmosphere was calm and good humoured.

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

- People said they were supported to make decisions about their care and support and they were involved in the development of their care and support plans.
- Throughout this inspection we saw people were supported to make decisions. For example, what they wanted to do, what support they needed and the activities they wished to take part in. One person said, "I can choose who I want to give me personal care."

Respecting and promoting people's privacy, dignity and independence

- People told us they were treated with dignity and respect and their privacy was supported by staff members.
- We saw information which was confidential to the person was kept securely and only accessed by those with authority to do so.
- We saw one person started to display some anxiety and confusion. A staff member recognised this and spent time with the person as they explained how they were feeling. The staff member reassured the person who visibly relaxed.
- People were encouraged to retain their independence. One person told us they liked to maintain contact with their friends at a local place of worship. This person told us they decided to stop out and have some lunch with them. They said they liked to do this without staff members being around, but they felt reassured they had the support if they needed it.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- People, and if needed those close to them, were involved in the development and review of their own care and support plans. One person said, "Staff consult me about how I would like to be cared for." We saw these plans gave the staff information on how people wanted to be assisted.
- Staff members could tell us about those they supported in detail indicating they knew people well. This included, what people used to do for a living, where they lived, who is important to them and what they liked to do.
- When it was appropriate relatives were kept informed about changes to people's health and support needs. One relative said, "They (staff) consult us and inform us all the time."
- We saw people's care and support plans were reviewed to account for any personal or health changes. These plans also reflected advice and guidance from visiting healthcare professionals.

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.

- People had information presented in a way that they found accessible and, in a format, they could easily comprehend.
- If people required information in a different format, for example large print, this was available.

Where the service is responsive, how are people encouraged and supported to develop and maintain relationships with people that matter to them, both within the service and the wider community, and to avoid social isolation

- Throughout this inspection we saw people were involved in activities they enjoyed and found interesting and stimulating. People told us they had a programme of activities they could take part in if they wished. This included singing, dance and visits from a florist to complete a flower arranging demonstration.

Improving care quality in response to complaints or concerns

- We saw information was available to people, in a format appropriate to their communication styles, on how to raise a complaint or a concern if they needed to do so. One person said, "I have never complained but know how to."
- The provider had systems in place to record and investigate and to respond to any complaints raised with them.

## End of life care and support

- Tudor House supported people at the end of their lives. We saw positive testimonials from family members and friends. People were supported to identify their spiritual and cultural needs as they moved towards the end of their life.

# 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 'Requires Improvement'. At this inspection this key question had 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

- A registered manager was in post and was present throughout this inspection. The registered manager and provider had appropriately submitted notifications to the Care Quality Commission. The provider is legally obliged to send us notifications of incidents, events or changes that happen to the service within a required timescale.
- We saw the last rated inspection was displayed in accordance with the law at Tudor House and on their website.
- The registered manager and provider had systems in place to identify improvements and drive good care. For example, as part of the quality checks completed they highlighted staff members had not consistently recorded people's topical creams. As a result, a different systems of checks was introduced to remove potential recording errors in the future. At this inspection we saw the records had been completed as required.

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

- People and relatives told us they had a positive relationship with the management team who they found to be accessible and engaging. Everyone we spoke with was complementary about the management team and felt supported by them. One person said, "The management team is approachable, and I can go to the office at any time to say hello."
- Staff members told us they found the management team supportive and approachable.

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

- We saw the management team, and provider, had systems in place to investigate and feedback on any incidents, accidents or complaints.

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

- People were involved in decisions about their care and support and were asked for their opinion. One person told us they had regular meetings and were asked for their views on where they lived.
- Staff members told us they found the management team supportive and their opinions were welcomed and valued.

- Staff members took part in staff meetings where they could discuss elements of the work they completed.
- Staff members understood the policies and procedures that informed their practice including the whistleblowing policy. They were confident they would be supported by the management team and provider should they ever need to raise such a concern.

#### Continuous learning and improving care

- The management team had systems in place to monitor the quality of the service they provided.
- The registered manager told us that they kept themselves up to date with developments and best practice in health and social care to ensure people received positive outcomes. This included regular support from their area manager. In addition, they received regular updates from professional organisations involved in adult social care.

#### Working in partnership with others

- The management team had established and maintained good links with the local communities within which people lived. This included regular contact with local healthcare professionals which people benefited from. For example, GP practices and district nurse teams.