

# Essex County Council

# Tudor House

## Inspection report

47A London Road  
Stanway  
Colchester  
Essex  
CO3 0NR

Tel: 01206562790  
Website: [www.essex.gov.uk](http://www.essex.gov.uk)

Date of inspection visit:  
02 November 2016

Date of publication:  
29 December 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

The inspection took place on 02 November 2016 and was unannounced.

Tudor House is a small service providing respite accommodation and personal care for up to four people who have a learning disability and require 24 hour support and care. On the day of our inspection three people were receiving a respite service.

The service had a registered manager in post. 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 were safe because staff supported them to understand how to keep safe and staff knew how to manage risk effectively. There were appropriate arrangements in place for medication to be stored and administered safely, and there were sufficient numbers of care staff with the correct skills and knowledge to safely meet people's needs.

The Care Quality Commission monitors the operation of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) and are required to report on what we find. The MCA sets out what must be done to make sure the human rights of people who may lack mental capacity to make decisions are protected. The DoLS are a code of practice to supplement the main MCA code of practice. Appropriate mental capacity assessments and best interest decisions had been undertaken by relevant professionals. This ensured that any decisions was in accordance with the Mental Capacity Act.

Care records were regularly reviewed and updated and showed that the person or their representatives had been involved in the planning of their care. They included people's preferences and individual needs so that staff had clear information on how to give people the support they needed.

The service was well led. People knew the manager and found them to be approachable and available in the home. Everyone living and working in the service had the opportunity to say how they felt about the home and the service it provided.

The provider and registered manager had clear systems in place to check on the quality and safety of the service provided and to put action plans in place where needed.

## 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.

The provider had systems in place to manage risks. Staff understood how to recognise, respond and report abuse or any concerns they had about safe care practices.

Systems and procedures for supporting people with their medicines were followed, so people received their medicines safely and as prescribed.

Staff were only employed after all essential pre-employment checks had been satisfactorily completed.

### Is the service effective?

Good ●

The service was effective

The manager had carried out the necessary Mental Capacity Assessments. (MCA), People's consent was obtained before support was provided.

People were supported with good nutrition and to access health care facilities when required during their stay.

### Is the service caring?

Good ●

The service was caring.

People were provided with care and support that was personalised to their individual needs.

Staff knew people well and what their preferred routines were.

People's privacy and dignity was respected and their independence encouraged.

### Is the service responsive?

Good ●

The service was responsive.

Information recorded within people's care plans was consistent and provided sufficient detailed information to enable staff to deliver care that met people's individual needs.

People were confident that they were listened to. Complaints and comments were responded to positively within the service.

**Is the service well-led?**

**Good** ●

The service was well-led

There was a positive, open and transparent culture where the needs of the people were at the centre of how the service was run.

The management team supported staff at all times and led by example.

Staff received the support and guidance they needed to provide good care and support.

The service had an effective quality assurance system. The quality of the service provided was regularly monitored and people were asked for their views.

# 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.

The inspection was undertaken by one inspector on 02 November 2016 and was unannounced.

Before our inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service. What the service does well and improvements they plan to make. We also reviewed information we had received about the service such as notifications. This is information about important events which the provider is required to send us by law. We looked at information sent to us from other stakeholders, for example the local authority and members of the public.

During the inspection process we spoke with three people who used the service, the registered manager and business administration assistant and four care staff. We also spoke by telephone with relatives of three people who used the service.

We looked at six people's care records, staff recruitment records, medication charts, staffing rotas and records which related to how the service monitored staffing levels and the quality of the service. We also looked at information which related to the management of the service such as health and safety records, quality monitoring audits and records of complaints.

# Is the service safe?

## Our findings

People confirmed they felt safe living in the service. One person said, "Yes, I feel safe the staff look after me like my family does." Relative told us they felt people were safe. One person said, "The staff are vigilant they make sure [relative] is safe at all times."

There were policies and procedures regarding the safeguarding of people. Staff had received training, and understood their roles and responsibilities to recognise respond to and report any incidents or allegations of abuse, harm or neglect. It was evident from our discussions with them that most staff had a good awareness of what constituted abuse or poor practice, and knew the processes for making safeguarding referrals to the local authority. One member of staff told us, "I would certainly have no hesitation in raising any concerns or issues I had about people's care." Our records showed that the manager was aware of their responsibilities with regards to keeping people safe, and reported concerns appropriately. There were key codes on external doors to prevent people from leaving the premises without staff being aware. The house was situated near a main road so this was necessary to ensure people's safety.

Risks to people were well managed. Care records showed that each person had been assessed for risks before they stayed at the service and all individual risks, such as relating to accessing the community or health risks had been identified and actions put in place to minimise the risk without limiting people's independence. Staff were able to talk about people's individual risks and how they worked with them to minimise them. For example, when accessing the community. The registered manager had appropriate procedures in place to identify and manage any risks relating to the running of the service. These included dealing with emergencies such as evacuation of the service in the event of a fire.

People were supported by sufficient numbers of staff to meet their needs safely. The registered manager and the Provider Information Return told us how they had assessed staffing levels to make sure there were enough to support people in a flexible way that met their individual needs. This was planned ahead depending on the number of people booked to use the respite service and the number of staff needed to meet people's needs. The registered manager told us they took advantage of the 'apprentice scheme' which had been extremely successful in that it offered a wider age range of staff to support the people that used the service. Staff spoken with confirmed there were enough staff to meet people's needs. Relatives told us that staff always made themselves available to meet them and to discuss any relevant matters and that they had never had any view that there were not enough staff.

We reviewed the arrangements for the storage and administration of medicines and saw that these were in line with good practice and national guidance. As the service provided short stay respite services only, every person brought their own medicines with them at the start of their visit. These were checked in by staff, recorded in a personal medicine plan maintained for each person and stored securely in a lockable safe in people's rooms. Staff told us, and records confirmed that only staff with the necessary training could access the medicines and help people to take them at the right time. At the end of their stay people took any remaining medicines home with them. The registered manager told us that, very rarely and despite regular reminders to relatives, someone might come without medicines in which case the GP would be contacted

and they would be collected from the local pharmacy.

Staff recruitment files demonstrated that the provider operated a safe and effective recruitment system. The staff recruitment process included completion of an application form, a formal interview, the provision of previous employer references, proof of identity and a check under the Disclosure and Barring Scheme (DBS). This scheme enables the provider to check that candidates are suitable for employment. People could be assured that their needs were being met by staff that had been assessed as safe and competent, with the necessary skills for the job role they had been employed for.

## Is the service effective?

### Our findings

Relatives told us that one of the great strengths of the service was that staff understood their sons' and daughters' individual needs and preferences. One relative told us, "Staff treat [my relative] as an individual. They know all of [my relative's] likes and recognise their moods. They help [my relative] to do activities that they particularly like."

Staff were confident in their ability to meet the individual needs of the people using the service. New members of staff received induction training when they commenced employment. This included shadowing an experienced member of staff. Staff told us and records showed, they received a varied package of training to help them meet people's needs. This included training in diabetes, manual handling, supporting people with learning disabilities and food hygiene. We saw that staff all held or were working towards a nationally recognised care qualification. The registered manager maintained a staff training plan for the year and kept records to show what training each staff member had completed and when refresher training was due.

On the day of the inspection all staff were receiving training in oral care. This training took place within the home by a visiting healthcare professional as all of the people staying at the service were all out at day care. After the training the staff were enthusiastic about putting their training into practice and the feedback was that they enjoyed the training and all felt they had learnt something.

Staff told us they were supported with regular supervision which included guidance on their development needs. Records we looked at confirmed this. Staff also had observations of their practice and were guided in how to improve their practice in areas if need be. One member of staff told us, "We have regular supervision's we can discuss any problems or issues and talk about training." Staff also attended staff meetings where they could discuss both matters that affected them and the care management and welfare of the people who used the service.

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. Care records confirmed that the management team carried out MCA assessments to consider people's ability to make day-to-day decisions. The registered manager demonstrated that they understood the processes to be followed to assess people's capacity.

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 and found that they were. For example, DoLS had been considered because of the fact that the front door had a key pad exit code.



Staff told us that they made sure people had as much choice and control over their lives as possible, for example in what to wear, what to eat, what activities to do and when to go to bed. Staff knew what steps needed to be followed to protect people's best interests. They also knew how to ensure that any restrictions placed on a person's liberty were lawful. We saw that staff were aware of the need to take appropriate advice if someone who used the service appeared to be subject to a level of supervision and control that might amount to deprivation of their liberty. One person we spoke to told us, "Staff always ask me if I want any help, sometimes I do, sometimes I don't."

People were supported and offered a choice of food and drinks to meet their nutritional needs. Staff knew people's preferences and clear information was contained within their care plans. People we spoke to told us they were asked what they would like to eat and confirmed that they enjoyed the food. One person told us, "They cook my favourite meal when I go and stay it is always nice." Relatives told us they had no concerns around food or nutrition and were asked for their input around their relative's likes or dislikes.

Relatives confirmed that people's healthcare needs were effectively managed and they were supported in gaining access to health professionals should they need to while staying in the service.

## Is the service caring?

### Our findings

People and their relatives told us that staff were kind and attentive to their needs. One person who used the service regularly said, "I love coming here. I like the staff and they take me out shopping I always want to come here." Relatives were also very positive about the care people received and the attitude of staff towards their loved one. One relative said, "I know I can leave [my relative] here and not worry. I trust them. [My relative] looks forward to respite and is never unhappy when I come to pick them up." Another relative told us, "I have no concerns about [my relative] coming here. They would let me know if they did not want to come then I would know something was wrong, but they can't wait to come. It's a real home from home."

Care records confirmed that people and their relatives were included in the initial assessment of their needs to ensure the service could meet them. Relatives told us that this continued and was reviewed for each stay. Staff were able to talk to us about people's families and other people who were important to them and information was included in the care plan.

There was a calm and relaxed atmosphere at the service. Staff explained that different people stayed at the service each week so they always refreshed their knowledge by reading a person's care plan each time they came to stay. One staff member explained how they developed positive caring relationships with people by using a "Friendly approach, we are like one family here" and "during assessment we get to know [people's] backgrounds and preferences." Another staff member told us they got to know people by getting "Information from the family and staff who know them." The service had a "keyworker" system. A keyworker is a staff member who is responsible for overseeing the care a person received and liaising with other people involved in a person's life.

People were supported by a consistent staff team many had worked in the service for a number of years and therefore staff had developed positive relationships with people and their families.

People's privacy was respected. All people their own personal space their bedrooms were lockable and staff confirmed that some people chose to keep a key and lock their door.

Staff demonstrated they were knowledgeable about how to use different methods of communication to offer choices to people who had difficulty expressing themselves. For example, one staff member said, "You can tell what they want to wear if you open the wardrobe or lay out their clothes out they can choose by touching or smiling if you hold the item up." Another member of staff said they used pictures to offer choices and still used words when talking to people who cannot communicate verbally.

The service had a policy about respecting a person's dignity which gave guidance to staff on the general principles and the factors that promote dignity when people receive care and support including choice and control and confidentiality. Staff were knowledgeable about ensuring the privacy and dignity of people using the service. One staff member told us they "Keep doors closed when helping with personal care and knock before going in their room." Another staff member told us "If they close the door we don't enter without knocking and waiting for a reply."

## Is the service responsive?

### Our findings

People received personalised care that met their needs. Relatives told us that communication was very good and the service was responsive in the care and support provided to their family member. One relative said, "The staff always ask us to update the information each stay and we are always given feedback after the stay."

Each person's needs were assessed and a person-centred plan developed to meet those needs. Records showed that people's care plans and risk assessments were reviewed and updated on a regular basis. This was then clarified along with the person or relative on each visit to ensure it was current and reflected the care that was needed during their stay.

If possible people were provided with the same room each stay to enable people to feel at ease. Staff told us that the manager also ensured that they took into account other people who were staying at the same time before agreeing to accommodate a person. For example, they would try to alleviate any unnecessary stress or anxiety to someone who may not be able to cope with certain noises or behaviours from others.

People told us they were able to take any items with them for their stay to make them feel at home for example, DVDs, music or photographs. Each bedroom was decorated to a high standard and looked homely.

Staff supported people to access the community and attend their regular day activities to try and keep their daily routine in place during their stay. Relatives told us that they were informed about activities and outings their relative had taken part in after each visit. We saw a large selection of games and arts and craft materials within the home which people could use to occupy themselves.

The service had a large conservatory with sensory lighting. The manager told us people liked to sit and listen to music with the lights on. There was also a large secure garden with space for people to wander or sit or take part in garden activities.

The service had policies and procedures in place for receiving and dealing with complaints and concerns received. We noted that complaints were logged and there was a clear process for acting on complaints and a record of what had been learned as a result of the complaint. This reduced the likelihood of repeated concerns being raised. People's relatives told us they had no complaints but if they did they would speak to the manager.

## Is the service well-led?

### Our findings

The service had a registered manager who was supported by a business administration assistant and they were both clearly visible within the service. The management team had a very good knowledge of all the people living there and their relatives. People, their relatives and staff were very complimentary of the management. One person told us, "[Manager] is always available to talk to we have a good relationship."

The registered manager was also responsible for overseeing another home which was owned by the same provider. When they were absent a senior staff member was responsible for overseeing the day to day running of the service. They told us they had the full support of the registered manager who was available by telephone to speak with if they had any concerns.

All staff were clear of their roles in meeting the aim of providing people with a safe, quality service. Each shift was led by a senior staff member who had overall accountability for the service during their shift.

There was an open and transparent culture at the service. Records showed that accidents and incidents were properly recorded and reviewed and changes were made to the service as a result of these. Staff were encouraged to contribute to the development of the service through staff team meetings and supervision. Staff told us, "We are always included and asked for our opinion about things; the staff here definitely have a voice." Staff had shift changeovers and any pertinent issues were handed over. The result of the most recent staff survey showed that staff felt respected and trusted to do their job.

The registered manager and provider had clear systems in place such as checks and audits to monitor and improve the quality of the service people received. Quality checks were carried out by the area manager to monitor the quality of the service provided and to provide supervision and support to the registered manager.

The manager attended regular meetings along with other managers where information and ideas were shared. Policies were also reviewed at these meetings.

People's views were sought through an annual satisfaction survey and the results were actively used to improve the service. These were consistently positive comments included, "The staff are excellent and go beyond the call of duty." And, "Minor issues are dealt with speedily very pleased with the service they offer a lifeline for me and my family."