The Tudors Care Home

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Inspection report

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Ratings

Overall rating for this service	Requires Improvement
Is the service safe?	Requires Improvement
Is the service effective?	Requires Improvement
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 November 2014 and 02 December 2014. The previous inspection took place on 19 and 20 June 2014, during which we found a number of breaches of the regulations. These breaches were in regulation 15, safety and suitability of premises, regulation 12, cleanliness and infection control, regulation 13, management of medicines and regulation 10, assessing and monitoring the quality of service provision. We asked the provider to make the improvements required. The provider told us that these improvements would be completed by 30 September 2014.

We found that the provider had made the required improvements except for regulation 13 management of medicines, where we found a continued breach.

The Tudors Care Home is a care home for up to 44 older people. It is registered to provide personal care but does not provide nursing care. The home offers

Summary of findings

accommodation over one floor in the unit for people living with dementia and over two floors in the residential unit. Each unit has single occupancy bedrooms and there are internal and external communal areas, including lounge/dining areas and a garden for people and their visitors to use. There were 41 people living in the home at the time of our visit.

At the time of this inspection there was not 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) and report on what we find. We found that there was a lack of formal systems in place to assess people's capacity for decision making. This meant that people's rights were not being protected as no applications had been made to the authorising agencies for people who needed these safeguards.

We saw that people who lived in the home were assisted by staff in a respectful way that also supported their safety. People had care and support plans in place which documented their needs. These plans gave staff guidance on any assistance a person needed as well as their individual choices and preferences.

Risks to people were identified and plans put into place by staff to minimise these risks and enable people to live as safe and independent life as possible. However, not all risk assessments were up to date.

The service had made improvements since the previous inspection as there were now better arrangements in place for the management and administration of people's prescribed medication. However, improvements were still required as records which documented the time medication was administered was not always completed which meant that there was a risk of medication being given too soon after the previous dose or too far apart. We also found that there were no formal capacity assessments in place for people given their medication disguised in their food and/or drink.

We observed that staff cared for people in a caring and warm manner. We saw staff using distraction as a technique to calm people down when they were becoming increasingly anxious.

Staff were trained to provide safe and effective care which met people's individual support needs. They understood their role and responsibilities and were supported by the manager to maintain their knowledge and skills by supervision, appraisals and training. Staff told us that there was an open culture within the home and this was confirmed by our observations during our visit.

Relatives we spoke with told us that they were able to raise any concerns or suggestions they might have with the staff or manager and that action had been taken when they had raised a concern.

There were quality monitoring systems in place to identify areas for improvement. We saw that there were actions plans/ work in progress in place to implement the improvements required.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of the report.

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?

Requires Improvement

The service was not always safe.

The service had improved arrangements in place to manage and administer people's prescribed medicines safely. However, records held around the timings of some medicine administration and medicine given disguised in food/drink required improvement.

People had individual risk assessments undertaken in relation to their identified health care and support needs. However, not all risk assessments were up to date.

People's care and support needs were met by a sufficient number of staff on duty. Staff were recruited safely and trained to meet the needs of people who lived in the home.

Staff were trained and knowledgeable on how to recognise the signs of abuse. They knew how to respond to and report any concerns that they may have, to reduce the risk of abuse occurring.

Is the service effective?

Requires Improvement

The service was not always effective.

Staff were aware of their responsibilities, but had not actioned the appropriate legal applications required where a person was found to lack capacity to make their own decisions, particularly around their freedom of movement.

People and their relatives were involved in the planning of care and support needs. However, this involvement was not always documented.

People's nutritional health and well-being was monitored by staff and any concerns were acted on.

Is the service caring?

Good

The service was caring.

People and their relatives were positive about the care and support provided by staff.

Staff encouraged people to make their own choices where possible about things that were important to them.

People's privacy and dignity was respected.

Is the service responsive?

Good

The service was responsive.

People were supported to take part in their choice of hobbies and interests.

Summary of findings

People's care was assessed, planned and evaluated.

There was a system in place to receive and manage complaints.

Is the service well-led?

Good

The service was well-led.

There was no registered manager in place at the time of our visit. The newly appointed manager had submitted an application to register.

There was an open culture within the home.

Quality monitoring systems were in place to identify areas of improvement and actions plans were in place make the identified improvements.

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 inspection took place on 28 November and 02 December 2014 and was unannounced.

This inspection was completed by two inspectors, a pharmacist inspector and an expert by experience. An expert by experience is a person who has personal experience of caring for someone who uses this type of care service. Before the inspection, we asked the provider to complete and return 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 any improvements they plan to make. The provider completed and returned the PIR form to us and we used this information as part of our inspection planning.

We looked at other 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 looked at the local authority reports from their recent visits to the service.

We observed how the staff interacted with people who lived in the home. 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 five people who used the service and six relatives. We also spoke with the acting regional manager, manager, deputy manager, four care staff, chef, laundry person, two domestic workers, maintenance and administrator. We received feedback about the service from a community nurse and a social worker who were visiting the home on the day of our inspection.

As part of this inspection we looked at five people's care records and records of staff induction, training and supervisions. We looked at other documentation such as quality monitoring information, complaints and compliments, staffing rotas, medication administration records and the homes business contingency plan.

Requires Improvement

Is the service safe?

Our findings

We found that the service had improved arrangements in place for the safe management of people's prescribed medication. Medicines were stored safely and at the correct temperature. Improvements had been made to records of when medicines were received into the home, and when they were disposed of. However, we found that when medication was given at a different time to the time recorded on the medication administration record (MAR), the actual time it was given was not recorded. This meant that there was a risk that medicines could be given too close together. We also found that where people were unable to consent to their medicines being given to them disguised in food and drink, there was no documented capacity assessment in place. Staff training and competency checks were carried out on staff who were authorised to administer medication and this assured us that people would be given their medicine by qualified and competent staff.

This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

People living in the home and relatives told us that they felt safe or felt their family member was safe. One person told us, "Yes, it's safe here, there is always someone around." A relative said, "I come in at different times and [family member] is always safe." Another relative told us, "It's safe; I don't have any worries with [family member] here."

People had individual risk assessments undertaken in relation to their identified health care and support needs. We saw that specific risk assessments were place for, but not limited to; people at risk of falls, moving and handling, dehydration, poor skin integrity, weight loss and the use of bedrails. These risk assessments gave guidance to staff to help support people to live as independent a life as possible and assisted them to monitor people at risk and to respond promptly to any concerns. However, we found that although the majority of records had been reviewed by staff, not all risk assessments were up to date to reflect people's current care and support needs. This meant that there was a risk of inappropriate or unsafe care being provided. We spoke to the manager about this at the time and they told us that they were currently undertaking a complete review of people's care records to ensure that they reflected people's current care and support needs.

We looked at the staff rotas and noted that these confirmed the levels of staffing seen working on the day of this inspection. We spoke to the manager about people's individual dependency needs recorded within their care records and how they used this information to determine safe staffing levels within the home. The manager confirmed that they used this information to plan the number of staff required per shift to provide a safe service. Staff we spoke with and our observations confirmed that people were supported by sufficient numbers of staff. Staff were seen to assist people in an unrushed and patient manner in a timely way. Some relatives we spoke with during this inspection told us that they felt the home could benefit from more staff. One said, "The biggest improvement they could make would be to increase the number of staff, sometimes there are only two or three at most to a roomful and they can't get around them."

Staff we spoke with demonstrated to us their knowledge and were clear about their responsibilities on how to identify and report any suspicions of abuse. They confirmed to us that they had received safeguarding training within the last twelve months. We also saw that information on how to report abuse was available throughout the home for staff to refer to if they needed to.

Staff said that they thought pre-employment checks were carried out on them prior to them starting work at the home. Staff recruitment checklists we looked at confirmed this. This demonstrated to us that there was a system in place to make sure that staff were only employed if they were deemed suitable and safe to work with people who lived in the home.

The home during our visit was visibly clean and tidy. Staff we spoke with confirmed to us that they used protective gloves and aprons when assisting people with personal care and that they changed this equipment after each use. This showed us staff had access to this personal protective equipment to reduce the risk of spreading 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 the daily spot checks carried out by the house keeper to make sure that these schedules were being followed. Staff were aware of the appropriate process for dealing with soiled laundry to help prevent the spread of infection.

Requires Improvement

Is the service safe?

We found that people had a personal emergency evacuation plan in place and that there was an overall business contingency plan in case of an emergency. This document gave a list of emergency contacts and their details. This demonstrated to us that there was a plan in place to assist people to be evacuated safely in the event of a fire or other emergency.

Requires Improvement

Is the service effective?

Our findings

We spoke with the 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 and understood that they needed to safeguard the rights of people who were assessed as being unable to make their own decisions. However, we found that no applications to the supervisory body had been made by the manager in recent months in line with current guidelines.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

There was evidence in one care record that showed that the person had formal legal representation in the form of a power of attorney. A power of attorney helps people with making choices around financial decisions or care and welfare decisions when they had been assessed as being unable to make these decisions for themselves. This meant that where this person has been assessed not to have this mental capacity, they had legal representation in place to help them make these choices.

A community nurse we spoke with told us that staff followed advice provided by them to help people with specific health care and support needs. Evidence of this in a care record showed a person's pressure sore had reduced in size and was healing. The nurse told us that staff were quick to involve external health care professional if they had any concerns about people's health. This was confirmed by people and relatives we spoke with who told us about visits to people living at the home from the GP surgery, opticians, chiropodists and dentists.

Staff were knowledgeable about people's individual care and support needs. Staff told us about the range of training they had completed to make sure that they had the skills to provide the individual care and support people needed. Competency checks were carried out by management on staff for example on the administration of prescribed medication. This showed us that the manager had an effective system in place to monitor staff training and competencies.

Staff told us that they were supported by receiving regular supervisions and records showed that they were due to be appraised. We also saw that new staff were supported with a comprehensive induction process. This included shadowing a more senior member of staff before they were deemed confident and competent to work on their own delivering care and support.

We carried out a SOFI during lunchtime on the dementia unit. We saw that staff encouraged people to eat their meals and we saw that people were offered different meal options by staff in an attempt to persuade people to eat. A person we spoke with said, "If you haven't got enough [food], just say and you always have some more."

The chef told us that they held a regular meeting with the manager to discuss people's weight loss so a special calorie rich diet could be implemented and monitored. A trolley with snacks was taken round the home at different times of the day. We also saw that fresh fruit and snacks were also available throughout the day for people to choose from. One person we spoke with said that, "I can have breakfast when I want to and if I want to go back to bed at 1030am and have a lie down then I can do that too." Another person told us that, "I have breakfast when I'm ready." A relative we spoke with told us that, "The food is OK, I eat here sometimes so I know."

External health care advice had been sought by staff for people at risk of weight loss or at risk of choking when swallowing. A relative confirmed to us that, "The dietician comes if people need soft food or a special diet." We saw that people were provided with soft texture diets, thickened drinks and fortified food and that their weight was monitored by staff. However, we found that the daily food diary completed by staff to record the amount of food people had eaten, did not document people's exact food intake. This meant that these records did not provide a true record to monitor the person's intake.

The manager told us that improvements had been made to the maintenance and decoration of the building and environment since the last inspection. The manager said that they had consulted people living at the home and their relatives about the new decoration and this was noted in the residents and relatives meeting minutes we looked at and confirmed by relatives and staff we spoke with. Communal areas such as lounge/dining area and bathrooms had been refitted and redecorated and were now in good decorative order.

Good

Is the service caring?

Our findings

People and relatives of people who lived in the home had positive comments about the care and support provided. We saw that staff gave people a choice and respected the choice they made. We observed during lunchtime that people were encouraged by staff to use either of the two dining rooms to eat their lunch or to eat their meal in the living room if they wished. Our observations showed us that people's choice was listened to by staff and respected. A person said that, "Staff respect my views. I don't want to join in with the other people who live here. I have my own visitors and I am happy with that." A relative told us that, The staff are brilliant. I would be upset if the council wanted to move [family member], and, "[Family member] likes it here."

Staff were caring when people became anxious or upset. One member of staff took the time to support and care for a person who had become very upset and offered them reassurance. Another member of staff used distraction as a technique to successfully calm people down when they were becoming increasingly anxious.

People's privacy was respected by staff. Throughout the day we saw that staff knocked on people's doors and waited for permission to go in before entering their room. We saw that people were dressed appropriately for the temperature within the home and in a way that maintained their dignity.

Care records showed that staff reviewed and updated care and support plans every month. However, there was no documented evidence that people or their appropriate next of kin were involved in these reviews. Although a relative we spoke with told us that they were, "Very involved in the care plan at every stage."

Staff encouraged people to do as much for themselves as they were able to. We heard one person asking to help in the laundry and their help was welcomed by the staff member they were going to assist. To also assist with people's independence and safety, some people had equipment in place to help with this, such as care call bells and mobility equipment. Staff were aware of which people needed additional support to maintain their independence. One person said that if they needed assistance from staff, "I'd just shout."

Advocacy information for people and their relatives was available in the service user guide to refer to if needed. Advocates are people who are independent of the service and who support people to make and communicate their wishes. At the time of this inspection no one was currently using this service.

Good

Is the service responsive?

Our findings

People and relatives we spoke with told us that they felt there could be more activities and social events within the home. One relative said, "Activities, we need more activities morning and afternoon. I know some people like quiet time but not everyone and not for hours." This was confirmed by a person living at the home who told us, "No activities during the day and I get bored sometimes." Another person said, "They used to come and do things [activities], but not now." The manager told us that they were currently part way through the process of recruiting a full-time activities co-ordinator. Some activities for people living at the home had been organised in the coming weeks such as carol singing, a Christmas fayre and a pantomime. We also saw that staff were encouraging people to play dominos, make pom poms, read newspapers and continue with their knitting. A hairdresser was also available and we heard a staff member comment to a person who had just had their hair done, "Your new hairdo is lovely, good idea to go to the hairdressers today."

The manager told us that they were currently working on establishing links with a local church and dementia care Peterborough. Care records showed that people were supported where appropriate to go out with their relative. One relative we spoke with told us that staff enabled them to take their family member out on visits to their home. A person told us, they were supported by staff to attend church with their family. They also said, "People can come and go as they want."

Relatives confirmed that there was no set visiting hours for them to visit. We saw that visitors were welcomed into the home by staff. This meant that people were supported to maintain contact with their relatives and friends.

Pre admission assessments were in place to ensure that people's needs could be met by staff. Care plans were evaluated regularly and were up to date or in the process of being updated in line with improvements being carried out by the manager. Staff told us that they spoke with people and their relatives to find out what was important to them and how they wish to be cared for so staff could respond accordingly. We saw a staff member sat with a person who used the service discussing and agreeing their personalised care and support needs and likes and dislikes.

We spoke to the chef about whether the service would be able to respond if a person had any special cultural dietary requirements. The chef said that if a person moved into the home with these requirements they would be able to react promptly and cater for the individual's diet. This showed us that the service was able to consider and respond to people's individual cultural needs.

People's compliments and complaints were used to inform the services on-going quality monitoring system. People who lived in the home and their relatives told us that if a concern was raised with staff it was resolved satisfactorily and gave us a few examples of when this had happened.

Staff confirmed what action they would take if a person raised a complaint or concern to them. They told us that they would raise these concerns with the manager. Records of recent complaints showed that action had been taken to address the issues raised. This meant that people could be assured that their concerns and complaints would be managed in line with their policy.

Good

Is the service well-led?

Our findings

At the time of our inspection there was not a registered manager in place. A new manager had been recruited and had submitted an application to the Care Quality Commission to be registered.

People, relatives and staff made positive comments about the new manager and the improvements they were making to the home. A relative we spoke with told us of an occasion when they had made a suggestion to the manager about some lighting in one of the units and the manager had reacted immediately and dealt with it straight away.

Staff told us that there was an open culture and that this was because the manager listened to what they had to say and gained their respect. Staff said the manager was accessible if they needed support or to raise any suggestions/ concerns.

Relatives told us that they could attend meetings to discuss and receive updates on what was going on with the service. They said that these meetings had not always been well attended in the past, so the manager had changed the date to a weekend to encourage and enable relatives to come along. We saw evidence of action taken by the manager in response to a suggestion raised by relatives at one of these meetings to move furniture around in the residential units lounge /dining area.

Surveys for people, their relatives and staff were sent out to gather opinions on the quality of the service. Reports had been produced by the manager which collated the feedback received, and showed positive comments about the service and action plans had been put in place to address the issues raised. This gave people, relatives and interested parties the opportunity to have their say in how the quality of the service could be improved.

Staff told us they had the opportunity to express their views via staff meetings. Staff felt supported by the manager of the home and said that they were very approachable, assessable and that communication was good. One staff member told us that in their opinion the new manager was the best manager the home had ever had and that staff morale was the best it had been.

The 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 manager had an understanding of the registered manager role and what the role entailed.

Staff we spoke with understood their roles and responsibilities to people who lived in the home. They knew the lines of management to follow if they had any concerns to raise and they demonstrated their knowledge and understanding of the whistle-blowing procedure.

The manger had implemented a new quality monitoring process. This had already identified areas of improvement required, such as the improvement needed on people's prescribed medication administration records. They confirmed to us that they had found through a recent audit they had carried out on people's care records that these records used a mixture of old and new paperwork and as such could be confusing for staff to refer to. We saw that they were in the process of updating these records, and removing old and out of date records to archive, but this activity was still on going and had not yet been completed by staff. This indicated to us that action was being taken to improve these areas of the service requiring improvement.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010 Consent to care and treatment How the regulation was not being met: The provider could not produce robust documented evidence to show us that following mental capacity assessments, applications had been submitted for people who used the service who were at risk of being deprived of their liberty.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines How the regulation was not being met: The provider could not produce robust documented evidence to show that medication was not administered too close together and that there were appropriate records in place to record the capacity of people who were administered their medication disguised in food/drink.