Jaffray Care Society

Tudor Gardens

Inspection report

27-29 Tudor Gardens
Erdington
Birmingham
West Midlands
B23 6FD

Tel: 01213863073
Website: www.jaffraycare.com

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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

This inspection took place on 8 March 2016. This was an unannounced inspection.

At the time of our last inspection in December 2013, Tudor Gardens was found to be meeting all of the essential standards relating to the quality and safety of care.

Tudor Gardens provides accommodation and personal care for up to 15 people who require specialist support relating to their learning and physical disabilities. At the time of our inspection, there were 15 people living at Tudor Gardens.

There was 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.

The service was safe because people were protected from the risk of abuse and avoidable harm and staff were aware of the processes they needed to follow.

People were supported by enough members of staff to meet their needs.

People received their prescribed medicines as required.

The service was effective because people received care from staff who had received adequate training and had the knowledge and skills they required to do their job effectively.

People received care and support with their consent, where possible and people's rights were protected because key processes had been fully followed to ensure people were not unlawfully restricted.

People's nutritional needs were assessed and monitored to identify any risks associated with nutrition and hydration and they had food they enjoyed.

People were supported to maintain good health because staff worked closely with other health and social care professionals when necessary.

The service was very caring because people were supported by staff that were very kind and caring.

People received the care they wanted based on their personal preferences and likes and dislikes because staff were dedicated and committed to getting to know people well.

People were cared for by staff who protected their privacy and dignity.

People were encouraged to be as independent as possible and were supported to express their views in all aspects of their lives including the care and support that was provided to them, as far as reasonably possible.

The service was very responsive because people and their relatives felt involved in the planning and review of their care because staff communicated with them in ways they could understand.

People had an enhanced sense of well-being and quality of life because staff actively encouraged and supported them to engage in group and individual activities that were meaningful to them.

People were supported to maintain positive relationships with their friends and relatives and shared celebrations within the local community.

People were encouraged to offer feedback on the quality of the service and knew how to complain.

The service was very well led because the provider had clear visions and values that promoted a positive, person-centred culture within Tudor Gardens.

Relatives and staff reported the registered manager to be a positive role model who was dedicated to providing a high quality service.

Staff felt supported and appreciated in their work and reported Tudor Gardens to have an open and honest leadership culture.

The management team endeavoured to improve and develop the service and therefore had systems in place to assess and constantly monitor the quality of the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People were protected from the risk of abuse and avoidable harm because staff were aware of the processes they needed to follow.

People were supported by enough members of staff to meet their needs.

People received their prescribed medicines as required.

Is the service effective?

Good

The service was effective

People received care from staff who had received adequate training and had the knowledge and skills they required to do their job effectively.

People received care and support with their consent, where possible, and people's rights were protected because key processes had been fully followed to ensure people were not unlawfully restricted.

People's nutritional needs were assessed and monitored to identify any risks associated with nutrition and hydration and they had food they enjoyed.

People were supported to maintain good health because they had access to other health and social care professionals when necessary.

Is the service caring?

Good

The service was very caring.

People were supported by staff that were very kind and caring.

People received the care they wanted based on their personal preferences and dislikes because staff were dedicated and committed to getting to know people.

People were cared for by staff who protected their privacy and dignity

People were encouraged to be as independent as possible and were supported to express their views in all aspects of their lives including the care and support that was provided to them, as far as reasonably possible.

Is the service responsive?

Good

The service was very responsive.

People and their relatives felt involved in the planning and review of their care because staff communicated with them in ways they could understand.

People had an enhanced sense of well-being and quality of life because staff actively encouraged and supported them to engage in group and individual activities that were meaningful to them.

People were supported to maintain positive relationships with their friends and relatives and shared celebrations within the local community.

People were encouraged to offer feedback on the quality of the service and knew how to complain.

Is the service well-led?

Good

The service was very well led.

The provider had clear visions and values that promoted a positive, person-centred culture within Tudor Gardens.

Relatives and staff reported the registered manager to be a positive role model who was dedicated to providing a high quality service.

Staff felt supported and appreciated in their work and reported Tudor Gardens to have an open and honest leadership culture.

The management team endeavoured to improve and develop the service and therefore had systems in place to assess and constantly monitor the quality of the service.

Tudor Gardens

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 8 March 2016. The inspection was conducted by one inspector.

Before the 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 any improvements they plan to make.

As part of the inspection we looked at the information that we hold about the service prior to visiting the location. This included notifications from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law. We also received feedback from the local authority with their views about the service provided to people at Tudor Gardens.

During our inspection, we spoke or spent time with ten people who lived at the home, three relatives and eleven members of staff including the registered manager, a night manager, two deputy managers, three senior carers, two support workers, a member of the maintenance team and a member of staff from Human Resources. Some of the people living at the home had complex care needs and were unable to tell us about the service they received. Therefore we used a tool called the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We reviewed the care records of two people, to see how their care was planned and looked at the medicine administration records as well as observed a medication administration round. We looked at training records for staff and at three staff files to look at recruitment and supervision processes. We also looked at records which supported the provider to monitor the quality and management of the service, including health and safety audits, medication administration audits, accidents and incident records and compliments and complaints.

Good

Is the service safe?

Our findings

Relatives we spoke with told us that they were happy with the care their loved one received at Tudor Gardens and that they were satisfied that their relatives were safe. One relative told us, "She [person] is certainly safe and well cared for". Another relative said, "I have never had any concerns about the way he [person] is looked after; he is definitely safe there". A third relative told us, "We couldn't be happier; we know she [person] is well looked after". Throughout the inspection we saw that people looked relaxed and comfortable in the presence of staff. We saw that staff acted in an appropriate manner to keep people safe.

All of the staff we spoke with felt that people were kept safe at the home and that the provider supported them to maintain people's safety. Staff we spoke with knew what action to take to keep people safe from the risk of abuse and avoidable harm. One member of staff told us, "We have safeguarding training which is mandatory; if I noticed anything untoward I would report it to management or if I felt I needed to I would raise it with social services or CQC myself". Another staff member said, "If a person seemed withdrawn, or I noticed a change in their behaviour or any physical signs like bruising, I would report it straight away to the person in charge or the [registered] manager and make sure it was recorded objectively." Records showed that staff had received safeguarding training and they were knowledgeable in recognising signs of potential abuse; staff knew how to escalate concerns about people's safety to the provider and other external agencies. The registered manager was also aware of their roles and responsibilities in raising and reporting any safeguarding concerns. Information we hold about the provider showed us that there had not been any safeguarding concerns raised since their last inspection.

Staff we spoke with knew how to protect people from risks associated with their health conditions and were aware of what action they needed to take in an emergency. One member of staff told us, "[person] has been close to end of life a few times but credit to the staff for recognising physical illness soon and getting medical assistance quickly". Another member of staff said, "Some of the people here have seizures and we know how to manage these, but we also know what is typical for a person and when we need to get emergency services". During our inspection, we saw one member of staff sitting with a person after they had eaten. The member of staff told us, "He [person] loves to lie down but we have to encourage him to stay sitting for half an hour after he has had anything to eat or drink because he is at risk of aspirational pneumonia".

Records we looked at showed that people had risk assessments in their care files which were specific to their care needs. These included moving and handling, pressure care, medication and nutritional risks. The risk assessments detailed what actions staff needed to take in order to reduce any potential risks and how to respond when required. For example, we saw that one person was at risk of low sodium levels if they drank too much. This person's risk assessment and care plan provided guidance to staff on how to manage and record their fluid intake and what action to take if they suspected the person was becoming physically unwell. Staff said these documents were useful but also reported that most of the people had lived at Tudor Gardens for a long time and therefore staff had got to know their individual needs and what they needed to keep them safe.

Relatives we spoke with told us they thought there was always enough staff available to meet people's needs. One relative told us, "There seems to be enough staff". Another person said, "The staff are very good and there is always plenty of them". We saw staff were available for people at all times throughout the day and no one had to wait for their care and support to be provided. Staff we spoke with did not raise any concerns about the staffing levels in Tudor Gardens. One member of staff told us, "We are never short of staff; we cross cover the bungalows and people will always offer to cover shifts or come in at short-notice if we need them to". Another member of staff said, "We like to make sure there is enough staff available so if someone wants to go out we can accommodate it". We also saw that one person had been admitted to hospital following deterioration in their physical health and the registered manager told us "We always send a member of staff to the hospital to be with him [person] to offer support and familiarity."

We were told that all of the people living at Tudor Gardens required support to take their medication and that only staff that had received training administered medicines in the home; these included deputy managers and senior carers. We observed one medication round during our inspection. We saw both a deputy manager and a senior carer administering medicines to people safely and the staff were responsive to people's individual needs and preferences when taking their medication. For example, we saw the staff offer a person their medication in the lounge area which they refused to take. The staff told us that this person can be quite shy and sometimes he prefers to take his medication in the privacy of his own room; they invited him to his bedroom and offered him the medication again, which he happily accepted.

We saw that medications were stored appropriately and staff were aware of the disposal policy for unwanted or refused medication. Processes were in place to identify missed medication early and there was a good rapport between the provider, GP and local pharmacy to ensure people received their medication on the day it was prescribed.

We saw the provider had a recruitment policy in place and staff had been appropriately recruited via a formal interview, references, and a Disclosure and Barring check. The Disclosure and Barring Service (DBS) helps employers make safer recruitment decisions and prevent unsuitable people from working with people who require care. Staff we spoke with told us they had completed a range of pre-employment checks before working unsupervised. The registered manager told us, "There is a probation period for all new starters and for staff who have recently changed roles; to make sure they are safe and well supported in their work".

Good

Is the service effective?

Our findings

Relatives we spoke with and records showed that the staff that provided care had the knowledge and skills they required to do their job. One relative told us, "The staff are excellent". Another relative said, "They are very good at caring for them [people]". One member of staff we spoke with said, "We do lots of training and it's always very good; sometimes it's internal because [registered manager's name] is trained to do it, or sometimes it's an external company but it's all good". We saw that the provider kept a training matrix which detailed the dates when staff had completed various training as well as a rolling programme of updates that staff were registered to undertake throughout the year. This meant that the provider knew when staff were due any refresher or additional training and ensured that this was facilitated.

We were told and records showed us that the provider offered regular team meetings and supervision to staff and they felt supported in their jobs. One member of staff told us, "We are very supported in our work; we are encouraged to ask questions and learn new skills". Another member of staff said, "As a senior carer I have supervision from the deputy manager and I supervise the support workers; I find them very useful". A third member of staff confirmed this and said, "Yes, we all get supervision and we can go directly to the manager if we want to". Another staff member told us, "We have team meetings monthly which are good; we always see outcomes of anything that's raised".

It was evident when speaking to the registered manager and the staff they had an understanding of the Mental Capacity Act 2005 (MCA). The MCA 2005 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. Staff we spoke with confirmed they had received training on the Mental Capacity Act (2005) and were able to give examples of how they worked within these legal parameters and protected people's rights and the need for consent. One member of staff told us, "We try to involve people as much as we can and we know them and their communication needs well; but if we have to, we involve family and advocates". Another member of staff said, "We can see what people like or dislike or what they want and need from the noises they make, the actions they take or their facial expressions".

Deprivation of Liberty Safeguards (DoLS) requires providers to identify people in their care who may lack the mental capacity to consent to care and treatment. They are also required to submit an application to a 'supervisory body' for the authority to deprivation of a person's of their liberty in order to keep them safe, for example. The provider was able to articulate their understanding of DoLS and was aware of their responsibilities. We saw that where DoLS applications had been submitted, copies of the forms were in place and where people had a DoLS authorisation, this was including in their care files with a care plan detailing why and staff were aware of what this meant for people. One care plan stated that staff were to continue to encourage the person to make everyday decisions. This ensured any decisions made on behalf of people were made in their best interest and was done so lawfully.

Staff we spoke with told us that they prepared all the meals on site and they offered people the food and

drinks that they enjoyed. One member of staff told us, "Every morning we allocate roles and this includes the kitchen duty; that member of staff is then responsible for preparing meals". Another member of staff said, "We cook all fresh food and try to offer a variety; but we know what people like and they can have anything they want unless there is a medical reason why they can't and this would be catered for". We saw that people were supported to be independent in the kitchen and some people assisted staff with the preparation of meals, where possible. We also saw that staff offered snacks and drinks throughout the day to people who were unable to help themselves.

Staff we spoke with told us that there were no set meal times at Tudor Gardens and that meal times were based on individual people's daily routines. We saw that staff in each of the bungalows prepared main meals for people at different times depending on their needs. We observed a meal time in one of the bungalow's where three people ate together. We saw that people's individual needs were catered for at meal times. For example, we saw one person was given a small meal initially and then staff added more to it as he ate. The staff member told us, "He gets overwhelmed if there is too much on his plate, so we make sure there is enough but give it to him in stages". We also saw another person decline to eat what had been prepared for him and staff offered him an alternative which they knew to be his favourite. We saw people were given adapted cutlery and crockery to enable them to maintain their independence and staff offered assistance to people who needed it. We also saw that staff were patient with people and did not rush them to finish their meals; staff did all they could to encourage people to eat with meaningful interactions throughout.

We saw that nutritional assessments and care plans were in place for people. These detailed people's specific needs and risks in relation to their diet. We saw that where people were at high risk associated with their diet or fluids they were referred to the appropriate medical professionals. Staff we spoke with told us, "Some people have special dietary requirements; for example [person's name] has one drink every hour and has a healthy eating plan which was guided by health professionals". We saw evidence of this in the person's care plan.

We found that people living at Tudor Gardens had access to doctors and other health and social care professionals. One person told us they see a nurse by pointing to the symbol of a nurse on their communication board. A relative we spoke with told us, "They [people] see the doctor if they need to, and if [person] is taken unwell and goes in to hospital they inform me immediately". Records we looked at confirmed that people were supported to maintain good health and to attend any medical appointments they were sent. We also saw that any health care concerns were followed up in a timely manner with referrals to the relevant services. The registered manager told us, "We have a really good relationship with the GP; any concerns we just call them and they come straight out. We also have a chiropodist visit every six weeks, and an instructor from Fun Fitness comes every Tuesday to do physical fitness with people; it is specially designed for people with physical and learning disabilities". During our visit, we saw people receiving and enjoying aromatherapy massages from a therapist who visited Tudor Gardens every Tuesday.

Good

Is the service caring?

Our findings

There was a strong and visible person-centred and caring approach to all aspects of the care and support people received at Tudor Gardens and relatives we spoke with told us that the care their loved ones' received was, "Outstanding" and, "Exceptional". One relative we spoke with told us, "It's outstanding; we couldn't wish for a better place, we were lucky she was placed there". Another relative said, "It's exceptional, fantastic; we couldn't be happier". A third relative told us, "I can't speak highly enough; it's excellent! I hope it's there when I need it!"

People who used the service and those that mattered to them were consistently positive about the caring attitude of the staff and the relationships that were formed between the people living at Tudor Gardens and the staffing team. When we asked one person about the staff, they used sign language and pointed to a symbol to say, "My friends". A relative we spoke with told us, "I see the staff when I visit; they are great with her [person]". Another relative said, "The staff are so kind, caring, cheerful and happy; they are very helpful". A third relative told us, "The staff are very caring; they make us feel very welcome when we visit; nothing is too much trouble".

During our inspection we observed staff interacting with people with warmth and compassion. We saw that staff adapted their communication and interaction skills in accordance to the needs of individual people. For example, we saw staff used touch effectively to engage with people, to help reassure them and to offer comfort. One member of staff told us that one person loved hugs and enjoyed their head being stroked for comfort and reassurance. Staff were also aware when people did not respond well to physical contact and made visitors aware of this.

Staff we spoke with had a good understanding of people's needs and we found that people received their care and support from staff that took the time to get to know and understand their history, likes, preferences and needs. They said, "We have all worked here a long time, so we have been able to grow with people so we know them really well". Another member of staff said, "We have watched [person] grow in to a man; we have seen how his interests and needs have changed over the years; it's incredible to be a part of that and a pleasure to care for him". Records we looked at showed that people had a life history book called 'This is me' and that this was updated when new information about a person or their preferences changed. One member of staff told us, "Eventually, we would really like to develop this further and use it as a visual diary, where we insert a new page every six months as a nice way of seeing what people have done and achieved".

We also found that staff understood the importance of finding the best way to communicate with people according to their individual needs and demonstrated advanced communication skills in all of their interactions. One member of staff said, "People may not be able to verbally tell us what they want, but we know them well enough to know how to communicate with them and they can still make choices and be involved". Another member of staff told us, "[person's name] uses a communication chart; we point to certain things and he uses the symbols to respond to tell us what he wants or how he is feeling". A third member of staff said, "We can see what people like or dislike or what they want from the noises they make, the actions they take or their facial expressions".

Discussions we had with the staff demonstrated to us, their dedication and commitment to providing the best standard of care they could to people who lived at Tudor Gardens. One member of staff told us, "I love my job, I love caring for the people that live here; they are all such wonderful people with their own unique personalities". Another member of staff said, "Working here is a pleasure; if ever you are feeling down, you just come to work and the people we care for are just so amazing; it's never a dull day here". A third member of staff told us, "I am due to retire next year; but I won't be; I couldn't imagine not working with or seeing the people who live here; I'll volunteer if I have to". We saw staff smiling, laughing and dancing throughout the day; always offering help and interacting with people and supporting each other.

Relatives told us and care files we looked at showed us that staff ensured that people were involved in making choices and decisions about their care and that where possible, care was provided to people with their consent. One relative told us, "They are great; they include everybody including us when anything changes". Another relative told us, "Oh, it is most definitely always up to [person] what she does; she bosses the staff around and tells them what she wants!"

During our inspection, we saw staff offering choices to people in a way they would understand and in doing so promoted their independence. For example, we saw one member of staff show a person different food options and they chose which one they wanted by starting to eat their preferred option and pushing the other away. We also saw a member of staff offer an apron to a person to protect their clothing whilst they were eating. They told the person to take it off if they didn't want it on and we saw the person take off the apron; the member of staff validated and acknowledged their response by thanking the person and removing the apron. A staff member we spoke with said, "We know how important it is to encourage people to do as much as they can for themselves; to keep their minds active and for their self-esteem". Another member of staff told us, "We provide all of their care and I think if they can help us and show or tell us how they like things done, it gives them a sense of control and independence". This was reflected in people's care plans. One care plan we looked at informed staff of how important it was to promote a person's independence and it gave ways they could do this. For example it read, "[person's name] requires verbal and physical prompts to wash his face; he likes to have a go himself but may need a little bit of support from staff".

We saw staff treated people with dignity and respect. One person required re-positioning and personal care; we saw two members of staff knock on their bedroom door and gently approach the person, explaining to them what they were going to do. One staff member informed the person that they would shut the door and curtains to maintain their privacy. Records we looked at confirmed that the provider ensured dignity and respect was maintained at all times. For example, we saw in one person's care plan it described the support a person required when they were menstruating and how important it is for female staff to provide this support, with discretion and reassurance.

We also saw that the provider supported people to express their individuality and staff were aware of how they could promote equality and diversity within Tudor Gardens. A relative we spoke with told us, "His personality shines through, even the clothes they buy for him are great; it's [person's name] all over! They are so very caring". One member of staff we spoke with said, "You will see that no room is the same; people choose how they want their rooms decorated". Another member of staff said, "If you knew a person, you would easily find their room without asking! They are all very unique". We were told that people were taken shopping to choose their furniture and to select their colour scheme and we saw rooms were consistently personalised and reflected their interests, likes and dislikes as recorded in their care plans. We also found that people were supported to practice their faith. One relative said, "They are very respectful of what is important to people; they take her to church every Sunday".

Good

Is the service responsive?

Our findings

We found that people and/or their representatives were consulted about their care plans; this ensured that people received the care they needed in the way they wanted it. We saw that staff had spoken to people about what made them happy and what made them sad; this included information about staff interaction and the way they wanted to be supported. For example, in one person's care plan we saw that they had been advised by the dietician and a specialist doctor that they could only have a drink once every hour because they were at risk of low sodium levels. It read, "[person's name] has told staff that this makes her sad but she understands why and that she does not want to be unwell; staff are to remind [person's name] of this when she asks for extra drinks and this will help her to understand why staff are saying no". A relative we spoke with told us, "When [person's name] first arrived, they asked us all about him, his likes, dislikes, habits and behaviours… but he has been there so long now, they have found out lots more about him and they tell us new things; like they found out he really enjoys the car so they take him out in the car every day". We saw that care plans were regularly reviewed and people and those who are important to them were supported to be involved in these reviews.

On the day of our inspection we saw staff interacting with people throughout the day with activities that they enjoyed. For example, we saw staff taking people out in the car, giving head massages, using sensory stimulation to engage people as well as dancing and singing. We also saw that people were actively encouraged to follow their interests independently. One person we engaged with was watching the television (TV) with a member of staff. We saw that person had the remote control for the TV; they pointed to the TV and smiled. A member of staff told us, "She loves this; she can watch it for hours". We saw that people had items in their rooms which promoted their engagement in meaningful activity. For example, one person had an organ in their bedroom and staff told us she was very talented and often enjoyed playing for everyone living or working at Tudor Gardens. We also found that staff would strive to keep people engaged with others outside of Tudor Gardens and people had regular access to the community.

A relative we spoke with told us, "We are always welcome and they always invite us to any parties they have or anything else that's going on". They said, "They are working with the local community and doing things with the other residents in the cul-de-sac; they often have garden and street parties because they are part of the Royal Garden's Resident's Association". Another relative told us, "They are always out and about; they have better social lives than I do and they are very good at keeping people in touch with their families; they even have her brother to lunch every Sunday; they look after him just as well as her". A third relative told us, "We send money which we call spends; as soon as she [person] gets her spends, she tells staff what she wants to do and where she wants to go; she rules them!" They also said, "We always see staff doing things with people and we never tell them we are coming so I know it's not just a show for our benefit; they are brilliant!"

We saw that the staff kept a special occasion's diary and that they supported people to send cards and presents to their friends and relatives on their birthdays, at Christmas and on other significant days of the year such as Mother's Day. We also found that staff dido their utmost to make people's birthdays special. One member of staff said, "Birthdays are special here, they love a good party! Mind you, every day is a party

here; they are always singing and dancing". We were told that one person had a very special birthday coming up and staff had asked them what they would like to do to celebrate. They told staff that they had always wanted to go on a cruise to Ireland; we were told that staff had arranged for this holiday to happen. We also heard about how another person had requested to celebrate their birthday by staying in a posh hotel and visiting the West -Eend theatre; we were told staff facilitated this and "[person's name] had a wonderful time".

People we spoke with and records showed that the provider often asked for feedback on the quality of the service and people were given the opportunity to suggest improvements. One relative told us, "They send out questionnaires every now and again". Staff we spoke with told us, "We have meetings where we can offer any suggestions for improvements and we complete surveys". We saw that staff made every effort to seek feedback from people living at Tudor Gardens and surveys were sent out to their relatives and to staff.

During our inspection, the registered manager told us that there were no outstanding complaints and everyone we spoke with told us they knew how to complain. One relative said, "I have never had to complain; it's simply excellent but if I did I would speak to the manager". Another relative told us, "From day one we have been happy, with no concerns or any reason to complain but I know who the manager is, she is very good and very helpful".

Good

Is the service well-led?

Our findings

During our inspection, we saw that there was a clear leadership structure within the service which had developed and sustained a positive, person-centred culture within Tudor Gardens. The service was required to have a registered manager in place as part of the conditions of registration. There was a registered manager in post at the time of our inspection. Everyone we spoke with told us that the registered manager had continuously been an effective role model and was dedicated to providing a high quality service. One relative we spoke with said, "She is just excellent; always available to help and offer support". Another relative told us, "I have full confidence in [registered manager's name]".

Staff we spoke with told us that the registered manager had consistently supported and encouraged them to develop and was always looking for new ways of developing and enhancing the service. One member of staff said, "She [registered manager] is the best manager I have ever had; she is so supportive of all of us. She encourages you to do your best and think of other ways of doing things; but she is firm when she needs to be too; she just gets the balance so right". Another member of staff said, "She [registered manager] speaks from experience; she has worked herself up and encourages us to do the same. She knows all of the people here and mucks in with the day to day care; she is approachable and fair". The registered manager gave an example of ways she encourages staff to, "Think outside of the box". They said, "I think it's important to challenge staff and the way they do things sometimes to broaden their thinking; for example, one member of staff gave a person a cup of tea and I asked the staff member if the person took sugar; they told me that they didn't think so and I asked how they knew this information". The registered manager went on to explain that the staff member had assumed and because they thought it was healthier for the person not to have sugar, they had never given it to them. They said, "I explained that they should make two cups of tea; one with sugar and one without and the one that the person drinks, is obviously their preference".

We saw that the registered manager had consistently recognised the achievements and good practice of the staffing team and that there was a strong sense of appreciation from all of the staff who worked at Tudor Gardens. The registered manager told us, "I want staff to be happy in their work and look forward to coming to work; if my staff are happy then the people living here are happy. People are so intuitive to moods and emotions, they can tell if staff are unhappy". They also said, "I know I have the best team, none of this would be possible without the dedication and commitment of all of the staff that work here". It was evident that this was underpinned by the provider's clear values throughout the organisation. One member of staff told us that they had received an appreciation award for the way they reacted in an emergency situation that saved the life of one of the people living at the home. Another member of staff had received an 'above and beyond award' for not having one day of sickness in 13 years of employment. The registered manager also told us that they regularly nominate their staff for awards, including the employee of the year award because they recognised that even a nomination showed their appreciation for all of the good and hard work the staff provide at Tudor Gardens.

Information we hold about the service showed us that the provider was meeting the registration requirements of CQC. The provider had ensured that information that they were legally obliged to tell us, and other external organisations, such as the local authority, was passed on. The provider was working

collaboratively with other external agencies. We received feedback from other professionals to confirm this and they were complimentary of the service. One professional told us, "They are excellent here; everyone always seems happy and they do all they can to help people; one of the best places I visit".

Staff we spoke with told us they were aware of their roles and responsibilities with regards to whistle-blowing and that they were actively encouraged to raise any concerns. They told us that they felt comfortable raising concerns with their manager and would contact external agencies if they needed to. One member of staff told us, "We have a really good management team; I can speak to any of them whatever the problem is and I know it will be sorted". A third member of staff said, "I know I can raise concerns with my manager without judgement and the whistle-blowing policy tells us we can raise it outside of the company like with yourselves at CQC". The registered manager told us that they used creative ways of seeking feedback from staff without them worrying about feeling exposed. They said, "I often tell staff to write or type on a piece of paper any concerns or anything at all they want to share with me or tell me; this way it is anonymous and hopefully they feel more comfortable raising it but I never get anything back; they all tell me they are happy". Information we hold about the service showed that no whistle-blowing concerns had been raised.

We asked the registered manager to tell us about their understanding of the Duty of Candour. Duty of Candour is a requirement of the Health and Social Care Act 2008 (regulated activities) Regulations 2014 that requires registered persons to act in an open and transparent way with people in relation to the care and treatment they received. The registered manager was able to tell us their understanding of this regulation and how they reflected this within their practice. They said, "If something is wrong; I need to know about it in order to put it right". They said, "We are here for them [the people living at Tudor Gardens], we are just visitors in their home and I have to make sure that they are happy and safe living here; in order to do that we have to be open and honest and continuously learn and develop; even if that is from mistakes".

We saw that there were both internal and external systems in place to monitor the quality and safety of the service and that these were used effectively including feedback forums and surveys, staff recruitment process and quality monitoring audits. Examples of these we saw were homely environment and medication audits which had been completed internally, as well as a health and safety audit which had been completed by an external organisation. Neither of these had identified any areas of risk. We also found that the management and staffing team worked proactively with other organisations including charities, health and social care organisations to ensure they were following best practice, such as Advocacy Matters, Fun Fitness and local specialist NHS services for people with learning disabilities.