

Janes Care Homes Limited

Tudor House

Inspection report

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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

About the service:

Tudor House is a residential care home providing personal and nursing care to 13 people aged 65 and over, some of whom may have been living with dementia, at the time of the inspection. The service can support up to 18 people. Tudor house is an adapted building consisting of three floors. People have their own rooms and share communal facilities such as the kitchen, lounges, the dining room and the garden.

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

People were positive about the care they received. One person told us, "Everything runs smoothly at Tudor House and there are never any problems. I am as happy as I can be."

People were supported with kindness, respect and compassion by a staff team that took the time to get to know their likes, dislikes and preferences well. People were able to make choices about their care and staff promoted people's independence by encouraging them to be in control of their own lives.

People's support was tailored to meet their individual needs and communication methods. People took part in a variety of activities which they enjoyed. People were encouraged to make and maintain social relationships with family and friends.

People were kept safe from harm and abuse in all areas including medicines. People were supported by well trained and competent staff and there were enough staff to meet people's needs safely. The service was well-maintained and kept clean to promote good infection control. Plans were in place to further improve facilities at the service for people living with dementia.

People's needs were assessed before they began using the service and were re-assessed if people's needs changed. People were offered a wide variety of food and drink and were supported with a healthy and balanced diet. People were supported to see health professionals when they needed support.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People had access to a complaints policy and procedure. People's complaints were taken seriously and responded to promptly. People were treated with dignity and respect at the end of their lives.

People, relatives and the staff team were very positive about the management of the service. The registered manager and the provider promoted a positive culture that put people at the centre of their care and support. Audits were completed to monitor the quality of the service and improvements were put in place

where necessary.

The registered manager and staff team had a passion for involving people in the local community and supporting people to access various events and activities available to them. This had a positive impact and achieved good outcomes for people.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection (and update):

The last rating for this service was Good (report published 04 March 2017).

Why we inspected:

This was a planned inspection based on the previous rating.

Follow up:

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Tudor House

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team:

This inspection was carried out by one inspector and one inspection manager.

Service and service type:

Tudor House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

This inspection was unannounced.

What we did before the inspection:

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection:

The inspector and inspection manager visited the service on 19 August 2019. We spoke with five people who used the service and one relative about their experience of the care provided. We observed people being supported by the staff team throughout the inspection. We spoke with three care staff, one housekeeping staff, the cook, the registered manager, the head of care and the operations manager.

We reviewed a range of records. This included two people's care records which included all aspects of care and risk including medication records. We looked at two staff files in relation to recruitment, staff supervision and training. A variety of records relating to the management of the service, including audits, policies and procedures were reviewed.

On 20 August 2019 we spoke to another relative about their experience of the care provided and reviewed feedback from relatives sent to us by e-mail.

After the inspection:

The registered manager sent us further evidence in relation to training data and supervision records.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person told us, "Oh yes, I feel safe. It is very secure, and I do not feel that anybody would interfere with anything here. I feel very comfortable."
- Staff received training in safeguarding and had a good understanding of how to protect people from abuse. Staff members knew how to report concerns to outside organisations such as the local authority or the CQC.

Assessing risk, safety monitoring and management

- People had risk assessments in place depending on their needs, such as mobility, eating and drinking or support with health needs like pressure care or diabetes.
- People told us that measures were effective at reducing risk. One person said, "I need to be very careful that I don't fall and that is why staff make sure I use my walker. I feel much safer now."
- The registered manager and staff team completed health and safety checks of the service to ensure people's safety. These included building security and fire safety.

Staffing and recruitment

- There were enough staff to meet people's needs. One person told us, "There is always somebody to help us. I don't feel that I have to wait for help and I don't feel nervous about asking. This makes me feel very safe." We saw that staff were available to support people with the requests they made, such as asking for a drink or asking for someone to speak to.
- Staff members told us that there were enough staff to support people safely. The registered manager used agency staff to cover vacancies and these agency staff were used regularly. One agency staff member told us that this enabled them to get to know people well.
- The provider had robust recruitment procedures and checks in place to ensure that staff were suitable to work at the service.

Using medicines safely

- We observed that people were safely supported with their medicines. Staff members administered medicines in line with best practice guidance and in people's preferred administration method. Staff worked in line with guidance around homely remedies and controlled drugs.
- People told us that they felt well supported with their medicines. One person said, "I have to take medicines every night and I never have to do this myself. Staff are well trained and always make sure I have a glass of water to take my tablets with."
- Staff received training in medicines administration and had their competency assessed regularly.

- People who were prescribed 'as and when required' or PRN medicines had protocols in place which told staff when these medicines could be administered.

Preventing and controlling infection

- The service was visibly clean and free from malodours. Housekeeping staff were employed to ensure that all cleaning tasks were completed daily.
- People told us that the home was kept clean. One person said, "It is very clean here and I get clean sheets on my bed every week. I get fresh towels and soap and it is all very good."
- Staff received training in infection control and had access to equipment such as gloves and aprons to complete cleaning tasks effectively.

Learning lessons when things go wrong

- The registered manager reviewed accidents and incidents and put measures in place to reduce the chance of them happening again. These measures were shared with the staff team through supervisions and team meetings.
- The registered manager shared information with the staff team around falls prevention. This had a positive impact on the amount of falls which people had at the service.

Is the service effective?

Our findings

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

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

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

- The registered manager completed detailed assessments of people's needs before they started living at the service. The registered manager worked with hospital professionals to reassess people's needs if they went to hospital. This ensured that the service could support people with their preferences and support needs.
- The registered manager kept up to date with new guidance and standards and updated policies and people's care plans based on this. This included guidance around people with specific dietary requirements and people living with dementia.

Staff support: induction, training, skills and experience

- People told us that staff were well trained. One person said, "[Staff] are very well trained. They meet my high standards, so they must be good."
- Staff received training in areas such as moving and handling, safeguarding, end of life care and supporting people living with dementia. One staff member told us, "The training is really good here. We do so much training and can always request more if we need it." We observed staff using their training to ensure that people were supported safely.
- Staff members received a thorough induction before they started working at the service. Staff members receive regular supervisions and competency assessments from senior staff to ensure that they had the skills and experience to support people.

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

- People were very positive about the food at the service. People told us, "The food is so good here. I eat it all and get second helpings if I want them." and, "The cook always cooks things that I like and if I want something else all I have to do is ask."
- We saw people being offered choices of food and meals looked and smelled appetising. People who needed support to eat and drink were supported in a calm and patient manner which ensured that the meal time experience was positive.
- The cook was passionate about supporting people with a healthy and balanced diet. The cook prepared all meals from scratch and had a good understanding of people's dietary needs and preferences.
- Staff members knew how to support people with varying dietary needs such as diabetes or needing food to be prepared in certain ways such as puree or cut in to small pieces.
- The registered manager had set up 'hydration stations' in each room of the service which reminded people to drink regularly. We saw staff members promoting and supporting people to eat and drink throughout our inspection.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People told us that they were supported to see health professionals if they needed to do so. One person said, "[Staff] are very efficient with organising health appointments." A relative told us, "[Staff] always feedback to me if [family member] has any appointments. There is always someone to take [family member] to appointments if I am not able to."
- Staff members recorded people's appointments with health professionals and these were used to update people's care plans. Staff members had a good understanding of people's current support needs and knew how to promote people's health and well-being. For example, supporting people to mobilise regularly to ensure that they maintained their physical fitness.

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

- The service had been designed to meet people's needs. Equipment such as stair lifts, hand rails, hoists and bath chairs were in place to support people to maintain their independence. Signs around the service indicated which rooms people were about to enter which helped orientate people living with dementia, in their environment.
- The registered manager and staff team had put lots of pictures of previous events up around the service. Staff told us that this helped people to remember what had happened and helped people to engage in meaningful conversation.
- The registered manager told us about plans they had in place to further improve the premises. This included adding more colours to bathrooms to support people living with dementia and personalising people's bedroom doors with memory boxes.
- People's rooms were personalised with pictures of family members and decorations depending on people's interests.
- There was a large garden at the service which had been adapted for people to use. One person said, "We have grown sunflowers, carrots and parsley this year. The sunflowers look really nice and have done well against the wall."

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People told us that staff asked for consent before supporting them. One person said, "It is usually very straightforward, and staff know how to support me, but they still always ask before they do anything. No problems." We observed staff members asking people for their consent before supporting them.
- Where people may lack capacity, detailed assessments and best interest decisions were put in place to support people in line with the MCA. DoLS authorisations had been applied for where these were necessary, and these were being followed by the staff team.
- Staff members received training in the MCA and had a good understanding of how this applied to their job roles.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were positive about the care they received. People told us, "[Staff] are gentle and kind and they never take issue with anything that you might want." and, "[Staff] are very kind here. It is a lovely place with a good sense of humour." People were visibly happy and relaxed in the presence of the staff team.
- A relative said, "[Family member] is a very strong-willed person and can be quite rude. [Staff] are so patient with them and take everything on the chin. [Family member] is as happy as they have ever been."
- Staff knew people well. We saw one staff member speaking to a person about a day out they had in Blackpool and this visibly made the person very happy and relaxed. Staff knew people's likes and dislikes and supported people to make decisions based on these. For example, in areas such as choosing a drink or an ice cream.
- People's care plans and daily records completed by the registered manager and staff team were written in a kind and respectful language.

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

- People told us they could make choices about their care. One person said, "Oh yes, my choices are respected. [Staff] always organise whatever I want."
- We saw people being offered choices throughout the day. Staff members had a good understanding of how to support people to make choices. One staff member said, "Even when people are having a bad day we know them so well that we can still help them make choices. For example, one person cannot see very well now but we know what colours she used to like and always give them an option of their two favourite colours."
- People could not recall being involved in creating and updating their care plans. The registered manager showed us evidence that people and their families had been involved in this.

Respecting and promoting people's privacy, dignity and independence

- People told us that their independence was promoted. One person said, "I do everything that I can myself. [Staff] are always there in case I need any help, but they only help if I need it and they never rush me to finish things quickly."
- People's care plans gave staff detailed information about what people could do for themselves and staff members understood the importance of this. For example, one staff member asked a person to try eating their meal independently before supporting them.
- People's privacy and dignity was respected. We observed staff knocking on people's bedroom doors and discreetly asking people before supporting them with personal care.

Is the service responsive?

Our findings

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

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

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

- People received personalised care which met their needs. One person said, "[Staff] know me very well. They know what I like and if they don't know then they ask me."
- People's care plans and risk assessments detailed how to support people with their specific needs such as dementia or diabetes. Staff members had a good understanding on these needs. The registered manager organised training for the staff team based on people's needs.
- Staff knew people well and were able to encourage them to take part in activities and daily living tasks by talking to them about their interests. This helped people be engaged in meaningful conversations and activities throughout the day.
- Staff were passionate about providing person centred care to people. One staff member told us, "We make an effort to get to know people really well. We get to know the person's good and bad days and support them depending on how they are feeling and what they want."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People were communicated to in their preferred communication methods. We observed staff using short sentences to help people understand what was communicated to them. Activities available for people to take part in and food menus were on display in written word and using pictures and symbols depending on people's needs.
- The registered manager made sure that newsletters and important information were available to people in accessible formats such as large print or audio. The registered manager and staff team sat with people and read information to them if this was people's choice.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People and their relatives were positive about the activities on offer at the service. One person said, "I am very lucky because we go out all the time here. My favourite is going to the cinema." A relative told us, "The staff are brilliant. [Family member] does more than they ever have before. [Family member] loves the church and the café visits."
- The registered manager and staff team took efforts to ensure that people continued to avoid social isolation. For example, people were encouraged to write postcards to people living in care homes in other

parts of the world. People were also supported and encouraged to attend a coffee morning group at a local church to meet and talk to people outside of the home.

- Relatives told us that they could visit people at any time of day.
- People took part in activities both in and out of the service. These included trips to the cinema, walks and shopping in the local community gardening activities, cooking and baking, board games and reading. One person was being supported to put photos of their past in to a 'memory book' by the head of care. This person was clearly enjoying this task. Pictures of activities were placed around the home to remind people of these activities and engage them in conversation.

Improving care quality in response to complaints or concerns

- People told us they knew how to make a complaint but had not had to make a complaint for a long time. One person said, "I might have made a few complaints at the beginning when we were getting to know each other but these were dealt with quickly."
- The provider's complaints and compliments procedure was available to people in different formats. We saw that people's complaints were responded to in a timely manner and to the complainant's satisfaction.

End of life care and support

- The service was not currently supporting people at the end of their life. However, people had been supported to put plans in place for this time and these detailed people's preferences.
- People had been supported with dignity and respect at the end of their lives in the past. A written compliment from a relative said, "Thank you for the care you gave [family member] over their final days. I don't know how the staff team do it."
- Staff received training in supporting people at the end of their life and had a good understanding of how to support people at this time.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager and the staff team had a clear understanding of their roles and how important these were to the people using the service. One staff member said, "It is just about supporting people. It's such an important job and you do make a difference to people. That is what it is all about."
- The registered manager and the operations manager completed regular audits to monitor the quality of the service. These covered all areas such as health and safety, people's care plans and medicines. Where areas for improvement were found, actions were taken and completed in a timely fashion.
- The registered manager reported all notifiable incidents to the appropriate authorities such as the local authority safeguarding team.
- Staff had clear plans in place for emergency situations such as a fire at the service.

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

- The registered manager, operations manager and staff team were passionate about empowering people in a person-centred way. The registered manager said, "People should not just be in a care home and that be it. There is more to life and everyone here wants people to be treated like they would want their family treated."
- The operations manager told us, "We very much want people to experience care around family values. It's not just saying the words 'person centred care' but actually making person centred care real for people."
- During our inspection there was a very positive atmosphere at the service. People and staff communicated in a friendly manner with each other and there was a lot of laughter and signs of people being happy during our inspection. For example, staff members engaged people in singing people's favourite songs. Staff members then left to attend to people in their bedrooms and people continued the singing without staff members prompting them to do so.
- People felt empowered and included in all aspects of the service. The registered manager told us that they were looking at ways they could include people in recruiting new staff members at the service.
- People were positive about the management of the service. One person said, "Oh yes, this [registered manager] is brilliant. Never any problems here."

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

- People were invited to regular meetings to feedback about the service. One person told us, "We have what we call a resident meeting once a month. We discuss all sorts of things about Tudor House."
- Relatives were also encouraged to feedback about the service. One relative said, "I go to the service every other day, but they still ring and feedback to me if anything happens."
- Staff told us that they had the opportunity to feedback about the service in supervisions and in staff meetings. Staff were positive about this and one staff told us, "I really feel like my ideas are listened to here. If another company offered me 100 pounds an hour I would still not leave Tudor House."
- Regular formal feedback was collected from people and relatives with surveys and questionnaires.

Continuous learning and improving care

- The registered manager and the staff team were passionate and committed to continually improving the service. The registered manager kept clear records of actions that were taken to improve the service following the results of audits and compliance checks by the provider.

Working in partnership with others

- The registered manager had a passion for engaging and working with others in the community. The registered manager told us they actively involved people and the staff team in local community events such as remembrance days or flower and orchard planting. This meant that the service had a visible presence in the community.
- The registered manager linked with local schools and churches. Children from local schools came to complete activities such as reading with people and people attended community coffee mornings at a local church.
- The registered manager and staff team linked and worked well with health professionals to achieve good outcomes for people.