Careplex Limited

Tudor Rose Rest Home

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

We inspected this service on 14 January 2019 and this was an unannounced inspection. At our last inspection in August 2016 we rated the service, good overall and requires improvements within well led, as some quality assurance systems needed to be improved. At this inspection we found improvements had been made and the evidence continued to support the rating of good; there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

The service was registered to provide support for up to 27 older or younger people who may also be living with dementia or have a mental health need. There were people 19 living in the home at the time of our inspection.

Tudor Rose Care Home 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 registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People continued to receive safe care and were protected from the risks of abuse. The staff understood where harm may have occurred and took action when people were at risk of abuse. Staff knew why people needed medicines and when these should be taken. Staffing was organised flexibly to enable people to be involved with activities and do the things they enjoyed. The home was clean and the registered manager reviewed incidents to ensure lessons were learnt.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. People made decisions about their care and staff helped them to understand the information they needed to make any decisions. Staff sought people's consent before they provided care and they were helped to make decisions which were in their best interests. Where people's liberty was restricted, this had been done lawfully to safeguard them.

People had food and drink that they liked and specialist and cultural diets were catered for. People's health and wellbeing needs were monitored and they were supported to attend health appointments and screening programmes as required. Staff received training and support to ensure they could understand and meet people's needs.

People had positive relationships with the staff who were caring and treated them with respect and

kindness. People liked the staff who supported them and had developed good relationships with them. People had opportunities to be involved with a variety of activities and could choose how to spend their time. People maintained relationships with their families and friends who were invited to join in activities with them.

There were plans in place which detailed people's likes and dislikes and these were reviewed regularly. People knew how to raise a concern or make a complaint. Staff listened to people's views about their care and they could influence the development of the service.

The registered manager and provider understood their legal responsibilities and kept up to date with relevant changes. There were systems in place to monitor the quality of the service to enable the registered manager and provider to drive improvement.

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 remained good.

Is the service effective?

Good

The service remained good.

Is the service caring?

Good

The service remained good.

Is the service responsive?

Good

The service remained good.

Is the service well-led?

Good

The service had improved to good.

Systems were in place to assess and monitor the quality of care and people were happy with the support they received and were asked about their care. Staff were supported in their role and able to comment on the quality of service and raise any concern.

Tudor Rose Rest 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.

This inspection took place on 14 January 2018 and was unannounced. Our inspection team consisted of one inspector and an expert by experience. An expert by experience is a person who has experience of using services.

We checked the information we held about the service and we asked the provider to complete a Provider Information Return (PIR). This is a form that asks them to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed other information about the service such as notifications they are required to submit to the Commission. This included information about incidents at the service and information we had received from the public. We used this information to formulate our inspection plan.

We spoke with five people who used the service, two relatives, three members of care staff, the deputy manager and the registered manager. We also sought the views of commissioners of the service. We did this to gain people's views about the care and to check that standards of care were being met.

We observed how the staff interacted with people who used the service. We looked at three people's care records to see if their records were accurate and up to date. We also looked at records relating to the management of the service including quality checks.

Good

Is the service safe?

Our findings

People's risk of avoidable harm associated with their care had been assessed. Individual assessments had been completed where a risk had been identified. The registered manager assessed the risks people presented to themselves or others and there was guidance to support them to keep safe, both at home and when out. The plans included how people wanted to be supported when anxious and how staff could identify when they were becoming upset. Staff had a good understanding about how risk could be reduced and what may cause people to become anxious. Where incidents occurred because people were upset or anxious, the staff recorded what happened before, during and after the incident; this was reviewed to ensure people were receiving the most suitable support.

People were safeguarded from harm as staff recognised potential signs of abuse. The staff had undertaken training in safeguarding adults and described different forms of abuse and what they would look for. One member of staff explained that they had attended recent safeguarding and told us, "We discussed what the different sorts of abuse could occur and how to recognise these from family or from staff and what we should do about this. The telephone number of the safeguarding team is on the notice board so we don't have to look for it." Staff were confident that they could raise any concerns with the registered manager or provider. We saw information and contact details of the safeguarding team and referral process was displayed and accessible for staff to follow.

Staff were available when people wanted them and there was a member of staff who stayed in the lounge to ensure people were safe. There were suitable numbers of staff on duty and the staffing was organised so activities could be planned to ensure enough staff support was available. The staff team worked together to cover any annual leave or sickness and the registered manager confirmed that agency staff were not used within the home.

People received their medicines at the right time and staff spent time with people to ensure these were taken. People were not rushed and staff spoke with them and explained what the medicines were for. We saw the medicines were kept securely in a locked cupboard to ensure they were not accessible to unauthorised people and it was locked when staff were not present. Where people needed medicines 'as required', there was information available to support people to have this when they needed them. Senior staff administered the medicines and told us they had received training to ensure they were competent and understood why people needed them. There were systems in place to monitor whether people had their medicines to keep well.

People were supported by staff who were safe to work with them. The staff confirmed that recruitment checks were in place to ensure they were suitable to work with people. These checks included requesting and checking references of their character and suitability to work with the people who used the service. Recruitment records were available to demonstrate how these checks were completed prior to new staff starting to work in the service.

There were systems in place to review the service when things go wrong to ensure that lessons were learnt

and that action was taken to minimise the re-occurrence. For example, the registered manager reviewed accidents and incidents and where any safeguarding concerns had been identified. These were used to reviewed how the service was managed and where necessary, make any improvements.

The staff were responsible for ensuring that all areas of the home were kept clean. Where people wanted to be involved, they were encouraged to assist. The staff and people had access to personal protective equipment and infection control standards were maintained. The home was clean and there were no mal odours.

Good

Is the service effective?

Our findings

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. Staff knew when people had restrictions and understood the impact this had for them.

People's capacity was considered upon admission with support from health and social care professionals who people knew. Where it was identified that people lacked capacity, this was recorded and an application to restrict their liberty was applied for, to ensure any restrictions were lawful. The registered manager understood that where people's capacity changed, further assessments would be needed to ensure decisions were being made in their best interests. Some people were supported to make decisions with the support of an advocate. An advocate is a person who represents another person's interests and can help them make important decisions. Some people had decisions made through the Court of Protection (CoP). The CoP exists to safeguard vulnerable people who lack the mental capacity to make decisions for themselves. These decisions may relate to the person's finances or their health and welfare. Where people had capacity, they had signed their care documents to evidence their consent to any care.

People were supported by staff who received training to develop and maintain the skills they needed to support them. Where people had specific health conditions, training was organised to help staff understand how to provide this support. One member of staff explained that they had recently completed training for understanding mental health. They told us, "This training was interesting as it helped us to understand how different mental health conditions could affect people, for example if they have schizophrenia." New staff completed an induction to understand how the home was managed, their role and they were given time to get to know people who used the service. They completed the care certificate; this is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors and forms part of the induction when starting to work within the service.

People had a choice of what to eat and drink and different foods were prepared to meet people individual cultural needs. People could participate in the preparation and cooking of the meals and could make their own drinks with staff support. Where people had difficulty swallowing, a thickener was prescribed to add to drinks to help prevent the risk of choking." We saw staff were available during the meal and encouraged people to eat or cut food up. Where people chose not to eat the meal or drink served, the staff offered alternatives to encourage people to eat.

People were supported with their day to day healthcare and attended appointments to get their health checked. The staff worked closely with other social and healthcare professionals including the community mental health team to ensure people received coordinated care. One member of staff told us, "We have a good relationship with the district nursing team. If we have any concerns, then we contact the district nurses team straight away." Staff members accompanied people to health care appointments where they had consented, to help them to share information they felt was important. Where people had specific health conditions, they knew this diagnosis and the impact this may have on their lifestyle.

All shared environmental facilities were on the ground floor; there were two lounges and two dining rooms. Staff explained that some people chose to spend some of their time in their bedroom. The bedrooms were over three floors and there was a lift to access the first floor. The bedroom, toilet and bathroom doors had large pictorial signs to support people to identify the purpose of each room. The toilet had coloured hand rails and toilet seats to help people use and identify these facilities. Where people shared a room, privacy curtains had been installed for people to use.

Good

Is the service caring?

Our findings

People were treated with kindness and the staff knew each person well. The staff treated people in a kind and caring way and people reacted positively to them and looked relaxed in their company. Staff knew what people liked and what was important to them; they spoke about films they enjoyed, sang familiar songs and talked about family and recent visits to places they had enjoyed. People were comfortable and happy around staff who valued the relationships they had developed.

Staff knew how to support people who could become anxious or upset, we saw they knew what to say to help people become less anxious. They spoke in a calm and reassuring manner when people became distressed. The staff understood the likely causes of the people's distress and how to help them relax.

People's privacy was respected and they were treated with dignity. Some people had a key to their bedroom and they told us that staff respected their bedrooms and didn't enter unless invited. We saw where people had a key, the domestic staff asked to borrow this so they could clean their room and brought this back as soon as they had finished. Staff had been trained as dignity champions and recorded, 'Dignity Champions believe passionately that being treated with dignity is a basic human right, not an optional extra' and we saw staff were committed to providing people with dignified care.

People were supported to be independent and staff recognised their human rights. The staff did not discriminate on the basis of sexual orientation or sexual gender and recognised people's diverse needs and how they expressed their sexuality. People could choose how to dress to express themselves including growing their hair and having a beard. Staff ensured people were not discriminated against by having a clear understanding of people's diverse needs. Staff recognised that people could have personal relationships and they explained that where people wanted to marry, they had obtained necessary birth certificates and documents to enable them to marry. Staff explained that they had assisted people to plan and prepare the wedding and it had been a special occasion for everyone to experience.

The care records included information about their life history, family relationships and important events and religious beliefs. People's diverse needs were recognised and staff enabled people to continue to enjoy the things they liked and try new experiences.

People were supported to maintain relationships that were important to them. For example, we saw that people were supported to contact and spend time with their relatives when this was their wish.

Good

Is the service responsive?

Our findings

People had a support plan that was personalised and contained evidence of their likes and dislikes and how they wanted their care and support provided. The plan was reviewed with them and their key worker to ensure it reflected their support needs. People discussed their care plan with us and we saw it included detailed information about how they wanted to be supported and what they wanted to achieve.

People were involved with a range of activities according to the interests. Where people had been involved with activities, photographs were taken and provided for people to look at. One member of staff told us, "We have a lot of people here living with dementia and they may forget about going out, so it's good that we can show them the photos and talk about what we have done." Some people chose to spend time alone and we saw information was available to reduce the risk of social isolation. One member of staff told us, "It's important that we give people encouragement and they have opportunities to get involved. We often see people's mood become low if they are isolated in their room, so we encourage people to come out. Some people still spend their time on their own but they can see other people and see what's happening."

There was an activity board displayed with pictures to show people what planned activities would take place in the home. We saw people played scrabble or dominoes with staff, listened to music and watched an older war film. One person told us, "We like these films. We've often seen them before, but we like the old ones." Recently some people had been bowling or shopping and there were photographs of people involved with these events. The staff worked with local children's services and told us how school children with a learning disability had visited them and they had been involved in joint art activities. They told us, "Everyone had a great time; it's certainly something we will be doing again."

The provider understood their responsibilities to ensure people were protected under the Accessible Information Standard which applies to people who have information or communication needs relating to a disability, impairment or sensory loss. The registered manager had facilities to support people to develop their care records in an individual format. Information about the service could be provided in different formats to ensure people were aware of how the service could meet their needs. One member of staff explained that where people had difficulty reading or understanding records, they would sit with them and read out the information. The staff had enabled people to have access to interpreters to help them to understand information and support communication and pictorial symbols were available to help people who first language was not English to communicate.

People knew how to complain if they needed to and information about how to complain was on the notice board. There had been no formal complaints made but the registered manager understood that they would need to investigate these and provide an outcome.

None of the people that used the service were receiving end of life care; however, people were supported to express their emotions and could continue to stay at the home where end of life care was being delivered. Staff explained that where end of life care had been provided, they had worked closely with the GP, community nursing team and hospice staff to ensure people had the care they wanted and access to pain

relief.

Good

Is the service well-led?

Our findings

There was a registered manager in post and people knew who they were. The registered manager demonstrated an in-depth knowledge of the team of staff and people who used the service. They were familiar with people's needs, personal circumstances, goals and family relationships. People told us they listened to them and they spent time together. We saw people responded positively to the registered manager when they were speaking with them.

The provider carried out quality checks on how the service was managed. These included checks on personal support plans, medicines management, health and safety and care records. Where concerns were identified, action was taken to improve quality and the action plan and improvements were monitored and reviewed. Monthly audits covered any incidents and accidents, complaints, medicines management and infection control. We saw the registered manager checked for any patterns and trends to ensure actions could be taken as needed.

The registered manager assessed and monitored the staffs learning and development needs through regular meetings with the staff and appraisals. Staff felt that they were well supported and able to develop in their role. The staff told us that the registered manager provided leadership, guidance and the support they needed to provide good care to people who used the service.

Staff were encouraged to contribute to the development of the service. We saw that staff meetings were held for them to discuss issues. During these meetings, staff told us they could discuss how to improve the service, the support provided and raise any concerns. The staff had regular supervisions and one member of staff told us that these were opportunities to support them with their development.

People were asked for their views on the quality of the service at house meetings or individually. They told us to enable people to raise their views, concerns and ideas, some people needed individual support. We saw that people were encouraged to express their views through a satisfaction questionnaires and feedback was given within resident's meetings.

The registered manager had established effective links with health and social care agencies. They worked in partnership with other professionals to ensure that people received the care and support they needed.

The provider and registered manager understood the responsibilities of their registration with us. The registered manager ensured that we received notifications about important events so that we could check that appropriate action had been taken. We saw that the previous rating was displayed in the home in line with our requirements.