Inspection Report

We are the regulator: *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Tudor Bank Nursing Home

2 Beach Road, Southport, PR8 2BP

Tel: 01704569260

Date of Inspection: 13 May 2014

Date of Publication: June 2014

We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Meeting nutritional needs	✓ Met this standard
Staffing	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Tudor Bank Limited
Registered Manager	Mrs Mary Pagett
Overview of the service	Situated in Birkdale and located close to public transport links, leisure and shopping facilities, Tudor Bank is registered to provide accommodation for up to 46 younger and older adults who have mental health needs and require nursing or personal care. It is a large three storey property which is fitted with a passenger lift. All the bedrooms are for single occupancy and have en-suite facilities.
Type of service	Care home service with nursing
Regulated activities	Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 13 May 2014, observed how people were being cared for and talked with people who use the service. We talked with staff and talked with other authorities.

What people told us and what we found

This was an unannounced inspection of Tudor Bank Nursing home. The inspection set out to answer our five questions:

- Is the service safe?
- Is the service effective?
- Is the service caring?
- Is the service responsive?
- Is the service well led?

Below is a summary of what we found. The summary is based on our observations during the inspection, discussions with people who lived at the home, their relatives, staff providing support and looking at records.

If you wish to see the evidence supporting our summary please read the full report.

Is the service safe?

We found there was sufficient staff on duty to meet the needs of the people who were living at the home. Systems were in place to check the environment was safe. Arrangements were in place to monitor accidents and incidents on a monthly basis.

The home protected the rights and welfare of the people in accordance with the Mental Capacity Act (2005). At the time of the inspection one of the people who lived at the home was on a Deprivation of Liberty Safeguards (DoLS) plan. The manager and staff had a good understanding of the Mental Capacity Act (2005). Some people were receiving their medication without their knowledge and these best interest decisions had been agreed with each person's doctor.

Is the service effective?

People were satisfied with the care they received and said their needs were being met. Everybody we spoke with was pleased with the care and support they received. They said staff supported them if they needed to see a health professional, such as a doctor or dentist. Comprehensive and personalised care plans were in place for each person. Care plans were reviewed each week to ensure they were current.

People told us they were satisfied with the food and menus. Any suggestions about changes to the menu were listened to and acted upon.

Is the service caring?

People told us the staff were approachable and responsive if they needed support with a task or activity. One of the people living there said, "The staff are nice. They help with anything you need." Throughout the day of the inspection we observed care staff engaging with people in a positive, respectful and individualised way. Staff had a good knowledge of each person's needs.

Is the service responsive?

People were involved in decisions about their care and they received a copy of their care plan. They told us they had access to recreational and social activities, including activities within the home and trips out to the local community.

Is the service well-led?

The home had systems in place to regularly monitor the quality and safety of the service provided. People who lived at the home and their relatives had the opportunity to provide feedback about the home by completing an annual questionnaire. Meetings were held each week at the home so people could mention any concerns they had and suggest how the service could be improved.

Staff we spoke with said they felt well supported by management. They told us they received good quality training and had an annual appraisal.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected. People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

We included this standard in our inspection to see if people had their privacy, dignity and independence respected. We also wanted to see how people were involved in decision making about their care and how they were supported to express their views about the service provided.

We spent time with 11 people in total and eight people were able to express their views about what it was like to live at Tudor Bank. People told us the staff were approachable and responsive if they needed support with a task or activity. One of the people who lived there there said, "The staff are nice. They help with anything you need." Another person said, "The staff are good. They take us out on trips and to shows."

The remaining three people we spent time with were living with dementia and were unable to verbally express their views about the home. However, we observed they readily approached and engaged with staff. We noted that staff were responsive and sensitive to their needs.

We did not meet any relatives during the inspection. However, we had access to the completed 'Resident/relative feedback' questionnaires for 2014. A relative stated on the questionnaire, "She has more friends and goes to shows now, which is great progress." Another relative stated, "I always feel welcome and can approach the staff for advice."

Although the home was busy, the atmosphere was relaxed at the time of the inspection. Throughout the day we observed staff engaging with people in a calm, respectful and person-centred way. From our conversations with staff we determined they had a good knowledge of each person's needs and the most appropriate way to support people with meeting those needs.

People who lived there told us they decided on their daily routine. They said they could get

up in the morning and retire to bed at night at a time that suited them. One person told us, "I go to bed early. Nobody tells me when to go. I just like to go early." Other people said they liked to stay up late particularly if a good film was on the television.

Some people invited us to look at their bedrooms. Their bedrooms were personalised to their individual taste, which included photographs, wall pictures and ornaments. One person told us they had selected their own wallpaper. Everybody we spoke with was satisfied with their bedroom and the facilities provided at the home.

We heard that people who were able were encouraged to be independent and could go out on their own or with a member of staff. One person told us, "I go to the shops and get messages for people who can't go out. I've got a bus pass and library card. I like to go to the library." Another person said, "I've been to Wales, Bolton Abbey and the Lake District. We went in the mini bus." People told us they could go to church if they wished and that a priest also called to the home. We also heard that some of the people were using a local gym.

We spent time with the activity coordinator who worked three days a week at the home but worked flexible hours if needed. The activity coordinator had started to complete 'Life mapping' with individuals to gain a picture of important milestones and events in people's lives. In addition, a document titled 'Five facts important to me' was being developed for each person. We used this information to converse with a person who was living with dementia. It was a very useful way to engage the person, focus the conversation and hear about something that was important in their life.

Furthermore, the activities coordinator had sourced 'Talking newspapers', which was pertinent to the local area. We heard this was mainly used by people who stayed in their bedrooms but liked to keep in touch with what was happening in the community.

We looked at care records for seven people who were living at the home. They were individualised to people's specific circumstances and needs. Preferred routines were recorded. Some people had signed to give permission for staff to look after their personal money for them. We observed that people had a copy of their care plan in their bedroom.

The home adhered to the principles of the Mental Capacity Act (2005); legislation to protect and empower people who may not be able to make their own decisions, particularly about their health care, welfare or finances. We noted that people's mental capacity had been assessed and a record maintained in their care records. The assessments outlined what areas each person was unable to make decisions about and, if appropriate, who was responsible for making the decisions on their behalf. Mental capacity was reviewed on a regular basis.

One of the people living at the home was subject to a Deprivation of Liberty Safeguards (DoLS) plan. DoLS is part of the Mental Capacity Act (2005) and aims to ensure people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom unless it is in their best interests. The paperwork regarding this plan was retained in the person's care records.

The manager and staff had a good understanding of the Mental Capacity Act (2005) as they were familiar with making applications for DoLS and implementing DoLS plans. We observed a member of staff supporting a person who wished to leave the dementia care unit. The person was supported to leave the unit and then returned to the unit with the

member of staff when they were ready.

Some of the people were receiving their medication covertly. This means medication is disguised in food or drink so the person is not aware they are receiving medication. This approach was taken as the people were refusing important medication for their health. We noted from the care records that each person's doctor had been actively involved in this best interest decision. A care plan had been developed to guide staff in how to administer the medication covertly and this had been signed the person's doctor.

Care and welfare of people who use services ✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

Care and support was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

We included this standard in the inspection to see if people were experiencing effective care and support.

We spent time with 11 people who lived at home and invited them to share with us their experience of the care provided at Tudor Bank. The people who were able to express their views said they were happy with the care they received. They said staff arranged for them to see a doctor or other health professional if they needed it. A person said, "I have been to the doctor about my foot and he sorted it. It is alright now."

People told us they liked the activities and entertainment provided within the home. A person said, "There is always something. I like the singers and karaoke. Sometimes we have film nights."

We looked at the care record files for seven people who were living at the home. These were well organised and succinct in that they focussed specifically on each person's needs. Personal information, including the person's GP, date of birth and next of kin were recorded. A range of risk assessments were in place depending on individual need. These included a clinical risk assessment, a risk assessment for the use of bed rails, a falls risk assessment and assessment for going out locally.

Detailed care plans had been developed for each person and these were linked to people's mental health assessments, physical health assessments and risk assessments. Care plans were reviewed on a weekly basis.

We queried a person's blood pressure that had recently been checked and was very high. A nurse immediately re-checked it and found the blood pressure to be significantly lower than the previous reading. The manager agreed to have the blood pressure monitoring machine checked to ensure it was working correctly. Peoples' weight was recorded and monitored each month to check for any signs of fluctuation.

The care records informed us that people were regularly reviewed by local health care services, including their GP, dentist, chiropodist, district nurse and optician. People who

needed it had regular contact with the local community mental health team.

Meeting nutritional needs ✓ Met this standard

Food and drink should meet people's individual dietary needs

Our judgement

The provider was meeting this standard.

People were protected from the risks of inadequate nutrition and dehydration.

Reasons for our judgement

We included this standard in the inspection to see if people were receiving adequate food and drinks.

We spent time with nine people who were living at the home and sought their opinion about the meals. In the main, people were satisfied with the meals and the quality of the food. They said the food was good and they had a choice at each mealtime. One of the people said, "It is nice food but you get too much. The puddings are big. I get to pick from a menu for the day." Another person told us, "I don't really like the food. I would just like chips." From our conversation with the person, they understood and accepted that it may not be good for their health if they had chips every day.

People told us they got plenty of drinks. They had regular hot drinks throughout the day. Jugs of water and fruit juice were also available.

We observed that a light meal was served at lunch time with a choice between sandwiches, soup and a pasta dish. Staff explained that people had a big breakfast and some people had their breakfast late so they were not always hungry at lunchtime. The main meal was therefore served in the evening.

People had a choice of where to dine. We observed people having their lunch in both the dining room and two of the lounges. Others who were unwell had their meals in their bedrooms supported by staff. We spent time with people while they were having their lunch. The lunch was well presented on the plate. The majority of people told us they enjoyed the lunch.

Some people needed support with eating their meal and we observed staff spending time supporting people with their lunch. Staff did not rush people and also took the time to engage people in conversation.

We spent time with the catering staff. They had a good understanding of people's likes/dislikes regarding food preferences, including special diets people were on for health reasons. These included diabetic diets and soft diets. A menu was in place which the manager had recently reviewed based on feedback from the people at the routine weekly 'resident meeting'.

We looked in the kitchen and food storage area and could see that plenty of varied food was in stock. Catering staff confirmed that a combination of frozen and fresh food was used. The kitchen and storage areas were clean and tidy. Food was appropriately covered, labelled and stored in the fridge.

Cleaning schedules were established for the kitchen and a record of the cleaning undertaken was maintained. Cleaning was up-to-date in line with the schedule.

Staffing ✓ Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

We included this standard in the inspection to see if people were supported by sufficient numbers of suitably qualified staff.

We spoke with nine people who were living at the home and asked them if there were sufficient numbers of staff on duty at all times. They all said there enough staff available to support them when they needed it. They told us the home could be busy at times but was never left short of staff.

At the time of our inspection there were 37 people residing at Tudor Bank. We spoke with seven members of staff, including care and nursing staff. They told us the home had good staffing levels. The manager informed us there were two nurses on duty during the day with seven care staff (this increased to eight care staff when the home was running at full occupancy). At night there was one nurse and four care staff on duty. The duty rotas confirmed this staffing arrangement. In addition, two housekeeping staff, two catering staff and laundry staff were on duty each day. The activities coordinator worked three days per week.

We noted from the care records that each person's dependency regarding care and support was assessed and reviewed each month. These were used to monitor the level of staff support people required to keep them safe, particularly if their needs increased.

A process was in place for monitoring the staffing levels and we noted this was last completed in March 2014.

Assessing and monitoring the quality of service provision ✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

Reasons for our judgement

We included this standard in our inspection to see if effective systems were in place to regularly assess and monitor the quality of service that people who were living at the home received.

Arrangements were in place for seeking the feedback of people and/or their relatives about the service. Feedback was gathered using questionnaires. The 2014 survey was underway and we looked at the returned questionnaires. In the main, the feedback was positive. Relatives had made some suggestions about how the service could be improved. The manager had taken note of these and had put measures in place to make the improvements.

People living at the home told us a meeting was held each week which they attended. They all said they liked these meetings as they could mention things they were not happy about. For example, one person said the smoking shelter outside was inadequate. The manager was aware of this as the person had raised it at one of the meetings. The manager was looking into providing an additional shelter. We looked at the records of the meetings and could see that matters such as the menus and trips out were regularly discussed. Catering staff told us that the manager discussed with them any concerns people had about the menus.

In addition to the weekly care plan reviews, the manager conducted care plan audits (checks) every six months. We noted the most recent one was undertaken in March 2014. In addition, the manager carried out a six monthly medication audit. The last medication audit was completed in February 2014.

Other audits carried out at the home included a privacy and dignity audit, an audit of the premises, staff qualifications and supervision audit and an audit of the policy and procedures. These audits had taken place in March 2014.

The home was part of the CQUIN scheme. This is national scheme which stands for Commissioning for Quality and Innovation. It is designed to focus on quality, innovation

and seeks to improve the quality of data. This meant the manager collated information each month and forwarded it to the Cheshire and Merseyside Commissioning Support Unit. The manager found this process useful as it meant certain areas of practice were routinely checked and reported on each month. The completed CQUIN submission form for April 2014 informed us that the home reported on matters, such as the number of DoLS assessments completed, number of safeguarding referrals made, numbers of complaints received and the number of falls.

The regional manager carried out an unannounced audit of the service each month. We looked at the audits from January, February and March 2014. A standard approach was used for each audit and it covered matters, such as resident and family views, care records, nutrition, infection control, complaints, the premises and staff support. Where applicable an action plan was developed.

A range of assessments and checks were in place which showed adequate measures were taken to regularly check the safety of the environment and equipment. For example, records demonstrated that water temperatures, wheelchairs and emergency lighting were checked each month. We observed that some low risk windows did not have window restrictors; devices which limit how far a window can be opened in order to minimise incidents, such as a fall from a window. They also can act as a security measure on ground floor windows. The manager was aware of this and advised us there were plans established to replace the windows in the home.

An external fire assessment was undertaken in June 2013. Internal measures were in place to check the fire alarm systems on a weekly basis. We noted that fire risk assessments had taken place for the people who lived at the home who smoked. In addition, the people had attended a training session on fire awareness.

A range of staff meetings were in place. A full staff meeting was held each month. In addition, the manager held meetings with the nurses and senior care staff. We noted from the minutes that matters such as, staff training, supervision, quality of care and the outcome of feedback questionnaires were discussed. Staff told us they felt well supported at the home, had access to good quality training and received regular supervision.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

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