

Random inspection report

Care homes for older people

Name:	Tudor Rose Rest Home
Address:	671 Chester Road Erdington Birmingham West Midlands B23 5TH

The quality rating for this care home is:	one star adequate service
The rating was made on:	

A quality rating is our assessment of how well a care home, agency or scheme is meeting the needs of the people who use it. We give a quality rating following a full review of the service. We call this review a 'key' inspection.

This is a report of a **random inspection** of this care home. A random inspection is a short, focussed review of the service. Details of how to get other inspection reports for this care home, including the last key inspection report, can be found on the last page of this report.

Lead inspector:	Date:								
Lisa Evitts	1	3	0	5	2	0	1	0	

Information about the care home

Name of care home:	Tudor Rose Rest Home
Address:	671 Chester Road Erdington Birmingham West Midlands B23 5TH
Telephone number:	01213848922
Fax number:	01213504040
Email address:	
Provider web address:	

Name of registered provider(s):	Careplex
Name of registered manager (if applicable)	
Ms Jackie Barrett	
Type of registration:	care home
Number of places registered:	27

Conditions of registration:		
Category(ies) :	Number of places (if applicable):	
	Under 65	Over 65
mental disorder, excluding learning disability or dementia	0	5
old age, not falling within any other category	0	27

Conditions of registration:								
The maximum number of service users who can be accommodated is: 27								
The registered person may provide the following category of service only: Care Home Only (Code PC) To service users of the following gender: Either Whose primary care needs on admission to the home are within the following categories: Old age, not falling within any other category (OP) 27 Mental Disorder, excluding learning disability or dementia - over 65 years of age (MD(E)) 5								
Date of last inspection								

Brief description of the care home

Tudor Rose is registered to provide residential care for up to 27 persons for reason of old age with a maximum of five who may suffer from mental health illness.

The property is a converted and extended domestic residence and the frontage blends well with the adjacent residential properties in the area. The premises are situated on a busy main road close to local shops and amenities. It is very conveniently situated for bus and rail services to Sutton Coldfield and Birmingham city centre. There is sufficient off road parking at the front of the building to accommodate several vehicles and further parking is available in nearby side roads.

The majority of the accommodation is located on the ground and first floors. A shared room is situated on the second floor that has it's own adjacent bathroom. There are five double bedrooms and seventeen single bedrooms, all have wash hand basins and a call bell system. There is a shaft lift that gives access to all floors and permits a maximum of two people. This restriction in conjunction with the narrow corridors prohibits the home from caring for people who are wheelchair users.

Communal toilets and bathrooms are strategically located throughout the home. Communal rooms are situated on the ground floor and consist of two lounges and two dining rooms. There is an extensive rear garden with out houses and a paved area with seating that people can use. Meals and a laundry service are supplied on site.

Fee rates for living at the home range from £336 - £354 per week depending if single or double room. There are no top up fees. These rates are reviewed annually and the home should be contacted for current rates. There is some information on display inside the home and the last inspection report is available for people to read if they choose to.

What we found:

The focus of this inspection undertaken by the Care Quality Commission (CQC) is upon outcomes for people who live in the home and their views of the service provided. This process considers the care home's capacity to meet regulatory requirements, minimum standards of practice and focuses on aspects of service provision that need further development.

This random visit was undertaken by one inspector over three and a half hours. There were twenty six people living at the home and one of these people was in hospital. The home did not know that we would be visiting that day and the deputy manager assisted us. The reason for this visit was to monitor the home's progress in meeting the two requirements which were made at the last key inspection on 30th November 2009.

During this visit we looked at two people's care files. We spoke to three people who live at the home and two staff. We looked at the records for small amounts of people's money and looked at how the home keeps this safe.

These are our findings:

We looked at the accounts for three people who have money kept at the home. We found that all of these had detailed records of expenditure and had receipts to support this. Two staff signed the records when money was put into or taken out of the account and on one record the person who lives at the home had also signed. Balances were correct and monthly audits were undertaken. This should ensure that people's money is held safely by the home.

We looked at one person's file as we were told that the person's mobility had changed since recently being in hospital. We found that there were clear records of the person being admitted into hospital following a fall. Records showed that prior to the person coming back to the home, staff had been to re assess them to ensure that the home could still meet their needs. Both the care plans and risk assessments had been updated when the person came back to the home. They showed that the person now needed more assistance from two staff and a Zimmer frame to walk due to being unsteady. A falls risk assessment had been completed and the person had been referred to a falls clinic as the number of falls had increased. This will ensure that the person sees a specialist to see if there is anything that will help the person reduce the number of falls they have.

We looked at the file of one person who had recently come to live at the home. This person's needs had changed as they had become more confused and has tried to leave the home. Shortly after the person had moved into the home they had left the premises unaccompanied and were reported missing to the police. They were found a short time after near to the home. Staff told us that they had sent us a report about this incident but we have not received this. The home did not keep copies of notifications that they send us and this was recommended so that the home have evidence of the reports being sent. The deputy manager set up a file for this straight away.

Due to the concerns about the person trying to leave the home and not being safe, the home had contacted the person's social worker and the GP to ask for a review of their

care. Care plans were in place and a risk assessment. Entries were made in daily records about the person's behaviour but no behaviour charts were in place. This was discussed with the deputy manager as this would assist staff in identifying any trends or patterns in the behaviour. Care plans gave staff guidance about how to support the person with this behaviour such as "assist in orientation to room", "use simple commands" and "involve in activities". We observed staff diverting the person's attention and assisting them to be calm after lunch.

People told us:

"Staff always come and help me"

"The girls came to see me when I was in hospital and that was nice, but I'm glad to be home"

"Always get good food with plenty to choose from"

One person who lives at the home told us that staff go with them every day to place a bet at the bookies. This means that people are assisted to continue with activities that they enjoy.

There was a pleasant atmosphere in the home and staff were seen to assist people at lunchtime in a manner which promoted their independence and dignity.

Staff spoken to were able to tell us about people's needs and how they should support people as stated in their care plans. They told us that they had received training in various topics such as Health and Safety, dementia, medication, fire and moving and handling. These are relevant topics for staff to have the knowledge to meet people's needs.

What the care home does well:

This is a random inspection and therefore not all of the core standards were assessed. All of the standards will be assessed at the next key inspection of the home.

The staff at the home have made improvements to the care plans and the management of people's money to ensure that people live in a home where the requirements are met.

Staff know the people who live at the home well and recognise when their needs change.

The home provides a friendly and welcoming atmosphere.

What they could do better:

This is a random inspection and therefore not all of the core standards were assessed. All of the standards will be assessed at the next key inspection of the home.

Behaviour charts would assist staff to identify any trends or patterns in people's behaviour.

Copies of notifications that are sent to us should be kept in the home, so that they can

show they have told us about any reportable incidents.

If you want to know what action the person responsible for this care home is taking following this report, you can contact them using the details set out on page 2.

Are there any outstanding requirements from the last inspection?

Yes

No

Outstanding statutory requirements

These are requirements that were set at the previous inspection, but have still not been met. They say what the registered person had to do to meet the Care Standards Act 2000, Regulations 2001 and the National Minimum Standards.

No.	Standard	Regulation	Requirement	Timescale for action

Requirements and recommendations from this inspection:

Immediate requirements:

These are immediate requirements that were set on the day we visited this care home. The registered person had to meet these within 48 hours.

No.	Standard	Regulation	Requirement	Timescale for action

Statutory requirements

These requirements set out what the registered person must do to meet the Care Standards Act 2000, Regulations 2001 and the National Minimum Standards. The registered person(s) must do this within the timescales we have set.

No.	Standard	Regulation	Requirement	Timescale for action

Recommendations

These recommendations are taken from the best practice described in the National Minimum Standards and the registered person(s) should consider them as a way of improving their service.

No	Refer to Standard	Good Practice Recommendations
1	7	Behaviour charts should be used so that any trends or patterns can be identified easily.
2	38	Copies of notifications should be kept so that the home can demonstrate that the appropriate people have been notified of any incidents that occur in the home.

Reader Information

Document Purpose:	Inspection Report
Author:	Care Quality Commission
Audience:	General Public
Further copies from:	0870 240 7535 (telephone order line)

Our duty to regulate social care services is set out in the Care Standards Act 2000. Copies of the National Minimum Standards –Care Homes for Older People can be found at www.dh.gov.uk or got from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering from the Stationery Office is also available: www.tso.co.uk/bookshop

Helpline:

Telephone: 03000 616161

Email: enquiries@cqc.org.uk

Web: www.cqc.org.uk

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