

Key inspection report

Care homes for older people

Name:	Tudor Bank Ltd
Address:	Tudor Bank 2 Beach Road Southport Merseyside PR8 2BP

The quality rating for this care home is:

three star excellent service

A quality rating is our assessment of how well a care home 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 full review a 'key' inspection.

Lead inspector:	Date:
Michael Perry	2 3 1 2 2 0 0 9

This is a review of quality of outcomes that people experience in this care home. We believe high quality care should

- Be safe
- Have the right outcomes, including clinical outcomes
- Be a good experience for the people that use it
- Help prevent illness, and promote healthy, independent living
- Be available to those who need it when they need it.

The first part of the review gives the overall quality rating for the care home:

- 3 stars - excellent
- 2 stars - good
- 1 star - adequate
- 0 star - poor

There is also a bar chart that gives a quick way of seeing the quality of care that the home provides under key areas that matter to people.

There is a summary of what we think this service does well, what they have improved on and, where it applies, what they need to do better. We use the national minimum standards to describe the outcomes that people should experience. National minimum standards are written by the Department of Health for each type of care service.

After the summary there is more detail about our findings. The following table explains what you will see under each outcome area.

Outcome area (for example Choice of home)

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

This box tells you the outcomes that we will always inspect against when we do a key inspection.

This box tells you any additional outcomes that we may inspect against when we do a key inspection.

This is what people staying in this care home experience:

Judgement:

This box tells you our opinion of what we have looked at in this outcome area. We will say whether it is excellent, good, adequate or poor.

Evidence:

This box describes the information we used to come to our judgement.

We review the quality of the service against outcomes from the National Minimum Standards (NMS). Those standards are written by the Department of Health for each type of care service.

Copies of the National Minimum Standards – Care Homes for Older People can be found at www.dh.gov.uk or bought 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

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- Regulating health and adult social care services to ensure quality and safety standards, drive improvement and stamp out bad practice
- Protecting the rights of people who use services, particularly the most vulnerable and those detained under the Mental Health Act 1983
- Providing accessible, trustworthy information on the quality of care and services so people can make better decisions about their care and so that commissioners and providers of services can improve services.
- Providing independent public accountability on how commissioners and providers of services are improving the quality of care and providing value for money.

Reader Information

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Information about the care home

Name of care home:	Tudor Bank Ltd
Address:	Tudor Bank 2 Beach Road Southport Merseyside PR8 2BP
Telephone number:	01704569260
Fax number:	01704567938
Email address:	marypagett@aol.com
Provider web address:	

Name of registered provider(s):	Tudor Bank Ltd
Type of registration:	care home
Number of places registered:	46

Conditions of registration:		
Category(ies) :	Number of places (if applicable):	
	Under 65	Over 65
dementia	28	0
mental disorder, excluding learning disability or dementia	18	0
Additional conditions:		
<p>The registered person may provide the following category/ies of service only: Care home with nursing - Code N to service users of the following gender: Either whose primary care needs on admission to the home are within the following categories: Dementia - Code DE (maximum number of places: 28) Mental disorder, excluding learning disability or dementia - Code MD (maximum number of places: 18) The maximum number of service users who can be accommodated is: 46</p>		

Date of last inspection									
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Brief description of the care home

Tudor Bank is a large detached nursing home set in its own grounds and occupying a position close to both Southport sea front and town centre. It provides nursing care for two resident groups of both younger adult and older persons with mental health needs.

Tudor Bank Ltd owns the home and the responsible individual is Mr Himat Gami. Externally the home has a black and white 'Tudor style' appearance and the original

Brief description of the care home

building has been added to over recent years with two purpose built extensions in order to meet the requirements of the Care Standards Act 2000. There is an enclosed rear garden, which is accessed from two of the day areas. The front of the building is given over to parking. The home has its own mini bus, which is well used for trips out.

The Registered Manager of Tudor Bank is Mary Pagett who is a qualified nurse.

The current fees for the service range between 437 and 865 pounds per week.

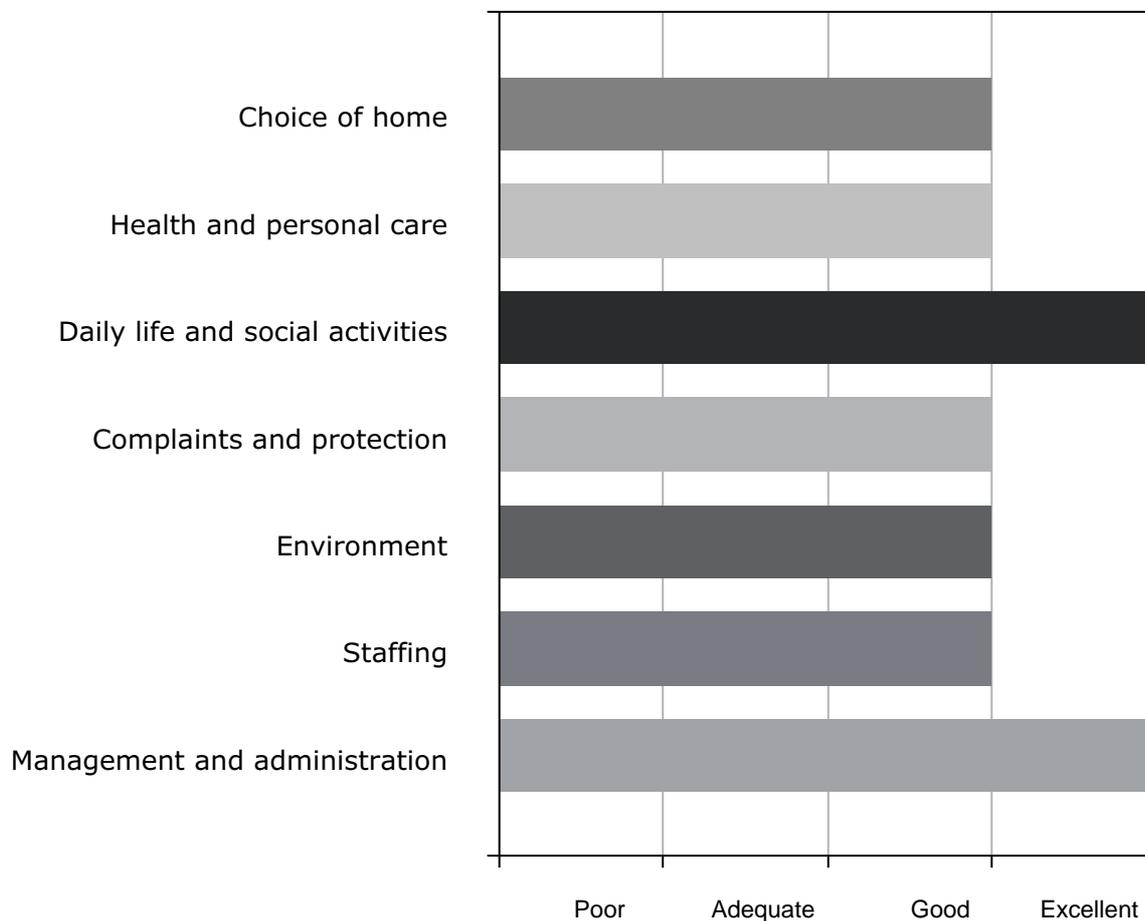
Summary

This is an overview of what we found during the inspection.

The quality rating for this care home is:

three star excellent service

Our judgement for each outcome:



How we did our inspection:

The inspection was unannounced and was conducted over a period of one day. We completed a tour of the home looking at the general environment. Care records and other records kept in the home such as health and safety records were also viewed.

Residents in the home were spoken to along with members of staff and the Manager. Relatives were interviewed. Prior to the inspection survey forms were sent out to residents in the home and eight of these were returned and comments have been used in the report.

The manager completed an Annual Quality Assurance Assessment (AQAA) prior to the visit, which is a detailed document that gives us a lot of information and update about the home and assists in focusing the inspection.

What the care home does well:

We spoke with some of the younger adults living in the home and they felt that care was well planned and they felt included and had a copy of their care plan.

Health needs are addressed in some detail both psychiatric care and general health. People spoken with stated that they could access medical support when needed and were reviewed by psychiatric services on an ongoing basis. This shows that people are well supported and their right to health care is upheld.

Residents spoken with were very happy with the approach of the care home in helping make decisions. The home has regular resident meetings to provide information and seek residents views on relevant matters. Residents are encouraged to make decisions within the context of risk assessments so that they can develop social skills and abilities generally. One person showed us their bedroom and commented how he is free to come and go as he pleases.

Staff in the elderly care areas were seen to be carrying out personal care sensitively and with patience. Staff were observed to be warm and supportive when carrying out care so that the residents feeling of identity and inclusion was evident in their appearance of well being.

Comments from relatives regarding the care received by relatives included:

'I'm very happy with the care. My relative is looked after very well indeed'.

'Staff are very friendly and keep you up to date with everything. My relative had a chest infection recently and the doctor visited promptly. Staff are very caring'.

We reviewed how people who may be dying are cared for. We discussed the care of one person who had died in the home and it was clear that full input by medical and care staff had been well coordinated using the 'vigil pathway'. This displays evidence of current good practice.

A relative summed up the way the care is personalised and explained how his wife was always dressed appropriately evidencing that staff had taken the time to research preferences in this area. He said:

'The home is very good. Its not the poshest I've seen but they look after [wife] needs well. Its very personalised and staff are always on hand. Shes always very clean and well presented. I trust the staff, they let her help with little jobs around the home. I will come for Christmas dinner, the staff have invited me'.

We saw evidence of ongoing activity for people with dementia and they appeared well supported. The level of interaction and engagement with staff was high and this helps people to feel better about themselves. The home is very relaxed and there is a positive atmosphere. Staff were seen consistently interacting and supporting residents.

The food in the home was generally highly praised. There is a choice daily and diets are accounted for. The meal time for the elderly residents in the main lounge was

observed. Staff were observed to be very patient and supported residents in facilitating a positive experience so that elderly residents enjoyed their meal.

Staffing of the home is consistent and staff are well trained so that there is a good knowledge base for carrying out of the care and supporting people.

The general management of the home is consistently good. Issues are managed appropriately. There are systems in place to consult with people living in the home and their supporters so that the home can get feedback and can be run in their best interests.

What has improved since the last inspection?

We have made previous comments about care plans being rather medical in terminology which can act as a barrier for more personalised care. This has been addressed. For example one person gets very anxious about personal belongings and the thought that they may go missing. This is addressed with staff being alerted to the need for reassurance in this area. This shows that the home are trying to develop a model of care which encourages social inclusion and supports the person in their daily activity.

What they could do better:

We would strongly recommend that a tool for assessing mental capacity is introduced to the assessment process. This fits in with current good practice around the Mental Capacity Act and can form the basis of choice in terms of daily care.

There were some anomalies found with the way some medicines are administered and recorded. A record should be maintained of any prescribed cream so that it is clear when and by whom the cream is applied. Some of the records were handwritten by staff. These should be countersigned to ensure that what has been written is correct. This reduces the risk of errors. When listing 'medication received' on the medication record [MAR] chart the date and quantity was missing on some records which meant that it was not possible to keep a check on the stock balance. This is important so that all medicines can be routinely audited. There needs to be more regular auditing of medicines so that anomalies can be picked up and rectified. We discussed various audit tools that could be used.

All staff who start work in the home must have full and satisfactory information available prior to commencing work. Records seen did not contain these checks prior to employment. This helps ensure that people living in the home are protected.

We would recommend that the home develop a protocol for assessing risk for staff who present for employment with previous criminal convictions and that a full assessment is recorded on file. Again, this helps ensure that people who work in the home are fit to do so.

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 on page 4.

The report of this inspection is available from our website www.cqc.org.uk. You can get printed copies from enquiries@cqc.org.uk or by telephoning our order line 0870 240 7535.

Details of our findings

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Requirements and recommendations from this inspection

Choice of home

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People are confident that the care home can support them. This is because there is an accurate assessment of their needs that they, or people close to them, have been involved in. This tells the home all about them and the support they need. People who stay at the home only for intermediate care, have a clear assessment that includes a plan on what they hope for and want to achieve when they return home.

People can decide whether the care home can meet their support and accommodation needs. This is because they, or people close to them, have been able to visit the home and have got full, clear, accurate and up to date information about the home. If they decide to stay in the home they know about their rights and responsibilities because there is an easy to understand contract or statement of terms and conditions between them and the care home that includes how much they will pay and what the home provides for the money.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Residents are assessed prior to admission so that an effective care plan can be drawn up.

Evidence:

We looked at care files for 4 residents. These included various assessments carried out by staff so that care needs can be identified. The assessment process starts before residents are admitted and care files contained pre admission assessments from a senior nurse in the home as well as copies of further assessments from care professionals such as social workers and health care professionals.

The assessments are thorough and include attention to any risk factors so that residents can exercise some choice and live their daily lives safely. One resident for example had risk factors associated with leaving the home with out informing staff as well as needs around maintaining safety in the light of any aggressive behavior. Again the care plan both alerted staff to this and also agreed a plan so that the residents

Evidence:

awareness was raised. This particular person had been referred by the home for assessment under the recent Deprivation of Liberty Safeguards which are aimed at protecting people who may be at risk whilst also ensuring that their rights are protected by continued review if any deprivation of their liberty is felt to be needed.

We discussed this in some depth with the manager who had made the referral. Currently there is no adequate assessment of peoples mental capacity at the point of entry to the home. This is important given the developments in the Mental Capacity Act as well as giving a baseline for decisions made with respect to choice of admission to the home and any subsequent need to make decisions in that persons 'best interest'. We would strongly recommend that an assessment tool is included in the assessment documentation.

Residents and relatives spoken to where able to recall how they had been admitted to the home and generally felt that this had been a positive experience in that staff had taken the time to support and answer any questions.

Health and personal care

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People's health, personal and social care needs are met. The home has a plan of care that the person, or someone close to them, has been involved in making. If they take medicine, they manage it themselves if they can. If they cannot manage their medicine, the care home supports them with it, in a safe way. People's right to privacy is respected and the support they get from staff is given in a way that maintains their dignity.

If people are approaching the end of their life, the care home will respect their choices and help them feel comfortable and secure. They, and people close to them, are reassured that their death will be handled with sensitivity, dignity and respect, and take account of their spiritual and cultural wishes.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Health care needs are well addressed and personal care is carried out effectively so that residents well being is maintained although some attention is needed with respect to medication monitoring to ensure full compliance.

Evidence:

We spoke with some of the younger adults living in the home and they had a copy of their care plan and were able to explain, to varying degrees, the main aim of the care. The care plans cover assessed care needs. There is also reference to management of finance so that residents are clear about any agreements in this area.

Health needs are addressed in some detail both psychiatric care and general health. For example one person has ongoing medical assessments and is supported by care staff to attend hospital appointments. People spoken with stated that they could access medical support when needed and were reviewed by psychiatric services on an ongoing basis.

Care records gave clear evidence of how the home liaise with supporting professionals

Evidence:

such as the community mental health team [CMHT] to support some people with challenging behavior. In one example the person has been referred for assessment under the deprivation of liberty safeguards and this is being well managed. This shows that the home are supporting people appropriately and ensuring that they receive the right input from health and social care professionals.

We have made previous comments about care plans being rather medical in terminology which can act as a barrier for more personalised care. This has been addressed and we found references in the care plans to people's needs in terms of how their disability might affect their lifestyle. For example one person gets very anxious about personal belongings and the thought that they may go missing. This is addressed with staff being alerted to the need for reassurance in this area. This shows that the home are trying to develop a model of care which encourages social inclusion and supports the person in their daily activity. This removes barriers to disability that medical diagnosis may perpetuate.

Residents spoken with were very happy with the approach of the care home in helping make decisions. The home has regular resident meetings to provide information and seek residents' views on relevant matters. The home also has relative support meetings which tend to attract the relatives of the more elderly care group.

Residents were aware of the various house rules and accepted the need for such guidelines. Residents are encouraged to make decisions within the context of risk assessments so that they can develop social skills and abilities generally. Residents are, for example, encouraged to self-medicate within their abilities although this is very limited in the home. One person showed us their bedroom and commented how he is free to come and go as he pleases. He had a key to his room to ensure privacy.

Staff in the elderly care areas were seen to be carrying out personal care sensitively and with patience. Observations were conducted and carers assisting with moving and handling, feeding and toileting and residents' dignity was given a high priority. Staff were observed to be warm and supportive when carrying out care so that the residents' feeling of identity and inclusion was evident in their appearance of well-being.

Comments from relatives regarding the care received by relatives included:

'I'm very happy with the care. My relative is looked after very well indeed'.

'Staff are very friendly and keep you up to date with everything. My relative had a

Evidence:

chest infection recently and the doctor visited promptly. Staff are very caring'.

We reviewed how people who may be dying are cared for. The homes pre inspection information [AQAA] tells us that the home has been accepted for Gold Standard Framework which includes training and accreditation for care of the dying. The manager and two other staff are to do the training for this. We discussed the care of one person who had died in the home and it was clear that full input by medical and care staff had been well co ordinated using the 'vigil pathway'. This displays evidence of current good practice. We also spoke with a person whose relative had died in the home. This was described in very positive terms with respect to the care given and it was clear that both resident and relatives had been well supported.

The medication procedure was reviewed and discussed with staff. There are policies and procedures available so that staff can refer to them. The supplying pharmacist completes audits on a regular basis.

We looked at the medication records and observed some anomalies that need to be addressed. One person has cream applied by staff for a skin condition. The cream is kept in the persons room and applied by care staff. There is no note of this on the medication record [MAR sheet] and there is no record of the care staff who actually apply the cream. This was discussed and a record should be maintained so that it is clear when and by whom the cream is applied.

Some of the records were handwritten by staff. These entries were not signed at all in one instance and not countersigned in another. The countersigning is important so that a second staff can check and ensure that what has been written is correct. This reduces the risk of errors.

When listing 'medication received' on the MAR chart the date a quantity was missing on some records [again handwritten] which meant that it was not possible to keep a check on the stock balance. This is important so that all medicines can be routinely audited.

We discussed the above anomalies with the manager. She conducts a medication audit once a year. This is insufficient and there needs to be more regular auditing so that anomalies can be picked up and rectified. We discussed various audit tools that could be used.

Daily life and social activities

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

Each person is treated as an individual and the care home is responsive to his or her race, culture, religion, age, disability, gender and sexual orientation. They are part of their local community. The care home supports people to follow personal interests and activities. People are able to keep in touch with family, friends and representatives. They are as independent as they can be, lead their chosen lifestyle and have the opportunity to make the most of their abilities. People have nutritious and attractive meals and snacks, at a time and place to suit them.

There are no additional outcomes.

This is what people staying in this care home experience:

Judgement:

People using this service experience **excellent** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

The home is able to demonstrate an understanding of need for residents with dementia as well as those younger adults with mental health needs to exercise some control over their lives so that their rights are respected.

Evidence:

The personal exercise of choice and control over peoples daily life in the home is a difficult balance to achieve given the lack of mental capacity of the elderly resident group. There were examples however of how the home were trying to achieve a good balance. For example staff interviewed were aware of individual residents likes and dislikes in terms of dress and food preference.

A relative explained how his wife was always dressed appropriately evidencing that staff had taken the time to research preferences in this area. He said:

'The home is very good. Its not the poshest I've seen but they look after [wife] needs well. Its very personalised and staff are always on hand. Shes always very clean and well presented. I trust the staff, they let her help with little jobs around the home. I will come for Christmas dinner, the staff have invited me'.

Evidence:

The activities coordinator completes a full social assessment which includes preferences with respect to activities and she is therefore able to programme activity with this in mind. We saw evidence of ongoing activity for people with dementia and they appeared well supported. The level of interaction and engagement with staff was high and this helps people to feel better about themselves. One person who had been very agitated in the recent past was seen to be suitably engaged and supported by staff and the activities coordinator so that she was a lot calmer. The activities chosen were well planned and individualised. There was some discussion around the need to promote this further in terms of quality of life for this group of residents [currently the activities person is employed for 14 hours weekly].

The home is very relaxed and there is a positive atmosphere. Staff were seen consistently interacting and supporting residents. The younger age group are encouraged to use local facilities for recreation and residents were seen constantly coming and going to town, shopping or visiting. Residents also spoke about group trips out which are frequent and well appreciated.

There could be some difficulties with the mix of residents in the home [younger and older residents] . This does not cause any great issues however and both groups seem well integrated with each other evidencing the homes ability to meet a variety of diverse needs.

The food in the home was generally highly praised. There is a choice daily and diets are accounted for. Residents can also brew up if they wish by either using the kitchen on the lower ground floor or in their own room with the provision of individual tea making facilities.

The meal time for the elderly residents in the main lounge was observed. These are very dependent residents and staff were observed to be very patient and supported residents in facilitating a positive experience so that elderly residents enjoyed their meal.

Complaints and protection

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

If people have concerns with their care, they or people close to them know how to complain. Any concern is looked into and action taken to put things right. The care home safeguards people from abuse and neglect and takes action to follow up any allegations.

People's legal rights are protected, including being able to vote in elections.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

The home has a complaints procedure and provides a protective and caring environment and there is an awareness of the local adult protection procedures so that residents are protected from abuse.

Evidence:

Each of the resident lounges, as well as the main entrance hallway, has folders with policies, procedures and information for staff and relatives to look at and these include information on, for example, elder abuse and concepts such as confidentiality. The notice boards display a copy of the complaints procedure and also access to advocacy. There are contact numbers for statutory bodies such as The Care Quality Commission [CQC].

Staff spoken to had received some training in the awareness and understanding of abuse and were able to give examples of how they would recognise abuse and what the principals of good care where in terms of the need for dignity and privacy for example. We looked at the content of the induction program for one staff member and saw that this had been covered so that awareness could be raised.

We spoke to a member of staff who has recently reported a concern through to the local safeguarding team and this is being dealt with in line with good practice. This shows that the home refer matters such as these to through the correct channels.

Evidence:

Relatives interviewed on the day felt that the staff approach to the care of vulnerable residents who were elderly was supportive and respectful. Residents and relatives felt that management were very approachable and would listen to any concerns and act on them accordingly.

Environment

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People stay in a safe and well-maintained home that is homely, clean, pleasant and hygienic.

People stay in a home that has enough space and facilities for them to lead the life they choose and to meet their needs. The home makes sure they have the right specialist equipment that encourages and promotes their independence. Their room feels like their own, it is comfortable and they feel safe when they use it.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

The home shows evidence of ongoing maintenance and upgrading and was found to be safe, clean and hygienic so that residents can live in a pleasant environment.

Evidence:

All day areas were seen as well as some bedrooms of people living in the home. All areas were very clean and tidy. Residents and relatives report high standards in this area. Toilets and bathrooms also seen and are well appointed.

There has been general upgrading of the home in the past year. The AQAA tells us that there has been decoration of bedrooms and dining areas and lounges, new bedroom furniture for 10 rooms, new marquee for the garden, kitchen equipment such as blenders and trays, new flooring to several bedrooms and some new equipment such as garden tables and chairs and a bath trolley as well as the purchase of an electric bed. This shows that the home continues to maintain standards and meet needs of people who live there.

The general maintenance very good with regular daily checks made of all areas.

Externally there is access to gardens and residents are free to use this facility if they wish.

Evidence:

Staffing

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People have safe and appropriate support as there are enough competent staff on duty at all times. They have confidence in the staff at the home because checks have been done to make sure that they are suitable to care for them. Their needs are met and they are cared for by staff who get the relevant training and support from their managers.

There are no additional outcomes.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

The manager needs to ensure that staff are recruited with appropriate checks in place so that people living in the home are protected.

Evidence:

For 36 residents in the home staff on duty included the manager, two trained nurses and seven care staff. Observations made confirmed that all day areas are constantly staffed so that care needs can be both monitored and addressed.

We received comments from residents and relatives which were very supportive of the staff and felt that they worked hard to achieve a very good standard of care. A majority of care staff are overseas workers and the overall mix does not reflect the cultural background of the residents but this was not an issue on the inspection [as on the last inspection 3 yrs ago].

Four staff files were inspected. The staff from overseas had the necessary paperwork with respect to immigration status and identity were also in place. The home have good links with the border agency for any issues that need clarifying around immigration status of people. This shows good attention to ensuring this aspect of staff's fitness to work.

We were concerned that some of the pre employment checks that need to be made

Evidence:

before staff commence work with vulnerable people had not been made in good time. For example one staff file contained information to the effect that the person had started work in the home [October 2008] two days before a clear check had been received from the Protection of Vulnerable Adults Register [POVA] and a month before any clear CRB [Criminal Records] check had been received. The same person had only one written reference on file. Another person started work in March 2009. The home did not complete any checks [either POVA first or CRB] until one month [POVA] and two months [CRB] following the person's start date. The manager pointed out that the home had obtained a CRB check which had been carried out by the previous employer some 3 weeks prior to starting work at Tudor Bank but at that time the CRB record was not 'portable' and managers would need to make their own checks [which is still current good practice]. It is important that all necessary pre-employment checks are made [as listed in Schedule 2 of the Care Home Regulations] so that people living in the home are assured that staff supporting them are 'fit' to do so.

We also discussed one person who had a criminal record check which showed previous convictions. The manager explained that such eventualities are discussed with the provider and any risks are considered in terms of employment. There was no record of any such assessment available however and the manager did not have a suitable tool which is being used presently. This was discussed and recommendations made to develop such a protocol. Again this is important so that the home have standard procedures to assess staff for employment.

We looked at training records for staff and these indicated that there is a full training programme available. We spoke to staff who said that the induction process had been very good and had helped them settle into their role. The manager has audited the induction at the home against the 'common induction standards' so that it is comprehensive. All of the care staff either have an National Vocational Qualification [NVQ] or the equivalent. This shows that staff have the basic knowledge to carry out care in the home.

Management and administration

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People have confidence in the care home because it is led and managed appropriately. People control their own money and choose how they spend it. If they or someone close to them cannot manage their money, it is managed by the care home in their best interests. The environment is safe for people and staff because appropriate health and safety practices are carried out.

People get the right support from the care home because the manager runs it appropriately with an open approach that makes them feel valued and respected. The people staying at the home are safeguarded because it follows clear financial and accounting procedures, keeps records appropriately and ensures their staff understand the way things should be done. They get the right care because the staff are supervised and supported by their managers.

This is what people staying in this care home experience:

Judgement:

People using this service experience **excellent** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

There are quality systems in place to ensure good monitoring and ongoing improvements so that peoples care can be progressed and procedures are appropriately managed to ensure smooth running of the home.

Evidence:

Mary Paget has managed Tudor bank for the past nine years. She has been a consistent figure over the transfer of ownership five years ago and has maintained good standards in the home over a period of change and development in the home. She has a good record of continual update of skills and attends outside forums on a regular basis especially around the promotion of good practice issues in dementia care. The pre inspection self assessment [AQAA was completed to a good standard and was able to evidence areas of good practice.

Feedback from the staff, residents, relatives and professionals interviewed on this inspection was very positive as in previous inspections. Relatives in particular were

Evidence:

appreciative of her communication skills and found her approach to be caring and supportive.

The home undergoes an external audit on a yearly basis in order to monitor and improve quality. Resident and relative feedback is canvassed as part of this audit but the management also carry out their own internal satisfaction survey and the results of this are displayed in the home. There are meetings organised on a regular basis with the younger adult group and any issues raised are followed upon. The older residents have a family forum which relatives can attend and air any views.

The home has a good track record of responding to and meeting any requirements. The management displayed an open and constructive attitude with respect to areas we discussed on the visit. The one area of concern is around the need to ensure rigorous recruitment checks are made on staff prior to employment.

The various policies and procedures for the home are reviewed on a regular basis and staff reported that the manager communicates any change in policy on a regular basis. The manager carries out a series of audits, which look at different areas of the care standards in the home. We looked at some of the health and safety management in the home and randomly checked some of the safety certificates such as electrical, gas and checks of legionella. All of these were up to date evidencing the smooth running of the home.

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, Care Homes 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, Care Homes 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
1	29	19	<p>All staff who start work in the home must have full and satisfactory information available prior to commencing work. This includes those checks listed in schedule 2 of the Care Home Regulations.</p> <p>This helps ensure that people living in the home are protected.</p>	29/01/2010

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	3	We would strongly recommend that a tool for assessing mental capacity is introduced to the assessment process.
2	9	<p>A record should be maintained of any prescribed cream so that it is clear when and by whom the cream is applied.</p> <p>Some of the records were handwritten by staff. These should be countersigned to ensure that what has been written is correct. This reduces the risk of errors.</p>

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
		<p>When listing 'medication received' on the MAR chart the date a quantity was missing on some records [again handwritten] which meant that it was not possible to keep a check on the stock balance. This is important so that all medicines can be routinely audited.</p> <p>There needs to be more regular auditing of medicines so that anomalies can be picked up and rectified. We discussed various audit tools that could be used.</p>
3	29	We would recommend that the home develop a protocol for assessing risk for staff who present for employment with previous criminal convictions and that a full assessment is recorded on file.

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