

# Key inspection report

## Care homes for older people

<b>Name:</b>	Tudor Court
<b>Address:</b>	18-20 Midvale Road Paignton Devon TQ4 5BD

<b>The quality rating for this care home is:</b>	two star good service
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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.

<b>Lead inspector:</b>	<b>Date:</b>
Stella Lindsay	1   7   0   5   2   0   1   0

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](http://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](http://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 Court
Address:	18-20 Midvale Road Paignton Devon TQ4 5BD
Telephone number:	01803558374
Fax number:	01803528132
Email address:	jean.entwistle@btconnect.com
Provider web address:	

Name of registered provider(s):	Mr Royston Terry Lock
Name of registered manager (if applicable)	
Ms Dawn Baggaley	
Type of registration:	care home
Number of places registered:	31

Conditions of registration:		
Category(ies) :	Number of places (if applicable):	
	Under 65	Over 65
dementia	0	31
mental disorder, excluding learning disability or dementia	0	31
old age, not falling within any other category	0	31
physical disability	0	31
Additional conditions:		
To allow one named Service User, 55 years of age, to have respite care		

Date of last inspection	2	0	0	5	2	0	0	9
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Brief description of the care home
Tudor Court is a large four storey mid terraced property, close to all local facilities in Paignton. The home provides care to service users over the age of 65 who may also have some form of physical and/or mental frailty. There is a shaft lift. The home has undergone a major refurbishment programme which has resulted in the creation of a large well appointed conservatory area at the rear of the home, refurbishment of the

### Brief description of the care home

home's communal areas, the home's kitchen, corridors and upgrading of service user's bedrooms throughout the home. The home now provides accommodation for service users in twenty-seven single rooms and two double rooms. Twenty-one of the bedrooms have a toilet and washbasin en-suite facility. The conservatory looks on to a pleasant level patio area. Its gate, and external doors of the home, can be opened with a keypad. The fees range from 340 to 400 pounds per week, increasing in line with the dependency of the person receiving care. The statement of purpose and service users' guide are provided for people in the lounge area of the home.

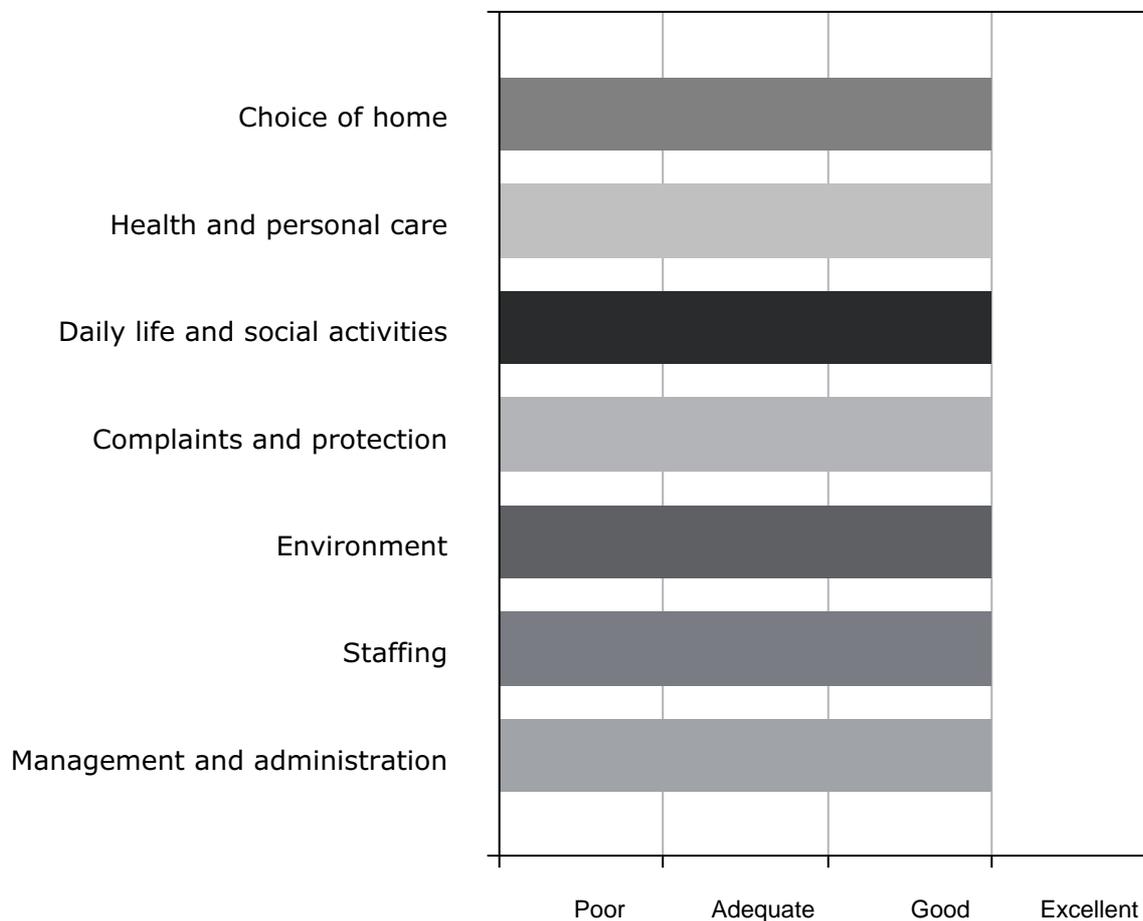
## Summary

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

The quality rating for this care home is:

two star good service

### Our judgement for each outcome:



### How we did our inspection:

This inspection took place over two days in May 2010. The inspector was accompanied by an Expert by Experience on the first day. This was a person who understands how to communicate with people who use this service. They visited the service with us to help us get a picture of what it is like to live at Tudor Court.

Before this unannounced inspection, we sent questionnaires to people who live at the home, and to people who work there. Six residents completed these, some with help from a friend or relative, and four staff. We also heard from three health or social care professionals who visit people in the home frequently.

The Service Provider sent us their annual quality assurance assessment (AQAA) when we asked for it. It was clear and gave us all the information we asked for. The AQAA is a self-assessment that focuses on how well outcomes are being met for people using the service. It also gave us some numerical information about the service.

The Expert by experience spoke to nine people who use the service, including one who comes for day and respite care, and saw others in the lounge and dining room. During our visit we also spoke to three regular visitors, the home owners, Registered Manager, three Senior Carers, and three other staff members.

We case tracked two people who use the service. Case tracking means we looked in detail at the care two people receive. We spoke to staff about their care, looked at records that related to them, met with them and made observations if they were unable to speak to us.

We looked at staff recruitment records, training records and policies and procedures. We did this because we wanted to understand how well the safeguarding systems work and what this means for people who use the service.

All this information helps us to develop a picture of what it is like to live at Tudor Court.

### **What the care home does well:**

Tudor Court provides a pleasant, well maintained home that is comfortable and has good facilities and a choice of social spaces. There is a patio which is easily accessible from the conservatory, providing a safe outside space for people to sit and walk.

The staff are friendly, caring and supportive. A good standard of personal and health care is maintained, with good care planning, risk assessment and recording by staff who are accountable for the care they provide.

The team give a good welcome to new residents and help them settle in well. There is a good variety of social activities, to make peoples' lives enjoyable. The meals are varied and provide a choice of good quality food.

Residents said, - 'I love it here', 'It's quite good here', 'We're a friendly crowd', and 'Nothing to grumble about'.

### **What has improved since the last inspection?**

A new Manager, Mrs Dawn Baggaley, was appointed last August and has registered with the Care Quality Commission. She has introduced improvements to all aspects of the service. 'Since the new Manager took over the standards have risen enormously', said a staff member. 'It is lovely to see how the home has improved since her employment'.

All care plans have been redesigned, to ensure that staff have the information they need to provide care according to the individual needs and wishes of residents. The method of recording care tasks has been altered to make care staff accountable for their work, which is checked by Seniors on duty each day.

Risk assessments are now in place to ensure that people who are vulnerable are cared for in a safe way, in particular with respect to pressure areas and skin care, and consideration of when bed guards should be used. Professional advice has been consulted as needed.

The system for administering medication has been improved so that staff can promote peoples' good health by ensuring they always have the correct medication.

Choice and variety in the provision of meals had been improved, and a menu was displayed on the wall of the lounge, so that residents could make a proper choice.

The recruitment procedure was being followed rigorously, to ensure that the staff appointed were suitable to work with vulnerable people.

The provision of training had been much improved, to ensure staff had the knowledge and confidence to meet the needs of their residents.

The management team had been much strengthened, to ensure that staff were supported to provide a consistently good service.

There were more staff on duty during the afternoons, so they may give individual

attention and support meaningful activities. The provision of activities was more lively and varied. Visiting relatives told us, 'It's much brighter now, there is more going on'.

Refurbishment had continued throughout the house. Some residents' bedrooms had been redecorated. Relatives commented on the new furniture that had been provided, which meant their mother had drawers that she could manage to open herself. The lounge had been divided with a screen, to improve choice and privacy in social spaces. A former bedroom had been made into a hairdressing salon, also used for medical examinations and treatment, chiropody, and private meetings of all sorts.

**What they could do better:**

We were impressed with the improvements that had been introduced since the last inspection, and commend Mrs Baggaley for all her work in reorganising this service.

She had introduced the programme of staff supervision, which needed to be continued, to offer each staff member their individual session regularly through the year ahead. Questionnaires had been distributed to residents, their relatives and representatives and other regular visitors to the home, but not yet analysed or considered for inclusion in a development plan for the home.

Further improvements to the house and garden would continue to boost the morale of people living and working at Tudor Court, and give a good first impression to the public.

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](http://www.cqc.org.uk). You can get printed copies from [enquiries@cqc.org.uk](mailto:enquiries@cqc.org.uk) or by telephoning our order line 0870 240 7535.

## Details of our findings

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## 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.

Good information is made available so that people can be clear about what this service offers.

Peoples' individual needs are carefully assessed and recorded before accommodation is offered, to ensure that peoples' needs can suitably be met.

Evidence:

The home's Statement of Purpose and Service User Guide were available in the lounge. The Manager was keeping them under review to maintain accuracy.

The Registered Manager visits prospective service users to assess their care needs. She had recently visited such a person in a local hospital to carry out the pre-admission assessment. Equipment that was needed was supplied on the day of admission. A Senior Carer completed the risk assessments, to show how staff could care for this person safely. This included that staff and equipment necessary to help

Evidence:

the person eg move from bed to chair.

Relatives and health care professionals told us they had seen that new people were given good support to settle in.

We saw that a statement of terms had been produced, to be clear about what was included in the service, and copies were seen in residents' rooms, signed by the service user and the home owner. It specified the room to be occupied and the fee that had been agreed, and amongst other provisions, said that the home's insurance covered resident's possessions up to a value of £500.

## 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 and personal care are provided in a respectful and person centred way.

The care planning and recording systems are good, reflecting how health and personal care needs are identified and met safely and reliably.

Residents' good health is promoted by careful administration of prescribed medication.

Evidence:

Each resident had a care plan which detailed their personal and health care needs. We examined two, and found they included good detail, were clearly set out and had been updated regularly. Where residents were unable to speak, their wishes had been recorded earlier. Staff were accountable individually for tasks they carried out, checked daily by the senior on duty. The Manager had introduced nutritional screening. Where necessary, charts for recording nutritional and fluid intake were used, to record and enable monitoring and assessment. Personal history had also been recorded, so that staff would have an understanding of the person. One relative returning a survey said, 'I visit the home twice a week and find my mother's care excellent. She is always dressed and warm. There are always plenty of warm drinks'. Residents returning surveys said they always get the care and support they need as

Evidence:

well as medical attention when necessary.

The Manager told us that she carried out a spot check at 4.15 am during the previous month, and had found that the staff were up to date with their care for people who needed nightly checks, and residents who needed regular turning were in the correct positions.

A speech and language therapist had give advice with respect to a service user who had difficulty with swallowing. Staff we spoke with were aware of peoples' needs who had difficulty with swallowing.

We saw that suitable risk assessments had been introduced to assess residents' needs for bed guards, and also to help staff consider whether it is appropriate for a resident to be seated in a reclining chair from which they cannot stand unaided. We saw a risk assessment that had been drawn up and signed by the Manager in consultation with a Community Nurse and the resident's relative.

Staff confirmed that they were given time to keep themselves up to date with care plans and changes to residents' risk assessments.

We saw that staff spoke to residents in a gentle and respectful manner.

The medication was stored and administered carefully. No residents had been assessed as being competent to manage their own medication, though people who were given painkillers were able to say whether or not they needed them. There was provision for the safe storage of Controlled Drugs, but none prescribed at the time of this inspection. We examined the medication records and found they were carefully kept.

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

Residents are given the opportunity to take part in a variety of activities within the home.

Good quality meals are provided, with choice and variety.

Evidence:

Every resident that we spoke to said they chose their own time of rising and retiring, one adding - 'they don't push you to get up if you want to have a lie-in'. Residents said they were able to have as many baths or showers as they wished.

A whiteboard in a prominent position in the lounge gave the date and the menu choices and activities planned for the day. The exercise group went ahead as planned in the afternoon, and we saw that residents engaged well and enjoyed participating. We were told that an activities organiser is normally on duty three afternoons each week. We saw a staff member engaging two residents with drawing books during the morning. Fortnightly visits from a singer were said by residents to be very good and enjoyable. Staff told us that residents had enjoyed cake making and other creative activities. The Manager was planning to provide activities in the mornings as well as afternoons. Visiting relatives told us they found the home was 'much brighter - more

## Evidence:

going on' - and said they had enjoyed the music too. They had seen staff making Easter cards with residents - 'It gets the brain working again'.

There were no organised trips out, but staff told us they had been able to take individual residents out in their wheelchair to the nearby seafront, and staff had also taken a resident with them to enable a trip out, when carrying out a task for the home such as collecting a day care service user. Members of staff undertake shopping for residents.

Residents said visitors were welcomed by the staff and usually offered refreshments. Currently, (apart from a private arrangement by one resident) there is no provision for religious engagement, though the Manager said she is hoping to change this.

The cook told us that new menus had recently been introduced, using ideas from residents. On the day of the visit there was a choice of either beefburger with mashed potatoes, gravy, onions, baked beans and mixed vegetables or cauliflower cheese followed by either Manchester Tart or fruit and ice-cream. We saw that a Senior Carer asked people for their menu choices, and kept a record. The plated meals looked appetizing and were of a suitable temperature. Two diners were encouraged to eat and assisted in a suitable manner by carers sitting alongside them. Ergonomic cutlery was provided as necessary. Some people chose to eat in their room or the lounge. The teatime meal was to be a choice of tomato or chicken soup, chicken nuggets, assorted sandwiches, fruit and yogurt. One person said that they really appreciated ham sandwiches and a cup of tea being brought to their bedroom at 10.30pm each evening.

Peoples' comments about their meals were positive - typical quotes being, 'The food is very good, I've never had a bad meal', and 'I enjoy the food - it's very well cooked'. People said they could have an alternative if they did not like what was on the menu. Low sugar and vegetarian options were provided.

## 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.

Residents are protected from potential abuse by an open culture in the home, where they are encouraged to express themselves, and by well trained staff who listen to them.

Evidence:

Copies of the home's complaints procedure had been provided to each person, along with other useful information provided in a folder in their room. It is also available in the lounge for relatives and other visitors to consult. No complaint had been received by the Manager or the CQC since the last inspection.

A policy on safeguarding adults had been added to the policies and procedures folder, available in the lounge for consultation. All staff had received training in safeguarding vulnerable people, and staff we spoke with knew what to do if they were aware of any concern. In a survey, a staff member said, 'if there are any concerns about clients, there are procedures in place to deal with any situation promptly and professionally'.

Where equipment was used that might restrict peoples' freedom such as bed guards or reclining chairs, full risk assessments had been recorded in consultation with health care professionals and the residents' representative.

There were no residents for whom the Deprivation of Liberty Safeguards needed to be invoked.

## 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.

Tudor Court is an attractive house that offers a choice of social spaces. There are good facilities for health and social care.

Evidence:

The premises were in a good state of repair with clean and comfortable furniture in the common areas. Most of the floor coverings had been renewed recently and the stairs and passageways were well lit. The patio was small but easily accessible, and safe for residents to sit out or walk about. There were pot plants, and the Manager told us of their plans to make this space more attractive and interesting for residents. The front garden would benefit from consideration of how to make it more attractive as a setting for the house.

The lounge is welcoming and leads to a very attractive conservatory which serves as the dining room beyond which is a patio with seating used in suitable weather. A small section of the lounge has been partitioned by glass panels and contained a large screen television. Many people said they preferred to watch television in their bedrooms in the evenings. A relative who returned a survey to us said they thought 'the different sitting areas are great as residents can move around to different areas. Seems to work very well'.

There is a shaft lift. All residents whose rooms are on upper floors have been assessed

## Evidence:

as needing staff assistance to use the lift. This is a large house with many doors each looking the same apart from the number. Peoples' bedroom doors were kept locked to prevent intrusion. It may be beneficial to discuss with occupants how to make their door easily recognisable, to enable more independent access. We visited a few bedrooms, and saw they were attractive and contained items of personal memorabilia. There are 29 bedrooms, of which two may be used as double rooms. Visiting relatives told us they were pleased their mother's room had been painted, and new furniture provided.

A payphone cubicle is situated in a passageway near the lounge. The hairdressing salon has a excellent professional REM chair with 'lie back' wash basin attached and many of the ladies were using this facility on the morning of the visit. This pleasant room is also available for meetings, medical consultations and treatment.

People were content with the laundry arrangements. All residents who returned surveys to us said that the home is always fresh and clean.

We saw that one of the laundry walls was in need of repair. The Manager told us it resulted from the installation of a new piece of equipment. There is a separate drying room, which is very satisfactory for keeping clean laundry hygienic. We saw that paper towels, gloves and handwash were provided in bedrooms where residents needed help with personal care.

## 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.

There are consistently enough staff to meet the needs of the residents, including individual attention.

The recruitment procedure is sound, to ensure that suitable people are employed.

Good training is provided, to ensure that staff understand the needs of the residents and are able to carry out their duties in a safe way.

Evidence:

Residents spoke well of staff, saying, 'They are kind and will do anything they can'. We saw that staff treated residents respectfully, and talked with them while carrying out daily tasks. There is a written rota, which showed that at least one of the senior staff were on duty at all times from 8am till 8pm, with care staff to total five staff in the mornings and four in the afternoons. This was the case on the day of our visit. We saw that this was sufficient to meet the residents' needs. The call bell and intercom response time was said by residents to be within a few minutes both day and night, residents returning surveys said that staff were 'usually' available when they needed them, and all but one said they always get the care and support they need (the other said 'usually'). Relatives told us that the staff were friendly, and they did not get kept waiting to be let into the house. A cook is on duty each day, and two cleaners from 8 - 2pm. At night there are two waking staff, at least one of whom is qualified and

## Evidence:

competent to administer medication. We were told that staff levels in the afternoons had been increased in order to allow for individual attention and social activities.

Of the 15 care staff, eleven had achieved at least NVQ2 or equivalent, and others were still working towards it. One Senior Carer had achieved NVQ level 4, while another was working towards it. Three staff had achieved NVQ level 3, while 5 were working towards it. This shows very good progress towards achieving a qualified workforce.

We looked at the recruitment documents of the two most recently appointed staff, and saw that all documents and checks required to assure the protection of residents from potential harm had been obtained or applied for. We saw that there was an induction programme for new staff, and spoke to one new carer who confirmed they were completing it with support from one of the senior staff.

We saw that staff had received up to date training in the mandatory Moving and Handling, Food Hygiene, Medication, First Aid, Safeguarding adults, Infection Control, Fire safety. Staff were looking forward to training in Dementia care that had been booked for the following month. The Manager said, 'Staff training, team building and openness has been a priority since I joined the team. This has boosted self confidence amongst the staff...and enabled staff to have an understanding of the benefits to our clients of meaningful activities and 1;1 interactions'. This was borne out by staff, who said, for example, 'the Manager wants us to interact with the residents'; 'there is good team work'; 'I enjoy coming to work'.

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

Tudor Court is well managed in the best interests of the residents.

The ethos of the home is open and transparent, with views of staff and residents listened to, and valued.

Safe working practices are maintained in the home.

Evidence:

Our overall impression was that this is a well managed establishment where the staff are motivated to put the best interests of the residents first. A staff member said in a survey, 'Since the new manager took over the standards have risen enormously. It is lovely to see how the home has improved since her employment'. A health care professional who visits frequently said, 'The new Manager has improved the standards at Tudor Court significantly'.

Mrs Dawn Baggaley was appointed Manager of Tudor Court in July 2009, and her

## Evidence:

registration with CQC has been approved. She was working towards her Leadership and Management in Care Services (Level 4) Award, and subsequently would complete the NVQ in Health and Social Care (Level 4). She had previous experience in working at this home in a management role. More recently, she had joined the local Older Persons Community Mental health team where, over six years, she developed her knowledge and skills in dealing with clients with both functional and organic mental health difficulties. We saw that she had introduced good policies and practices to the home, and had strengthened the management team, to lead and support the staff in providing a good service to the residents. There are now four Senior staff, who each have their own responsibilities. Efficiency, time management, record keeping and staff support have all improved. Ms Baggaley has further improvements she intends to implement, and is keen to consolidate progress made, and develop the service.

The Home Owner is Mr Royston Lock, who visits weekly, talks to staff and residents, monitors the state of the house and grounds, and provides support to the Manager.

Questionnaires had been sent to residents, their relatives, advocates and visiting professionals, to gather their feedback on the service. There had not yet been an analysis or summary produced, to share the findings and to incorporate any suggestions for improvement into a development plan for the home.

The Manager had arranged for residents' money to be handled by a solicitor or by the Court of Protection if they were not competent to deal with finance themselves, and had no representative able to do this. Cash is still kept on behalf of a small number of clients. We saw that records were kept accurately.

The Manager had introduced a system of individual supervision for staff, to give them feedback on their performance, consider their training needs, update them on new policies and guidance, and give them an opportunity to discuss any issues. She had carried out staff's Annual Appraisals.

Safe systems of work were promoted in the home, with staff training and procedures in place for Moving and handling, Fire safety, First aid, food hygiene and Control of infection.

The fire risk assessment had been professionally carried out, and the Manager had completed a fire risk assessment of each room. Two doors had been identified by the Manager as fire doors, and up-graded accordingly, and the alarm system had been professionally serviced.

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

### 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	26	All laundry walls should be sound and easily cleanable.
2	33	There should be an annual development plan for the home, so that the management's plans for improvement may be shared and discussed, and so that success in meeting the agreed aims can be measured.

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