



Making Social Care Better for People

Inspecting for better lives

# Key inspection report

## Care homes for adults (18-65 years)

<b>Name:</b>	Tudor Beech Place
<b>Address:</b>	Horley Lodge Lane Salfords Surrey RH1 5EA

<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, agency or scheme is meeting the needs of the people who use it. We give a quality rating following a full assessment of the service. We call this a 'key' inspection.

<b>Lead inspector:</b>	<b>Date:</b>
Marion Weller	1 5 0 4 2 0 0 9

This is a report of an inspection where we looked at how well this care home is meeting the needs of people who use it. 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.

Copies of the National Minimum Standards – Care Homes for Adults (18-65 years) 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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- Put the people who use social care first
- Improve services and stamp out bad practice
- Be an expert voice on social care
- Practise what we preach in our own organisation

Our duty to regulate social care services is set out in the Care Standards Act 2000.

## Reader Information

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Internet address	<a href="http://www.cqc.org.uk">www.cqc.org.uk</a>

## Information about the care home

Name of care home:	Tudor Beech Place
Address:	Horley Lodge Lane Salfords Surrey RH1 5EA
Telephone number:	01293824339
Fax number:	
Email address:	tracey@sabp.nhs.uk
Provider web address:	

Name of registered provider(s):	Surrey and Borders Partnership NHS Trust
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Type of registration:	care home
Number of places registered:	6

Conditions of registration:		
Category(ies) :	Number of places (if applicable):	
	Under 65	Over 65
learning disability	6	0
Additional conditions:		
The maximum number of service users to be accommodated is 6.		
The registered person may provide the following category/ies of service only: Care home only - (PC) to service users of the following gender: Either Whose primary care needs on admission to the home are within the following categories: Learning disability (LD).		
Date of last inspection		
Brief description of the care home		
The home is comprised of a detached bungalow set in extensive grounds in a private road. All service user accommodation is arranged at ground floor level. The home is owned by Metropolitan Housing Association, but run and managed by Surrey and Borders Partnership NHS Trust. The service is registered to offer care for up to six people in the category of Younger Adults with a learning disability.		

Brief description of the care home

Please contact the manager for the range of fees.

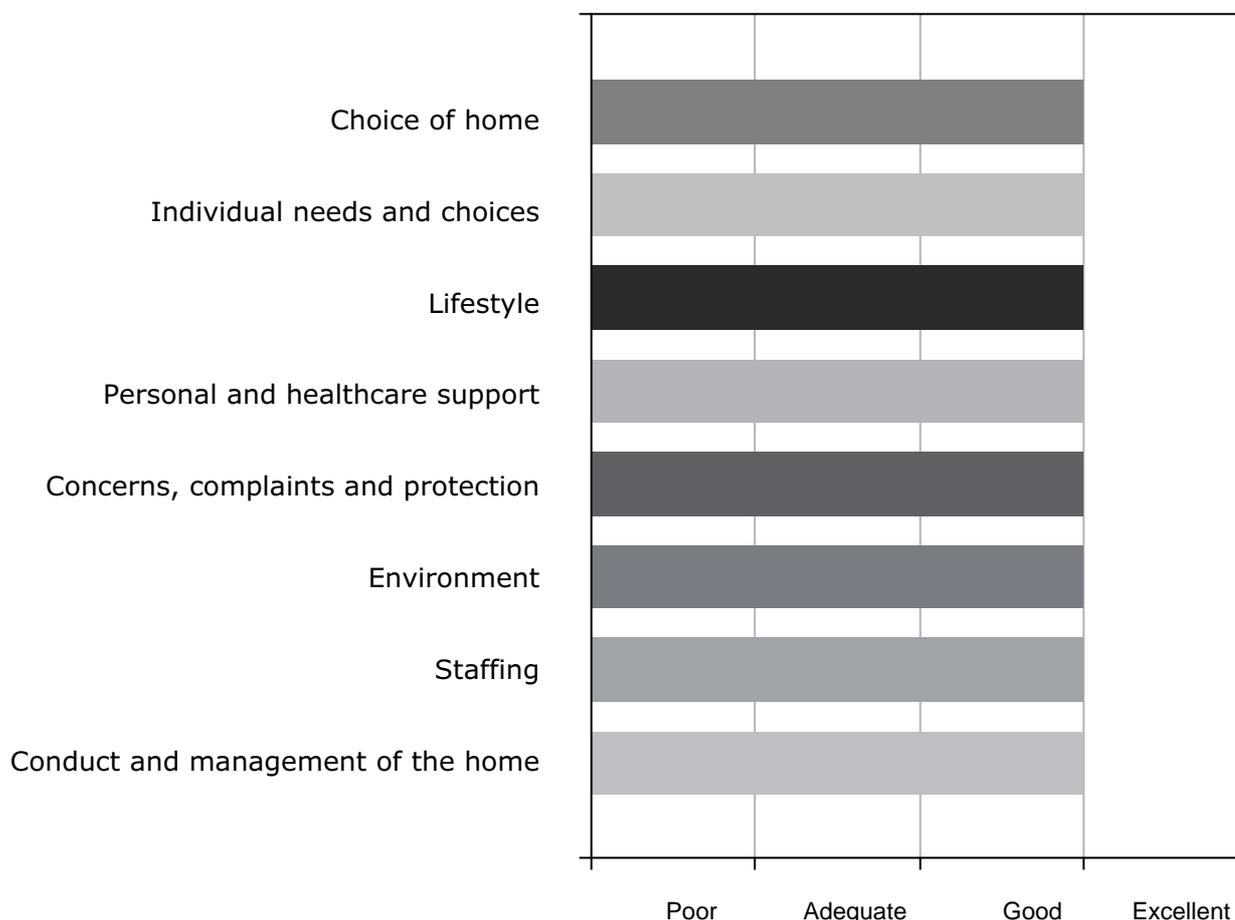
## Summary

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:

The last key unannounced inspection of this service was completed on 19th April 2007. An annual service review was undertaken on 30th April 2008. Marion Weller, Regulatory Inspector, conducted this key inspection of Tudor Beech Place on the 15th April 2009 from 10:45 am until 4:15pm. During the site visit the inspector spoke with some members of staff and the home's Registered Manager. Due to the communication difficulties experienced by service users, direct views about their care could not be obtained. Parts of the home and external grounds were toured and some records and documents were inspected.

The inspection report takes into account all the information obtained about the service since the previous site visit. This includes any formal notifications, phone calls and letters received and any complaints or allegations notified to the CQC. The manager was asked to complete the home's Annual Quality Assurance Assessment (AQAA) prior

to the inspection. The AQAA is a self assessment that focuses on how well outcomes are being met for people using the service. It also gives some numerical information about the service. The completed document provided sufficient information to give a reasonable picture of what was happening in the service and their plans for further development.

Surveys were given to service users relatives and other professionals involved with the home to find out their level of satisfaction, prior to the inspection taking place. Survey respondents were very satisfied with the care provided. Survey forms included the comments:

.....I think they do everything very nicely and like it just the way it is.

.....The quality of care provided to service users is good

And

.....I am confident that every member of staff is capable of caring for my relative properly. I know for instance that every new member of staff is thoroughly vetted before they are offered a position in the home. Survey respondents asked to comment on how the service could improve said, ....they need more staff and they could do with more money. And another said,....my relative loves to go shopping but due to a shortage of staff, this isn't as often as they would like it to be.

Other statements made by survey respondents are included throughout the text of the report.

No complaints have been made to the CSCI about this home since our last inspection, neither have we been involved in any safeguarding alerts in connection with Tudor Beech Place.

The Registered Manager and her staff gave their full cooperation throughout the site visit.

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

The service at Tudor Beech Place is relatively small and intimate and is based on what people living in the home want and need. The home is comfortable and welcoming. Good interaction was observed between service users and staff.

Services that provide social care must be sensitive to people of different cultures, age, gender, faith, disability and sexuality. There was evidence of a good level of awareness and understanding of equality and diversity issues in the service, which translated into positive outcomes for service users.

The home has good arrangements for meeting the health care needs of service users with well developed health action plans. The home enjoys and benefits from good relationships with other health professionals and service users relatives.

The home has an experienced registered manager who provides management stability, leadership and direction to the staff team and service users are protected by safe procedures for recruiting new staff and by policies designed to protect vulnerable people from abuse.

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

There have been improvements in the home since the last inspection in line with the three statutory requirements and a good practice recommendation awarded in the last inspection report.

The home's communal areas and service users bedrooms have all been redecorated. In addition, new carpet has been laid and new lounge furniture purchased. In the garden the home's old greenhouse has been removed and external guttering cleaned out. The home now has a good standard of decor and is clean, nicely presented and comfortable. The manager stated that an ongoing maintenance and renewal programme is in place, which ensures residents are provided with a safe, homely and attractive place to live.

### **What they could do better:**

The home's information documents should be provided in a format that suits all levels of service user capacity.

Individual care plan folders were seen to be overly large. They contained some historical documentation that could easily be maintained separately from the main plan. It is important that care plans provide easily accessible information to identify the individuals care needs and be directive to ensure staff know how needs are to be met. A recommendation will be made to archive files regularly to ensure they remain up to date, current and user friendly.

Residents are largely well protected by the home's policies and procedures regarding the handling of medication. The current minor shortfalls evidenced in this area need to be resolved in light of good practice advice to secure residents safety and protection.

It is strongly recommended that the registered person review the furniture and fittings provided to service users in their bedrooms in line with the relevant National Minimum

Standard. The home's Statement of Purpose and Service Users Guide must clearly illustrate to interested parties the furniture and facilities that are to be provided to the people accommodated.

The manager must monitor and ensure that staff complies fully with the homes COSHH procedures and good practice advice.

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 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, what they hope for and want to achieve, and the support they need.

People can decide whether the care home can meet their support and accommodation needs. This is because they, and people close to them, can visit the home and get full, clear, accurate and up to date information. 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 the person 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.

Service users and their representatives are provided with the information they need to make an informed choice about moving in. They may benefit further if other more suitable formats were explored to ensure the information provided by the home is understandable to them.

The manager understands the importance of undertaking comprehensive pre admission assessments for prospective service users. People who move in can be confident that the home can support them.

Evidence:

The home has a statement of purpose and service user guide, which is written in plain English. The documents have been kept under review to ensure they remain current. The manager said the homes information documents were also available to service users in a pictorial format. A recent providers report however states that the pictorial format...Has been of little benefit. The people who live at Tudor Beech have significant communication difficulties and staff use non verbal communication techniques to gain

## Evidence:

their opinions and to support them in daily living. The manager was aware of the disability of the people who use the service and recognised that exploring a more suitable format for the homes information documents may benefit the service users living there. She stated her firm intention to look for service improvement in this area.

The manager said that prospective service users would be admitted to the home following a comprehensive assessment of their needs. The manager also records in the homes AQAA,....This involves gathering information from the individual and people who are important to them and other professionals involved in their care. This is to ensure that our service is suitable for them and they are compatible with the people who already live at the home. If some one is identified as being suitable, a transition plan is formulated; this includes several visits to Tudor Beech and also overnight stays.

There have been no new admissions to the home since the last inspection. A review of records confirmed previous needs assessments covered all aspects of personal care, health care and social and emotional support required by the prospective service user.

## Individual needs and choices

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 needs and goals are met. The home has a plan of care that the person, or someone close to them, has been involved in making. People are able to make decisions about their life, including their finances, with support if they need it. This is because the staff promote their rights and choices. People are supported to take risks to enable them to stay independent. This is because the staff have appropriate information on which to base decisions.

People are asked about, and are involved in, all aspects of life in the home. This is because the manager and staff offer them opportunities to participate in the day to day running of the home and enable them to influence key decisions. People are confident that the home handles information about them appropriately. This is because the home has clear policies and procedures that staff follow.

**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.

Service users are provided with an individual person centred plan of care, which records their individual needs and goals. They are supported to make decisions about their lives and take risks as part of an independent lifestyle. They would benefit further from their individual care plan files being reduced in size to ensure they remain current and user friendly. They should also be accessible to the one individual to whom they relate and need to be maintained in a format that enables this.

Evidence:

All the people who live at the home have an Individual Person Centred Plan (PCP). Two person centred plans were looked at in detail during this site visit. PCP's were based on a full needs assessment which covered personal care, health and emotional needs, communication, safety and social skills. They offered the reader a clear representation of the priorities, objectives and goals of the individual concerned and outlined the person's routines, strengths and preferences. The documents clearly evidenced that service users are supported to make decisions about their lives with

## Evidence:

assistance where it is necessary. It was evident that plans were being regularly reviewed with annual, six monthly and monthly reviews recorded. Person Centred Plans had been signed by professionals and where possible by the representatives of the people who use the service to illustrate their involvement in its formulation and their agreement to it. A key worker system allows staff to work on a one to one basis and contribute to the care plan.

In line with a recommendation made in the last inspection report the manager has reviewed the home's person centred plans to ensure content is clear and accessible to all relevant individuals who need to read them. There was sufficient evidence to show that terminology and phrases used in relation to the communication needs of service users were no longer limited to the understanding of staff working in the home. The manager records in the AQAA that staff have received training in how to develop and implement Person Centred Plans.

There are risk assessments in place for each service user that cover a wide variety of activities and ensure that an independent lifestyle is promoted. These are reviewed regularly. The manager records in her AQAA.....every effort is made not to restrict an individual's ability to make choices but to continue to ensure their safety.

One aspect of service user care planning was discussed with the manager on this site visit. Service users care planning folders were seen to be overly large and unwieldy for effective daily use. They contained some historical and superseded documentation that could easily be maintained separately from the individuals main care plan. As a result of this situation staff are being provided with a small separate folder, which holds service user information and daily records. This is being maintained collectively for all four people living in the home. This is not best practice. It is important that care plans provide easily accessible information to identify the individuals care needs and are suitably directive to ensure staff know how needs are to be met. They should be accessible to the one individual to whom they relate and need to be in a format that enables this.

A recommendation will be made to archive care plan files regularly to ensure they remain up to date, current and user friendly. The manager stated her firm intention to address this shortfall.

## Lifestyle

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 can take part in activities that are appropriate to their age and culture and 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 and the home supports them to have appropriate personal, family and sexual relationships. People are as independent as they can be, lead their chosen lifestyle and have the opportunity to make the most of their abilities. Their dignity and rights are respected in their daily life. People have healthy, well-presented meals and snacks, at a time and place to suit them.

People have opportunities to develop their social, emotional, communication and independent living skills. This is because the staff support their personal development. People choose and participate in suitable leisure activities.

**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.

People who live at Tudor Beech Place are encouraged and supported to take part in a range of leisure activities and to integrate into the local community. There are firm plans to develop the range of activities offered to them still further, which will be to their benefit. The home is able to demonstrate that service users are provided with a well balanced and nutritious diet.

Evidence:

Service users are encouraged and supported to take part in meaningful activities of their choice and there was clear evidence of them integrating into the local community with staff support. The home provides transport for service users. Activity programmes seen evidenced individual involvement with leisure pursuits such as trips to cafes, shops, cinemas, bowling alleys, horse riding and swimming. The home's AQAA records plans to further develop the range of leisure and social activities available to service users by the introduction of more parties, social gatherings and

Evidence:

short holidays, in line with individual preference.

Service users are fully supported by staff to maintain links with their family and friends. One survey respondent records, ....the home cares for my relative very well and gives each service user the time he or she needs, as well as welcoming family members. The manager stated that it is the home's policy to actively encourage and assist appropriate contact wherever possible between service users and their families. Another survey respondent records.....As my relative cannot read or write, the staff very kindly keep us informed between our visits.

The manager provided copies of the homes menus, which were varied and well balanced. It was noted that fresh fruit and vegetables are included on a daily basis to promote a healthy diet for the people living at the home. Person centred care plans evidenced that the home is able to meet the needs of individuals who need a specialist diet. One service user prefers to eat lunch at a different time to the others. This decision is both supported and acted upon by staff and recorded in their person centred plan.

## Personal and healthcare support

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 receive personal support from staff in the way they prefer and want. Their physical and emotional health needs are met because the home has procedures in place that staff follow. If people 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.

If people are approaching the end of their life, the care home will respect their choices and help them to 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.

The home is able to demonstrate that service users receive personal care and support in the way they prefer and their physical, emotional and health needs are being met.

Service users would benefit further from shortfalls in the home's medication administration and medicine storage procedures being promptly addressed and the manager making regular audits in future to ensure compliance with good practice demands which are designed to protect service users from the potential for harm

#### Evidence:

Individual plans of care clearly recorded service users personal and health care needs and provided staff with guidance as to how these would be delivered. Care plans included the likes and dislikes of service users and their known preferences in relation to daily routines. The home's AQAA records,....Guidance is in place regarding personal care and is supported by individual risk assessment that promotes privacy and dignity. Observation during this site visit evidenced that staff respected service users privacy, dignity and choice. Service users individual risk assessments however did not evidence the reason why bedroom doors are not currently provided with a lock as National Minimum Standards demand and why service users bedrooms do not have the facility

## Evidence:

of lockable storage space. A recommendation will be made for the registered person to review the furniture and fittings provided to service users and to risk assess the need to provide facilities suitable to meet their individual needs and lifestyles. The results of risk assessments must be recorded. The home has arrangements for meeting the health needs of the people who use the service, they are all registered with a local doctor and the home had input from other community health professionals when required. Arrangements are in place for service users to access the wider health provision, as their care needs demand.

The majority of staff are trained to administer medication to service users and the home has a good record of compliance with the demands of safe medication administration. They have a medication policy and staff generally adhere to procedures and good practice guidance. Some minor shortfalls were evidenced on this site visit and they were discussed with the manager. Topical medicines were seen on view in one service users bedroom. It was discussed that prescribed creams and ointments can be kept in people's rooms, but safe and secure storage must be available and the person asked if they are happy for the products to be kept there. As mentioned previously, bedroom doors have no locks and neither do the rooms offer lockable storage space to service users. No agreements were recorded on the individuals care plan and free access to medicine, of whatever type, could potentially place other service users living in the home at risk.

Medication administration records for the administration of creams and ointments to service users are maintained but the person signing the administration record is not necessarily the person who actually undertakes the task. The manager was advised to revisit good practice guidance for the administration and recording of topical medicines.

The home does not have an MDS system for medication administration and staff administers service users medication from the original dispensed containers. Medication administration records are consequently hand written by staff. Upon inspection the records did not consistently evidence a second signature for checking the accuracy of hand written transcription entries and some entries omitted the warnings and advisory statements written on the original pharmacy container. This omission has the potential to place service users at risk. The manager must ensure that regular management checks are taking place to monitor compliance with good practice and to address the shortfalls evidenced. A Requirement will be issued to that effect in this report. The manager stated her firm intention to address and resolve the shortfalls discussed promptly.

## Concerns, 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. Their concern is looked into and action taken to put things right. The care home safeguards people from abuse, neglect and self-harm and takes action to follow up any allegations.

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.

Complaints are taken seriously and acted upon as necessary. Procedures and training are in place to protect service users from abuse and neglect.

Evidence:

Records confirm there have been no complaints received by the home since the previous site visit and no safeguarding alerts or investigations have taken place. Survey respondents indicated that they understood and were happy with the home's complaints procedure. Most stated that they had never felt the need to make a complaint, but knew whom they needed to contact if they were at all concerned and were confident they would act promptly to help them.

There are procedures for responding to suspicion or evidence of abuse or neglect to ensure the safety and protection of the people living in the home. Staff induction packages and NVQ Training have elements of Adult Protection and a sample of staff training records indicated that staff have received training in safeguarding adults from abuse. The home's AQAA records that all permanent staff are due to update their safeguarding training this year and some available courses have already been booked for individuals. The provider organisation has a safeguarding adult and whistle blowing policy that staff are made aware of. The local authority multi disciplinary safeguarding adults procedures were available in the home for staff to refer to.

The home's AQAA records planned developments such as continuing to ensure

Evidence:

temporary staff are aware of and consistently adhere to local safeguarding protocols designed to protect and safeguard the people living in the home from any potential for harm. In addition, the manager stated her intention to make the home's complaints procedure more accessible to service users by adding a taped spoken version to the current written and pictorial formats available to people.

## 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, comfortable, 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. People have enough privacy when using toilets and bathrooms.

**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.

Service users live in an attractive and homely environment that is also clean and hygienic. They may benefit further when the registered person provides each service user with a bedroom that has furniture and fittings sufficient and suitable to meet individual need.

Evidence:

Tudor Beech Place is a detached bungalow set in extensive grounds in a private road. The home is owned by Metropolitan Housing Association, but run and managed by Surrey and Borders Partnership NHS Trust. The service is registered to offer care for up to six people in the category of younger adults. At the time of this site visit the service was accommodating four people, all of whom had severe learning disabilities. Some individuals also had a physical disability, which necessitated the use of wheelchairs and other specialist equipment to assist their mobility and transfers.

In response to a statutory requirement issued in the last inspection report, the home's communal areas and service users bedrooms have all been redecorated. In addition new carpet has been laid and new specialist lounge furniture purchased. In the garden the home's old greenhouse has been removed and the external guttering cleaned out. The home now has a good standard of decor and is clean, nicely presented and comfortable. Environmental improvements ensure service users are provided with a

## Evidence:

safe, homely and attractive place to live. As mentioned elsewhere in the report service users bedroom doors are not provided with a lock as National Minimum Standards demand and neither do service users bedrooms offer the facility of a lockable storage space. A recommendation will be made for the registered person to review the furniture and fittings provided to service users and to risk assess the need to provide facilities suitable to meet their individual needs and lifestyles.

Service users are protected from the risk of burns and scalds and radiators have been covered. The manager confirmed that hot water outlets are thermostatically controlled. The home has a policy on infection control. Evidence indicated the home had adequate laundry facilities with washing machines and a tumble dryer and the staff receives training in infection control measures. Observations confirmed hand washing facilities were prominently sited and staff practiced infection control measures by washing their hands regularly to prevent the spread of infection in the home.

It was noted that a staff noticeboard containing information relevant only to the staff group is being maintained in the service users entrance hall. The manager spoke of her intention to place this elsewhere. Items of the homes equipment should not impinge on service users living space.

## 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, qualified 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. People's needs are met and they are supported because staff get the right training, supervision and support they need from their managers.

People are supported by an effective staff team who understand and do what is expected of them.

**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 staff group provides good continuity of care and services users are further protected by the homes robust recruitment practices.

Evidence:

The home is staffed by a Registered Manager, a deputy and support staff. Observation and records evidenced there to be sufficient staff rostered to meet service users needs on the day of the site visit. Two survey respondents when asked how the home could improve spoke of the service needing more staff at times. They said, ....they need more staff and they could do with more money. And another said, .... my relative loves to go shopping but due to a shortage of staff, this isn't as often as they would like it to be.

There are clear staff structures and lines of accountability. The staff team are of mixed gender and a diverse age range and largely reflect the ethnicity and culture of the people living in the home, which is clearly to their benefit.

It was observed throughout the site visit that good relationships between staff and the people living there exist. Some staff has known the service users for many years and this provides excellent continuity for them. One survey respondent said,.....I have

## Evidence:

every confidence in each and every member of staff there. Another said, .....the staff are very caring and offer good support to the welfare of each resident. Surrey and Borders Partnership NHS Trust has developed a robust recruitment policy designed to ensure the safety of the people who use the service. Three staff personal files were sampled they were maintained in good order and contained all the required information; completed application forms, two references, statement of terms and conditions, job descriptions, Criminal Record Bureau disclosure information and a recent photograph of the employee. The staff are recruited to the home in line with the General Social Care Council code of conduct with copies given to staff for information.

The home has a structured induction programme for permanent staff, which the manager states has been reviewed and improved. The manager also spoke of the availability of an induction package formulated specifically for agency staff. The home currently has two staff vacancies. Vacant hours on staffing rosters are filled either by permanent staff taking on additional hours or agency staff are used. The manager stated that on occasions staffing is reduced in line with reduced occupancy.

The manager could evidence a simplistic staff training matrix. Staff training is regularly arranged for all mandatory courses and is also linked to service users needs. Staff have development plans with their training needs identified during informal and formal supervision and appraisal sessions. The manager can book staff training courses remotely via her PC. Surrey and Borders Partnership NHS Trust make these available to their home managers via their intranet. The manager spoke of some limitations to access. Some of the more popular courses are often oversubscribed and therefore this situation can result in staff having to wait for long periods of time and on occasions the course venue is considered by staff to be too far away for them to attend. The manager said that she reports her concerns about the situation on to her line managers regularly.

The home's AQAA provided evidence that just fewer than 50% of staff have obtained National Vocational Qualifications at Level 2 or above. The manager spoke of her intention to enrol more staff to gain the qualification as opportunity arises over the next 12 months. The AQAA also records the intention of the deputy manager to enrol for her NVQ Level 4 in Management and Supervisory Skills.

## Conduct and management of the 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 have confidence in the care home because it is run and managed appropriately. People's opinions are central to how the home develops and reviews their practice, as the home has appropriate ways of making sure they continue to get things right. The environment is safe for people and staff because 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. They are safeguarded because the home follows clear financial and accounting procedures, keeps records appropriately and makes sure staff understand the way things should be done.

**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.

Service users benefit from a well run home and an experienced manager. The health, welfare and safety of service users is protected with some minor shortfalls identified that need attention.

Evidence:

The Registered Manager has considerable experience of caring for young adults with learning and physical disabilities. She holds the Registered Manager Award qualification and is a registered nurse. She communicates a clear sense of direction to staff and is competent in her practice. The manager is supported by a deputy manager and service users benefit from a management team that are open, approachable and transparent in their dealings with individuals. Survey respondents spoke highly of the manager and her staff with one person recording, .....I feel that Tudor Beech is very well managed and I am happy with all aspects. A medical professional involved with the home recorded,.....The service offered is good.

## Evidence:

The home had a policy on quality assurance and uses questionnaires to obtain regular feedback about the service from advocates, relatives and other stakeholders in the service. The involvement of some of the people living in the home is limited due to communication difficulties. The manager however emphasised that the staff team at Tudor Beech Place work towards total involvement of the service user in the running of the home and employ non verbal communication techniques. This approach ensures that service users opinions are regularly sought and their choices and opinions inform the homes planning. Further evidence confirmed the home receives regular provider monitoring visits. The three reports viewed illustrated that appropriate management action is taken where shortfalls are discovered as a result of the monitoring visit.

The home had a policy on health and safety and staff receive training in fire safety, food hygiene, first aid and other appropriate courses designed to ensure safe working practices. The AQAA records that health and safety records are up to date. Water temperature records are being maintained and monthly health and safety checks are conducted and results recorded. Accident and incident records are being appropriately maintained and the home makes contact with the Commission if there are any significant events that affect the well being of service users.

Equality and diversity, human rights and person centred thinking are given priority by the manager who was able to demonstrate a good level of understanding in these areas of practice. The way the home is being run shows an understanding of peoples needs in respect of the six strands of diversity, which includes gender, age, sexual orientation, race, religion and disability. The manager and her deputy have undertaken Mental Capacity Act and Deprivation of Liberty training since the last inspection. More is planned for the support staff working in the home, which clearly benefits the service users who are supported by them.

The previous inspection report was largely very positive about the service provided at the home. There were however some minor areas for improvement. Three requirements and one good practice recommendation was made. The manager described how the issues identified had now been resolved and addressed. The manager confirmed that as a result of a requirement issued in the last report, a review of the home's COSHH policies and procedures had taken place. A communal bathroom however evidenced items of toiletries on this inspection. Although a low level risk, the manager must monitor and ensure that staff comply fully with the homes procedures and they remain aware of their role in safeguarding people who use the service in regards to all items contained within the COSHH regulations.

The manager stated her firm commitment to ensuring that shortfalls recorded

Evidence:

throughout this report are fully resolved to further benefit and protect service users safety and welfare.

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	20	13	<p>The manager must undertake regular audit checks to monitor the home's compliance with procedure and good practice guidance as written in the home's medication policy and in the Handling of Medicines in Social Care written by the Royal Pharmaceutical Society 2008</p> <p>The shortfalls in current practice must be addressed to ensure the safety and welfare of services users. Regular audit checks must be maintained and recorded to protect service users from the potential for harm.</p>	29/06/2009

## 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	6	It is recommended that service users personal care planning folders be reduced. Historical and superseded information should be stored appropriately. They should be accessible to the one individual to whom they relate and need to be consistently maintained in a format that enables this.
2	20	It is strongly recommended that the registered person review the furniture and fittings currently provided to service users in their bedrooms in line with the NMS. Any restriction or limitation offered to a service user must be risk assessed, agreed and recorded in their individual plan as being in the person's best interests. The home's Statement of Purpose and Service Users Guide should clearly illustrate the furniture and facilities that are provided to the people accommodated.

## Helpline:

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**Textphone:** or

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