

Margaret Homes Limited

Tudor Manor

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

Tudor Manor is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided and both were looked at during this inspection. Tudor Manor is a care home without nursing, which can accommodate up to 22 people. At the time of our inspection 18 people were using the service and these were older people requiring personal care.

At our last inspection on 14 December 2015 we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

The inspection visit took place on 12 October 2018 and was unannounced. The inspection took place partly in response to some concerns raised with us around staffing issues and that people were not receiving appropriate support. During the inspection we found no evidence that people were not being adequately cared for and the recruitment of staff was in process.

The registered manager had left their post during the week of the inspection and therefore they were not present on the day. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The quality director had taken on the role of acting manager in the period leading up to a new registered manager being employed.

People continued to receive care that made them feel safe and they received medicine as required. Staff understood how to protect people from abuse and harm. Risks to people were assessed and guidance about how to manage these was available for staff to refer to/follow.

People continued to receive effective support from staff with a sufficient level of skills and knowledge to meet their specific needs. People were supported to have choice and control of their lives and staff supported their choices. People were assisted to access appropriate healthcare support and received an adequate diet.

The care people received was provided with compassion and dignity. People were supported to express their views. Staff supported people to have choices and independence, wherever possible. People's diverse needs were recognised and staff enabled people to access activities should they so wish.

The provider had effective systems in place to regularly review people's care provision, with their involvement. People's care was personalised and care plans contained information about the person, their

needs, choices and preferences. Care staff knew people's needs and respected them. People were able to speak openly with staff and tell them if they were unhappy or wanted to make a complaint.

The service continued to be well-led, including making detailed checks and monitoring of the quality of the service. People and staff were positive about the leadership skills of the management team. Arrangements were in place to obtain views on the service from people, staff and their relatives.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Tudor Manor

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This unannounced comprehensive inspection was completed by one inspector and an expert by experience on 12 October 2018. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The inspection was in part in response to information of concern that we had received about management, staffing and how people were cared for within the home.

In most cases we ask the provider to complete a Provider Information Return [PIR]. This is a form that requests some key information about the service, what the service does well and improvements they plan to make. In this instance a PIR had not been requested within the timeframe of the inspection due to our concerns. We reviewed other information that we held about the service such as notifications, which are events which happened in the service that the provider is required to tell us about, and information that had been sent to us by other agencies. This included the local authority who commissioned services from the provider.

We spoke with seven people who used the service, three relatives, three members of care staff, the quality director and the provider. We spent time observing how staff provided care for people to help us better understand their experiences of the care and support they received. We carried out a Short Observational Framework for Inspection (SOFI) to observe the interactions of people unable to speak with us.

We looked at three people's care records, four medicine administration records and three staff recruitment files. We also looked at records relating to the management of the service including quality checks and audits.

Is the service safe?

Our findings

At the last inspection in December 2015 the key question of Safe was rated Good. At this inspection the rating was unchanged. Concerns raised about the management of the service were being dealt with effectively by the provider.

One person told us, "I've never felt anything other than safe.". A relative shared with us, "[Person's name] is really looked after here, we are very happy with how things are." A staff member told us, "We work hard to ensure that people are kept safe here". Staff confirmed to us they had received training in safeguarding and described how they would report any concerns they had about abuse to the provider and spoke of the processes they would take in the event of an emergency.

We found that any risks were managed well and that risk assessments were in place. Risk assessments included, but were not limited to, manual handling risk assessments including equipment used, falls risk assessments and mobility and medicines people took. Staff were aware of which people may be at risk and gave us examples of how they had been able to minimise this risk. Where records were required to be kept, such as checks on people's skin, fluid intake records or weight recordings these had been completed. We saw that any accidents and incidents were recorded appropriately and action taken where needed.

Most people felt there were enough staff on duty. A person said, "The care is very, very good. You don't have to ask for anything, but they [staff] are always there if you do want anything. It doesn't matter what you want they will get it. The staff are excellent". However, some people were concerned during a period of transition where a new registered manager took over, and left their post three days prior to our inspection. One person told us, "I have never been neglected, but I notice when there's not enough staff". Another shared, "Everything used to work well, but not so much now as they are often short staffed. I can't complain personally though". A staff member shared, "We have had some times recently where it has been difficult when some staff have not turned up for work, but that is resolved now and was linked to the last manager". The provider and quality director told us of the difficulties they had experienced, but that staff recruitment was underway and they would be ensuring that staffing was a priority. We saw that agency staff were being used, but these were consistent and people spoke of how they liked them. We saw enough staff available to people.

We found that checks included identity checks, references from previous employers and a check with the Disclosure and Barring Service (DBS) had been carried out. The DBS check would show if a person had a criminal record or had been barred from working with vulnerable adults. Where one staff member had a disclosure on record there was no evidence of a risk assessment in place in order to explore any potential risks to people's safety. The provider told us how this had originally been completed at point of employment, but had been misplaced during the tenure of most recent registered manager. The provider stated that this would be followed up immediately with the required action taken.

People were happy with how staff supported them with their medicines. One person told us, "The medications are always on time." We saw staff administering medicines in a calm, yet focused manner,

explaining to people what the medicines were for. We found that people received their medicines as required and that records tallied with medications available. Medicines were stored and disposed of safely.

We found the environment was clear from hazards and people were protected by the systems in place for prevention and control of infection. Checks to evidence the environment was safe were completed.

Is the service effective?

Our findings

At the last inspection in December 2015 the key question of Effective was rated Good. At this inspection the rating was unchanged.

Staff members told us that they received training that helped maintain their skills and that the provider was supportive of them developing their knowledge further. One staff member told us, "We do lots of training and can ask for what training we want". We saw that the training matrix evidenced training staff had completed and were due to complete.

Our observations were that staff knew how to support people and had the skills and knowledge required to meet their needs. We found that staff had completed inductions and where they were new to the care sector they completed the Care Certificate as part of their induction. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of people working in the care sector. Staff told us that they felt well prepared prior to completing their first shift and that they had shadowed other staff members. A staff member told us, "I have supervision every three months. It is 100% an open door policy managers will listen". Staff told us that they had regular supervisions and a yearly appraisal where they discussed their role and any work goals for the year coming.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). People told us and we observed they were asked for their permission before staff supported them and that their liberty was not restricted. At the time of our inspection we found that applications for DoLS had been submitted to the appropriate authorities, but these were subject to approval. Staff confirmed they had received the appropriate level of training and demonstrated they supported people in line with the principles of the MCA. Staff told us that they gained people's consent prior to any action being implemented and we saw this being carried out.

People told us that they were happy with the meals that they received and they enjoyed the food on offer. One person told us, "I'm a dinner person. The food is good here. I have seconds. There is a choice or you can ask for something else". A staff member told us, "I eat here and I wouldn't if I didn't like it, the meals are great. We saw that staff bought plated meals to people and gave them assistance where needed. Earlier in the day we saw staff offering people a choice of lunchtime meal. We saw that drinks and snacks such as cake and biscuits were taken round the lounges at regular intervals. There was also fresh blackcurrant and orange squashes available in dispensers. People told us how they also enjoyed a 'tipple' of irish liquer with their morning refreshment.

People were supported to access the health care they needed. A person said, "I told [provider] that I should have physiotherapy and they got on the phone and sorted it straight away". Staff told us that they were able to observe if people's health was failing and if so they would call the doctor. We saw records to verify this. We saw evidence that dentists, opticians and other health professionals were seen by people as required.

We found that decoration around the home was clean and tidy and people were able to move around the home freely. We saw that thought had gone into the displays around the home giving people information with photographs of people also displayed on boards.

Is the service caring?

Our findings

At the last inspection in December 2015 the key question of Caring was rated Good. At this inspection the rating was unchanged.

People told us they thought the staff were friendly and caring towards them. One person said, "The staff are quite alright. I'm well looked after." A second person told us, "This is a lovely home. The staff are all lovely and kind". One person and their relative told us that they felt that the approach of a particular staff member could be better, however the quality director told us that they felt that this was a 'clash of personalities' however, this would be monitored. A staff member told us, "The staff are kind and caring, there are louder and quieter ones it is a good balance". A second staff member said, "I say good morning to every single person every day". We saw that staff were aware of people's likes and dislikes and their preferences, such as one person liked to wear lipstick and foundation and another preferred to get up at 8am. We observed many friendly interactions and saw that staff were compassionate towards people, an example being when the optician visited to bring a person their new glasses a staff member told them, "You look beautiful in those".

People shared with us that they were able to make their own choices and decisions and one person told us, "I choose to go in the quiet lounge and spend time in the garden when the weather is ok". Where one person told us they preferred to stay in their room they said that staff respected their decision.

We saw that people's privacy and dignity was respected in the way that staff spoke to people and acted towards them. One person shared, "The staff keep my privacy and dignity". A relative told us, "People are always covered up properly". A staff member said, "I keep the door shut and cover with towel when I am carrying out personal care. I will also ask if they feel comfortable". We saw staff respectfully assisting people to utilise equipment with one staff member ensuring that a person had 'popped their elbows in', so not to bang them. One person told us, "I am very independent, I wish I could look after myself, but I do what I can and the staff support me". We found that people were given the opportunity to be independent.

We saw that visitors were made very welcome and a staff member told us, "We know the relatives and always welcome them".

Is the service responsive?

Our findings

At the last inspection in December 2015 the key question of Responsive was rated Good. At this inspection the rating was unchanged.

We found that people's care plans were detailed and that they gave information on needs and requirements and how people wanted their care needs met. Staff told us that care plans were updated as required and that any new information on people's needs was shared with them and recorded. We saw that care plans also included information on people's personal history and their likes and dislikes. People were supported to fulfil their religious needs by attendance at places of worship or by visiting clerics spending time with them, with one person telling us, "I go to church on a Sunday." A staff member told us, "One person says prayers in their bedroom and we book the transport so people can attend church".

We saw that activities took place, but that some people felt that they would like some more stimulation. One person told us, "If there's enough staff we have quizzes and 'I spy', but I'm getting bored with 'I spy' there's only so much you can see in this room [lounge]. There is also a keep fit session, but that is only once a fortnight, but we do have a regular communion service". A second person told us, "They do activities, but I would rather stay in my room and watch the films that I like". A staff member told us, "We have singers and make use of things from our activity cupboard". The quality director told us how one person liked a specific television show, so it had been arranged for them to go to a recording in Manchester and to get a VIP experience. Another person had attended a football match on their birthday. On the day of inspection people were watching the Royal Wedding together on television and were discussing it between themselves and with staff. The quality director told us that they would be working with any new manager in place to ensure activities met people's needs.

People we spoke with said knew how to make a complaint or raise a concern. We found that only one complaint had been recorded since the last inspection and this had been dealt with effectively. The recording showed the nature of the complaint, the status of the investigation, the outcome and timescale for conclusion.

We found that care plans looked at people's end of life wishes in a detailed manner. The end of life plan considered the care of the person during illness and their wishes prior to death. Considerations into dealing with matters following the death and input from loved ones was also detailed. Information relating to the person's DNAR status was also kept at the front of the care plan.

Is the service well-led?

Our findings

At the last inspection in December 2015 the key question of Well Led was rated Good. At this inspection the rating was unchanged.

The registered manager had left the service three days prior to the inspection. The provider and quality director were actively looking for a replacement and the quality director was taking responsibility for the running of the home in the meantime. 'A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.'

People spoke to us about the recent changes they had experienced. One person said, "There was a manager here and it obviously caused some difficulties. They have people in charge who shouldn't be in charge. It is important to have the right manager in charge". The person added that they had felt that there had been a drop in standards in recent months and that they had been disappointed to learn that some good care staff had left the service. A second person told us, "The atmosphere here is good again now. There had been a bad atmosphere for a while but it is much better now". One person told us, "The [Quality Director] is lovely. She wouldn't ask anyone to do anything she wouldn't do herself. She's hands on and pleasant with everyone."

People spoke to us about their experience of the service. Lots of people commented positively, saying "It's lovely" and "I love it here, I get on with everybody". A relative told us, "It's a lovely place, we would just like issues [staffing] to be dealt with". One relative told us, "I am so welcome that I continue to visit one person although my own relative no longer lives here, they [staff] just make me so welcome". One staff member told us, "It is a good staff team everything gets done correctly. A second said, "I like working here it's a friendly environment."

Staff meetings took place and discussed issues such as staff morale, flexibility within the rota, staffing issues and a reminder for staff to complete charts as required. Meetings for people using the service discussed, activities, menus, the garden and the new manager. We found that feedback on the service had been sought from people and their relatives in the form of questionnaires. These were in line with CQC's key questions of Safe, Effective, Caring, Responsive and Well Led. A recent survey had only received four responses so far, which were all positive. We saw that a previously completed survey for 2017 had an analysis of the answers given and had been shared with people. One action from it being, one person wanted a yoghurt or fruit to be offered following their meal and this was now in place.

We saw that the service worked in partnership with other agencies and that records detailed how medical and health professionals had been involved in people's care. We saw a nurse and optician during our time at the home.

Staff were aware of the whistle blowing procedure and told us that they would follow it if they were not

satisfied with any responses from the registered manager or provider. To whistle blow is to expose any information or activity that is deemed incorrect within an organisation.

We saw that the provider carried out detailed checks and audits of the service and that appropriate action was taken where required. Audits carried out included, but were not limited to those around medicines, care plans, the environment and falls. We saw that any concerns requiring the attention of professionals were dealt with, an example being were people experienced a number of falls these were referred to the appropriate healthcare professionals.

Notifications were shared with us as expected, so that we were able to see how any issues had been dealt with. We found that the previous inspection rating was displayed as required.