

**We are the regulator:** Our job is to check whether hospitals, care homes and care services are meeting essential standards.

## Tudor Rose Rest Home

671 Chester Road, Erdington, Birmingham, B23  
5TH

Tel: 01213848922

Date of Inspection: 09 October 2012

Date of Publication:  
December 2012

We inspected the following standards as part of a routine inspection. This is what we found:

|  |   |                   |
|--|---|-------------------|
| <b>Consent to care and treatment</b>                             | ✓ | Met this standard |
| <b>Care and welfare of people who use services</b>               | ✗ | Action needed     |
| <b>Safeguarding people who use services from abuse</b>           | ✗ | Action needed     |
| <b>Staffing</b>  | ✓ | Met this standard |
| <b>Assessing and monitoring the quality of service provision</b> | ✓ | Met this standard |

## Details about this location

|                         |   |
|-------------------------|---|
| Registered Provider     | Careplex  |
| Registered Manager      | Mrs. Jackie Barrett   |
| Overview of the service | Tudor Rose Rest Home is registered to provide accommodation and personal care for up to 27 older people. During our visit Tudor Rose was providing accommodation for 25 people. |
| Type of service         | Care home service without nursing   |
| Regulated activity      | Accommodation for persons who require nursing or personal care  |

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## Summary of this inspection

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### Why we carried out this inspection

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This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 9 October 2012, observed how people were being cared for and talked with people who use the service. We talked with staff.

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### What people told us and what we found

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We visited Tudor Rose Rest Home on 9 October 2012 to carry out a scheduled inspection visit. During this time we also checked to see if the home had made improvements to the service since our last visit. There were minor concerns around staffing which were now addressed. There were moderate concerns around care plan documentation which were being addressed. However, we have identified further work that needs to be done to enable the service to be compliant with regulations.

We spoke to people in the home and three members of staff. People living in the home told us "Nothing could be improved here, the staff are lovely". Staff told us that they had meetings and monthly reviews to highlight any concerns. Staff had appropriate training including safeguarding training that was covered as part of their induction.

We witnessed an incident involving residents and asked the home to raise a safeguarding alert with the local authority. We reviewed four care plans of people living in the home and identified further improvements for Tudor Rose Rest Home.

You can see our judgements on the front page of this report.

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### What we have told the provider to do

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We have asked the provider to send us a report by 18 January 2013, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

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## More information about the provider

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Please see our website [www.cqc.org.uk](http://www.cqc.org.uk) for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

## Our judgements for each standard inspected

### Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

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### Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes

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### Reasons for our judgement

During our visit we saw staff speak to people in a considerate and respectful manner. We spoke to eight people living at the home who said they are asked their views about the care they receive. We saw people were given choices at meal times. We spoke to one person who said "they give you what you like". We spoke to another person before lunch and they said "don't now what we're having today, we will be asked what we want". We saw people being asked if they wanted a hot drink and shown the size of the cup they wanted their drink in. Another person we spoke to said "they like to give you an option".

We went in to seven bedrooms which were clean, tidy and were individuality decorated and contained people's personal belongings to reflect their individuality. Staff always knocked before entering and where appropriate, staff asked permission to enter people's room. This showed that people were being consulted in the home.

The provider may wish to note that we observed a bedroom which recently had blinds installed. The blinds were shorter than the window and would allow sunlight in at night. This could affect the sleep of the person living there, particularly be during summer months when the days are longer.

There were systems in place to review care plans monthly so that any changes could be incorporated in to the plan. There was evidence that likes and dislikes were being incorporated into the care plan for people living there. This meant that people living at the home were getting care that was centered around them.

We looked at three staff records and saw that they had training in mental capacity, safeguarding, dementia and other training such as mental health awareness. However, staff in particular senior staff need to be aware of the steps to take to safeguard the welfare of people who may lack capacity and to ensure appropriate assessments are carried out. We spoke to a person using the service after witnessing an incident and it was unclear if they had capacity to consent, and there was no assessment in place to demonstrate that staff had considered this, this could place at risk of harm.

All of the staff we spoke with on the day understood the importance of people making decisions and giving their consent. Staff told us that people were given the opportunity to make day to day decisions such as going out. One staff we spoke with told us that they had accompanied a person who had requested to go out for lunch, this shows that people's wishes are taken into account.

**People should get safe and appropriate care that meets their needs and supports their rights**

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**Our judgement**

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The provider was not meeting this standard.

People did not always get the support that met their needs.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

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**Reasons for our judgement**

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During our inspection we saw staff tending to the needs of the people in the home. We observed that the atmosphere in the home was relaxed and calm. The people using the service were well presented and were dressed in individual style that reflected their age, gender and the weather. We spoke to eight people in the home and one person told us "I'm quite happy, staff are very very nice". Another person said "everybody is so nice and helpful, they want to know if you are happy".

At the previous inspection in February 2012, it was identified that care plans and risk assessments lacked the detail on what support care staff should provide to help each person to meet their assessed needs. Staff told us that this was now being addressed with monthly reviews. There were regular basic checks such as weight charts used to maintain appropriate weight and nutritional needs. We saw that medical professionals, such as district nurses, general practitioners, podiatrists and dentists were attending to the needs of individuals.

We observed care plans of four people living in the home. One care plan stated that a person needs checking every four hours and they wear pads. But there were no details on the size of the pads and what the checks should look like. This showed that care plans were not as detailed as it could be, though our observations and discussions with staff showed they knew the needs of the people living there.

We looked at a risk assessment which looked at the person's risk of falls. The risk assessment scores are used to determine if a person is at a low, medium or high risk of experiencing a fall. A medium and high falls risk score requires a falls prevention strategy. The risk assessment we checked scored a person as having a medium risk but their care plan was rated as having low risk. This meant that they did not have a prevention strategy in place to minimise their risk of falling. We spoke to the manager who said that it should have been identified during monthly review and may have been an oversight.

Another entry into the care record of the same person stated that they were agitated, restless and likely to fall and should have prompted a falls prevention strategy. A second entry stated that they had bruising on their right wrist. We spoke to the care staff who said

that it was because when the person's husband visits they like to hold their hand in a particular way causing the bruising. We were also told that another person in the home also holds their hand which causes bruising but we did not see any plans to minimise that risk.

**People should be protected from abuse and staff should respect their human rights**

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## **Our judgement**

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The provider was not meeting this standard.

We are not confident that people who use the service were protected from the risk of abuse, because the provider had not always taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

We have judged that this has a moderate impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

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## **Reasons for our judgement**

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We spoke with three staff who gave clear accounts of people's current needs and health issues. Staff we spoke with during the inspection visit said that they had received training in dementia, mental capacity as well as human rights. Staff we spoke to were aware of safeguarding procedures and told us that it had been covered in their induction training.

We looked at two staff files and saw that criminal record bureau (CRB) checks were carried out during the recruitment and selection process of all new staff. This shows that the home has robust recruitment processes in place.

We saw a complaints book which was also used to record accidents and incidents. Information on staff disciplinary actions was also included in the complaints log. We spoke to the manager about the appropriateness and the manager told us that staff do not have access to the log and staff disciplinary notes are removed when incidents are logged.

The provider may wish to note that it may be more appropriate to store notes on staff disciplinary actions in individual staff files. The provider may also wish to note that a separate incident log may help to review incident trends. This will help analyse trends so that steps could be put in place to minimise the risk of a recurrence. This will then help to make amendments to a person's care plan. Furthermore, only the manager and the deputy manager have access to the book for recording incidents. In the absence of both managers, incidents will have to be logged after and may not be an accurate reflection due to omissions or gaps in recollection.

We observed a man interacting with a woman in a personal way. The man was observed to have taken the woman in to his bedroom. We spoke to staff who told us that they were aware of this person's behaviour. We looked at the person's daily record and saw evidence that a similar event had happened once previously. Staff recorded that they had reminded the person that their behaviour was inappropriate. However, there was no further action and it was not recorded as an incident within the home's incident log. There were no management strategies in place to advise staff so that they would know how to support the

person appropriately so that they were protected from the risk of harm.

Records did not reflect that any assessment of how people express their sexuality had been undertaken. From speaking to the people involved it was not clear that this person had capacity to consent, and the home had no assessment of her capacity to consent .We asked the home to refer to the local authority in accordance with safeguarding procedures. This will allow family and social carer to get involved, helping to develop a management strategy. The home may find it useful to assess the person's current capacity to consent.

**There should be enough members of staff to keep people safe and meet their health and welfare needs**

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### **Our judgement**

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The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

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### **Reasons for our judgement**

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During the last inspection in February 2012 minor concerns were identified with this outcome. It recognised that there was insufficient care staff working in the home at different times of the day and night.

We spoke to the deputy manager who said that an extra shift had been introduced. This was an extra person covering busy periods and occasions where people needed to be accompanied for medical appointments or social visits. This meant that there was adequate staff numbers in the home at all times and that the home was able to respond to unexpected changes in circumstances such as sickness, absence and emergencies.

We looked at the current and previous month's staff rota which confirmed that an extra person had been introduced. We spoke to two staff members who also confirmed that the introduction of the new shift had helped with staffing issues identified in the previous inspection. We spoke to eight people using the service and asked them if staff responded to their needs quickly or if they asked for something. One resident said "I get it quick". Another resident said "I don't have to wait a long time".

We looked at three staff files and there was evidence that staff members were being recruited appropriately. Staff were being recruited after enhanced Criminal Records Bureau checks (CRB) were completed. The home also ensured they had checked references from previous employers and that staff had the appropriate training. This ensured that sufficient numbers of staff with the right competencies, knowledge, qualifications and experience were recruited to meet the needs of the people at all times.

## Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

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### Our judgement

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The provider was meeting this standard.

The provider had a system to regularly assess and monitor the quality of service that people receive.

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### Reasons for our judgement

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The Manager told us that the home has a quality assurance (QA) process in place. Quality assurance processes allows monitoring of processes and any associated feedback to ensure service improvement.

To improve service the manager told us that feedback questionnaires were sent to relatives. We were shown some of the responses received at the home. The manager told us that once all responses were received all feedback will be considered to improve and develop service.

We spoke to staff who told us that staff meetings had taken place in the last three months, these provided staff with an opportunity to provide updates in people living in the home and to raise any concerns they had. We were also told that meetings were held with people living in the home. However, they had been stopped along with suggestion boxes as they did not help to generate feedback. We were told that staff were feeding back to the manager as and when comments were received from people living in the home.

The manager undertakes a number of audits such as, medicines and maintenance audits of all parts of the home. A log was being used to feedback any maintenance issues and all activities were being updated and fed back through the log.

Tudor Rose also manages small amounts petty cash for three people. We looked at the receipts and balances for the money held on behalf of people. We saw that expenses and receipts were documented but found the balances for two people were incorrect. There was extra cash for one person and less for another. Both amounts were very small and the provider may find it helpful to develop a more thorough audit to ensure all money is being accounted for.

We looked at the complaints book and found that complaints were being recorded and acted upon. Incidents were also being recorded in the complaints book. We found two incidents in the daily records of a person living in Tudor Rose and we did not see this recorded in the incident book. As all incidents were not being recorded possible trends in individual behaviour could be missed. Spotting trends in Incidents could provide the opportunity to develop appropriate management strategies.

The provider may find it helpful to develop a separate incident log that will help recognise trends in incidents.

This section is primarily information for the provider

✘ Action we have told the provider to take

## Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

| Regulated activity   | Regulation   |
|--|--|
| Accommodation for persons who require nursing or personal care | <p><b>Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010</b></p> <p><b>Care and welfare of people who use services</b></p>   |
|  | <p><b>How the regulation was not being met:</b></p> <p>The home did not always support people by appropriately assessing their needs and developing suitable risk assessments.</p>   |
| Regulated activity   | Regulation   |
| Accommodation for persons who require nursing or personal care | <p><b>Regulation 11 HSCA 2008 (Regulated Activities) Regulations 2010</b></p> <p><b>Safeguarding people who use services from abuse</b></p>  |
|  | <p><b>How the regulation was not being met:</b></p> <p>People who used the service could not be totally confident that they were adequately protected from the risk of harm. Although there were many procedures in place, these were not wholly effective in reducing incidents which had an impact on people's wellbeing and safety.</p> <p>We judged that this had a moderate impact on people using the service and action was required to meet this standard.</p> |

**This section is primarily information for the provider**

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us by 18 January 2013.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

## About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

## How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

**✓ Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

**✗ Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

**✗ Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

## How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

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**Minor impact** – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

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**Moderate impact** – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

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**Major impact** – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

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We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

## Glossary of terms we use in this report

### Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

### Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

## Glossary of terms we use in this report (continued)

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### **(Registered) Provider**

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There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

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### **Regulations**

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We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

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### **Responsive inspection**

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This is carried out at any time in relation to identified concerns.

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### **Routine inspection**

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This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

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### **Themed inspection**

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This is targeted to look at specific standards, sectors or types of care.

## Contact us

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Phone: 03000 616161

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Email: [enquiries@ccq.org.uk](mailto:enquiries@ccq.org.uk)

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Write to us  
at: Care Quality Commission  
Citygate  
Gallowgate  
Newcastle upon Tyne  
NE1 4PA

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Website: [www.cqc.org.uk](http://www.cqc.org.uk)

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