

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

Tudor Bank Nursing Home

2 Beach Road, Southport, PR8 2BP

Tel: 01704569260

Date of Inspection: 01 March 2013

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

Consent to care and treatment	✓	Met this standard
Care and welfare of people who use services	✓	Met this standard
Management of medicines	✓	Met this standard
Requirements relating to workers	✓	Met this standard
Assessing and monitoring the quality of service provision	✓	Met this standard

Details about this location

Registered Provider	Tudor Bank Limited
Registered Manager	Mrs. Mary Pagett
Overview of the service	Situated in Birkdale, located close to public transport links, leisure and shopping facilities, Tudor Bank is registered to provide accommodation for up to 43 younger and older adults who have mental health needs, who require nursing or personal care. It is a large three storey property which is fitted with a passenger lift. All the bedrooms are for single occupancy and have en-suite facilities.
Type of service	Care home service with nursing
Regulated activities	Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury

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Summary of this inspection

Why we carried out this inspection

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.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 1 March 2013, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members, talked with staff, reviewed information sent to us by commissioners of services and talked with commissioners of services.

What people told us and what we found

People who lived in the service told us that they made choices their day to day lives. One person told us he regularly went out into the community, to the local supermarket, café or the pub for lunch. Relatives spoken with told us that they were happy with the care and support their relatives received. They told us that they were always made to feel "welcome" in the service and were kept up to date about their relative's needs.

On checking medication management we found that people received their medicines as prescribed. Records regarding medication were completed correctly.

We observed staff interacting with people who lived in the service during our visit. We observed some examples of where staff supported people well, such as acknowledging anxieties and attempting to reassure them. We spoke with two relatives of people living in the home during our visit who told us, "You only have to ask staff for something for your relative and it gets done" and "My relative receives good care here."

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

More information about the provider

Please see our website 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

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. Where people did not have the capacity to consent, the provider acted in accordance with legal requirements.

Reasons for our judgement

We spoke with two people who lived in the service. They told us that they made choices in their day to day lives. During our observations we saw that people were offered choices of food by the staff asking them individually, from the meals available that day. We discussed with the staff the arrangements in place to support people to make choices particularly those with a varying capacity. Staff told us that they did make choices for people based on the information in their care records. If they were unsure they told us they asked a family member.

We looked at four care plans and saw that they contained comprehensive information about people's preferences in relation to daily routines, personal care, food preferences and social activities. The records also had a section relating to mental capacity, where appropriate information included who had the legal responsibility to make decisions for people with varying capacity. There were records for other people that held clear information for the future when they would be unable to make sound decisions. This was recorded in documents called "preferred priorities for care" and "preparation for the future". We found these documents to contain a lot of personal information which would assist the staff to care and support the person in the way they wished.

We saw that care staff had received training specific to people with dementia and the nursing staff had training about the Mental Capacity Act 2005. We spoke with one nurse who was very knowledgeable about the procedures to follow to make decisions for those who were unable to do so themselves, through best interests meetings.

We found that best interest meetings had been held and a capacity assessment carried out on a person decided they wanted to carry out a particular task. We found the correct procedure had been followed to determine if they had capacity to do the task.

We found that applications had been made to deprive two people of their liberty for their own safety. We saw evidence to show that the correct procedure had been followed. The

deputy manager told us that a decision had been made not to renew one application as the person was no longer at risk.

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

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

We observed staff interacting with people who lived in the service during our visit. We observed some examples of where staff supported people well, such as acknowledging anxieties and attempting to reassure them and feeding those who were unable to so themselves.

We spoke with relatives who told us that, "The staff always keep me informed of my relative's welfare", "You only have to ask staff for something for your relative and it gets done" and "My relative receives good care here."

Staff we spoke with informed us that a pre-admission assessment was completed to ensure the person's needs could be met at Tudor Bank, to ensure they would care and support the person correctly.

We looked at four care plans for people living in the home. These records contained comprehensive information about the persons care needs and gave details of how to meet them. Additional information was recorded to monitor people's health and welfare, for example, their weight, blood pressure, any falls and nutrition. We found risk assessments had been completed where any risks had been identified for a person. Examples of these were for mental health, medication, bathing and mobility. Care plans had been regularly updated and in order to reflect the changing needs of people.

We found evidence that people had received visits from or attended appointments with health professionals such as their GP, dentist, chiropodist, a diabetic nurse, community psychiatric nurse (CPN) and a consultant psychiatrist. This showed that people's health and well being were being maintained by the staff.

Tudor Bank had a minibus, used to take people who lived in the service, out for weekly day trips to places of their choice. Other trips into the community included going to the cinema and the local library.

We met with the activity co-ordinator, who worked each week day afternoon. On the day of our inspection we saw bingo played with great enthusiasm by nine people. We found the information displayed in the home about their activities provided was out of date but we were informed by staff that the activity co-ordinator was new in post and that the

information would be updated. The home used the "talking newspaper" service to keep people up to date with local news and events.

We saw some people going out independently to visit local shops or relatives. One person showed us their bedroom and told us that they kept it clean and tidy themselves. They said they went out often to the local supermarket, café or the pub for lunch.

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

We looked at how the service managed its medication systems. Medication records, known as MAR records, we viewed had all been signed to say a medication had been given or a code used when the medication was not given. We saw that all medication was stored securely in suitable secure cabinets in a locked room.

We looked at how the service managed controlled drugs. These were stored securely, recorded correctly after being administered and checked daily to make sure that they were all accounted for.

We spoke with the senior nurse who told us they were responsible for the ordering and recording of new medication delivered to Tudor Bank by a local pharmacy. They told us about their system for the safe disposal and collection of medication no longer in use and used needles by a contracted organisation.

One person had records that showed that they were receiving their medication "covertly" (without the person's permission). Permission to give medication covertly had been sent by the GP in January 2013. We did not find any guidance to staff to monitor that the person ate all their food to make sure they received the full dose of the medication. We did see that this person's MAR contained a copy of the policy for giving medication covertly and also had a photograph of the person. This ensured the medication was given to the right person in the correct way.

We looked at how the service managed medication that was prescribed "as needed" known as PRN medication. The home had a medication policy that was reviewed in February 2013 and contained guidance for the administration of PRN medication.

We saw that some people received their prescribed medication through injection, usually every month. A record of each person and when their next injection was due was clearly marked on a board, in the medication room for staff to know. This information was kept confidential as the room was kept locked.

A medication profile had been recorded by the senior nurse and was a history of a person's medication and showed which medication worked for the person concerned. This information was used and found helpful when a GP prescribed a new or different

medication for a person.

We were informed by the senior nurse that they audited (checked) medication each month. We saw records to evidence this. In addition, a local pharmacy audited the stock every three months. There was no previous audit document to see as this was a new arrangement.

Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

We spoke with people who lived in the service and their relatives. They spoke positively about the staff saying that they were all "very nice". Staff spoken with told us they had applied for and received criminal record bureau check (Police Check) before they started working at the home. The deputy manager confirmed that thorough recruitment procedures were in place to make sure only suitable people were employed and only staff with previous experience of working in the care sector were employed at Tudor Bank. They confirmed that all care staff had a National Vocational Qualification (NVQ) in health and social care at level two and most had one at level three. This showed that staff employed were experienced and qualified to work with vulnerable adults.

Staff records viewed showed the correct checks were in place before the person started working this included a police check, and two references.

New staff completed an induction programme which listed the required training and essential information to help them carry out their role and this was recorded in the employee's file. Core training for staff included safeguarding adults, infection control, moving and handling, food hygiene, fire safety and dementia. We saw that nursing staff had undertaken specialised training such as medication, mental capacity, the vigil integrated care pathway and end of life care.

The staff we spoke with had worked at the home for a number of years and said that they had no concerns with the care that the people who used the service received. They told us that they enjoyed their work and felt supported in their roles. We saw evidence in their individual files that staff received supervision every two months and annual appraisals.

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

Our judgement

The provider was meeting this standard.

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people using the service and others.

Reasons for our judgement

We looked at the systems and processes the service had in place to continuously monitor the quality of service being provided. We found accurate and up to date records related to the running of the service. These included environmental checks such as quarterly health and safety checks, fire alarm system checks and drills, monthly emergency light tests, electrical appliance testing and monthly medication checks.

We saw records of a comprehensive weekly audit carried out by the manager and a monthly audit by the area manager, completed in February 2013. We saw evidence that different audits had taken place including care file audits, medication audits, health and safety and record keeping audits.

We were informed that staff meetings were held each month. Minutes we saw were from the meeting held on 26th February 2013.

Some residents met each Friday with staff to discuss any issues, complaints or suggestions for changes in the care provided. The manager was new in post and we were informed that they intended to start "family forum" meetings. This would give family members the opportunity to meet the staff who cared for their relatives and discuss any issues they had.

We obtained feedback from two relatives. The feedback was positive about the quality of the service. They said they are kept informed and updated about all aspects of their relative's support and care.

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.

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.

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.

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

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)

(Registered) Provider

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'.

Regulations

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

Responsive inspection

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

Routine inspection

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

Themed inspection

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

Contact us

Phone: 03000 616161

Email: enquiries@ccq.org.uk

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

Website: www.cqc.org.uk

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