

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: 13 May 2013

Date of Publication: June 2013

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

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Management of medicines	✓ 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 13 May 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members, talked with staff and took advice from our pharmacist. We were accompanied by a pharmacist and reviewed information sent to us by commissioners of services.

What people told us and what we found

People we spoke with said they were looked after well and felt safe living at Tudor Bank. Some people were unable to verbally communicate with us; however we observed members staff being sensitive, respectful and attentive to peoples needs. One person living at Tudor Bank said, "I have no complaints and I feel safe living here" and "The staff are very good."

One visiting relative told us, "I can't fault it here. The staff are helpful and very nice" and "I feel that (name) is safe here."

The care records we observed were well organised and included detailed assessments of individual's needs, risk assessments and strategies to manage those risks.

During our visit to Tudor Bank a pharmacist inspector carried out a medicines inspection. It was found that the home had systems in place for the safe administration of medication. The pharmacist inspector looked at the personal care and treatment records of eight people who use the service, spoke with Registered Nurses, care workers and people living in the home.

We saw that staff had been provided with up to date and relevant training, which helped to ensure that members of staff were suitably trained and skilled to meet people's needs.

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

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected.

Reasons for our judgement

We looked at the care files of four people and saw that each person's care file contained an admission pack. This consisted of details of the admission process, person's dietary needs and individual risk assessment forms. For example, a risk assessment for a person absconding, any mobility problems, getting out of bed, potential falls and a risk assessment for personal injury to self and others. The risk assessments promoted safety for the person and others and encouraged independence for the person receiving the service.

Care assessments and risk assessments showed evidence of consultation with the individual and their next of kin. Individual daily notes also provided evidence that that people's care needs were continually monitored.

People's care plans gave clear guidance of what to do in order to provide individualised care and support including, nursing care needs, mental health needs, physical health, medication, personal care needs and any specific dietary needs. There were individual night care plans in place, giving information regarding a person's sleep pattern.

We were informed by the person in charge that care plans were reviewed on a weekly basis, with the manager auditing (checking) care plans monthly. This helped to ensure that people's care and support needs were regularly monitored and reviewed to determine if people's needs were being met.

We observed positive interactions between people living in the home and members of staff. One person was seen to be a little agitated and upset. The care assistant was understanding, calm, reassuring and skilled in dealing with the situation. Many of the care staff had worked at the service for a number of years. They felt they knew the people they supported and had got to know people's individual likes and dislikes and this helped them to cater for individual needs.

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

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

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening

Reasons for our judgement

Tudor Bank had an up to date safeguarding procedure in place that complied with all of the relevant legislation and good practice guidelines. This is designed to ensure that any possible problems that arise are dealt with openly and people are protected from possible harm.

Any safeguarding issues that had occurred had been reported to both the local authority and the Care Quality Commission (CQC) and had been dealt with appropriately and satisfactorily.

Members of staff had received training in the safeguarding of adults and how to report an incident of abuse or a suspicion of abuse. The staff members we spoke with during our inspection were able to confirm they had received training and were fully aware of the process to follow in the event of an allegation or suspicion of abuse.

The staff training matrix was clear and identified that staff had received ongoing training in safeguarding, which has been provided by the local authority (annual refresher course). The person in charge said, "If nothing is available for new staff from the local authority, we then access another company to ensure that all staff are trained."

We saw evidence in people's care files of best interest assessments being completed, mental capacity act assessments and deprivation of liberty safeguarding (DOL's) assessments. This showed the provider was acting in the best interests of a person as required by the Mental Capacity Act 2005, if they had been assessed as lacking capacity.

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 safely.

Reasons for our judgement

We looked at the systems in place for managing medicines in the home. This included the storage and handling of medicines as well as a sample of medication administration records (MARs), stock and other records for five people living in the home. Overall, we found that appropriate arrangements for the recording, administration and safe handling of medicines were in place.

Medicines were kept safely and were only handled by registered nurses who attended regular refresher training in medicines handling. The manager had assessed each nurse as competent to handle medicines before allowing them to administer medicines without supervision. Having well trained, competent staff helps to protect people against the risks associated with medicines.

We looked at a sample of medicines records, and found them to be complete and accurate. Nurses recorded the amount of medicines carried forward from the previous month and this, along with clear records of any medicines entering the home or disposed of, made it easy to account for medicines.

We found that medicines were given correctly and that nurses had recorded the reasons why any medicine had not been taken. People's needs and preferences were respected and arrangements were in place to give people their medicines in ways that suited them. This personalised information was clearly recorded and where necessary, advice and consent had been obtained from healthcare representatives and relatives. We saw that people's medicines were regularly reviewed by the prescribers and consultants and where changes were made, any new instructions were accurately recorded and carried out.

Some people living in the home were prescribed medicines to be taken only 'when required,' e.g. painkillers and medicines to reduce agitation and anxiety. The nurses on duty were able to tell us exactly how and when these medicines should be used, but detailed instructions had not always been recorded. Having clear instructions about how to use medicines helps make sure they are safely administered.

Care workers supported people to take their medicines in a variety of different ways that

met the individual needs and preferences of people living in the home. People we spoke with were happy with the way their medicines were given to them. For example, one person told us: "They (the nurses) always give me my medicines properly", whilst another said: "They (the nurses) give me my tablets when I need them. I don't take many, but if I need anything, I just ask." Nobody else that we spoke with raised any concerns about how their medicines were handled and described the nurses and care workers as 'lovely' and 'friendly'.

The manager carried out checks to make sure that medicines were given and recorded correctly, and took action to address any concerns that were identified. Carrying out regular checks in this way helps to ensure that medicines are handled safely.

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 to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

People who lived in Tudor Bank and their representatives were regularly asked for their views about the care and treatment that was provided. We were shown copies of quality assurance questionnaires / surveys, which had been completed by some of the relatives of people living at Tudor Bank. Some of the comments were, "You (staff) all do yourselves proud. Caring in a difficult and under valued job", "I feel (name) was safe here and that meant a lot to us. We felt lucky we found Tudor Bank" and "I feel happy that (name) is well cared for. Thank you."

One relative told us, "I am happy that (name) came to live at Tudor Bank. Since moving here (name) has become a lot happier and social skills have improved."

We saw the minutes from a recent (March 2013) residents meeting. We were also shown the minutes from a family forum meeting (every two months). This shows that the provider is committed to obtaining the views, opinions and feedback from the people living in the home and from their families or representatives. This is in order to assess and improve the quality of service delivery.

The service was awarded the Gold Standards Framework (GSF) in January 2012. This is an external quality assurance monitoring organisation. The service manager for Tudor Bank said, "The GSF has enabled us to think more broadly about individuality, people's spirituality and beliefs."

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 other services less often. 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.

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. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). 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.

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