

**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: 19 June 2013

Date of Publication: July 2013

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

<b>Care and welfare of people who use services</b>	✓ Met this standard
<b>Safeguarding people who use services from abuse</b>	✓ Met this standard
<b>Management of medicines</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

## Contents

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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 19 June 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 and talked with staff.

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### What people told us and what we found

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There were 25 people living at the home at the time of our inspection, we spoke with eight people, a relative three staff, the deputy manager and the manager. We also spent time observing how people were being cared for.

All the people that we spoke with told us that they were receiving the care that they needed. One person told us, "I get the support that I need and both day and night staff are pretty good."

All the people that we spoke with told us that they felt safe living at the home. We saw that systems were in place to ensure that people living at the home were safeguarded from abuse.

All the people that we spoke with told us that they were treated well by the staff that supported them. We found that there were sufficient staff to meet the needs of people living at the home.

All the people that we spoke with said that they had no concerns about living at the home. One person told us, "The head lady is very good, no complaints whatsoever." We found that systems were in place to monitor and assess the service that people received.

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 01 August 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

### Care and welfare of people who use services

✓ Met this standard

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

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### Our judgement

The provider was meeting this standard.

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

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### Reasons for our judgement

There were 25 people living at the home at the time of our inspection and we spoke with eight of those people and a relative that was visiting the home at the time. Everyone that we spoke with told us that they were receiving the care that they needed. One person told us, "I get the support that I need and both day and night staff are pretty good." Another person told us, "I like it here and the staff are very good to me."

A relative that we spoke with told us they can visit at any time. They told us, "Mom is not happy being in a home, but from what I have seen they do look after her."

We spent time walking around the home and watching to see how staff treated people. We saw good interactions with people and staff. We saw that staff knew each person well and were kind and respectful in their approach to people living at the home.

We saw that people were dressed in clothing appropriate to their age, gender and the weather. Staff that we spoke with confirmed that people were able to maintain and practice their religions and faith whilst living at the home. One person that we spoke with said that culturally appropriate meals were provided for them. This meant that people's diverse needs were being considered.

We did not see any activities taking place during our inspection, so we spoke with the manager about this. We were told that there was no structured activity programme in place and that each person's care plan contained details of activities that people liked to do. Staff that we spoke with said that they tried various forms of activities, such as bingo, singing, dancing, knitting etc. but that a number of people didn't want to be involved in any activities. We spoke with some people about this. One person told us that they liked to watch television and read. Another person also said that their hobby was reading and they had a variety of books in their bedroom.

We looked at three people's care records. We saw that their needs had been assessed and planned for. This included people's choices, such as preferred activities. We saw that

risk assessment process were in place for assessing risks, such as falls, and nutrition. However, we saw that the assessment and risk assessment processes were not being used effectively, because documents were not being completed as they should. We saw that care plans had been reviewed and were being reviewed regularly indicating when there were changes to people's needs. We saw that a record was kept of visits from general practitioners, chiropodist, podiatrist, dentist and mental health professionals. This meant that people's health needs were being met. From the records that we looked at we saw that people were being weighed monthly. This meant that staff should be able to identify if there were changes in people's weight.

Whilst we were inspecting this service, we received an anonymous concern about someone who previously lived at the home having suffered from significant weight loss. The people that we spoke with had no concerns about the food. Everyone told us that the food was good and that they got enough to eat. We saw lunch being served whilst we were at the home and we saw that drinks were on offer throughout the day. People that we spoke with told us that they were able to ask for drinks whenever they wanted. This meant that people that lived at the home had no concerns about their nutritional needs being met. Systems were also in place to monitor people's weight loss. Staff spoken with knew that if they were concerned about someone's health they would contact the appropriate people.

We saw that some people living at the home sometimes expressed behaviours that challenged the service. Records that we looked at showed that there were plans in place to identify triggers and the best way for staff to manage these behaviours.

At our last inspection we identified that there were shortfalls in risk assessment processes, which impacted on people's care and welfare. Whilst we have identified some shortfall in documentation during this inspection we have not evidenced an impact on people's welfare. However, the provider may wish to note that incomplete records could lead to staff not being able to fully identify risks associated with people's care.

**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 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.

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## **Reasons for our judgement**

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All the people that we spoke with said that they felt safe living at the home. One relative we spoke with said that they had no concerns about the home and the way their relative was being looked after.

We saw that information on the local safeguarding authority contact details was available in the home for staff and visitors to see. All the staff that we spoke with were clear that they would report any issues of concerns to the manager and action would be taken. All staff spoken with told us that they had received safeguarding vulnerable adults training. All staff spoken with were aware of the whistleblowing policy and external agencies that they could contact should they have any concerns about the safety of people living at the home.

At our last inspection we identified that interactions between people living at the home that was deemed to be inappropriate was not acted upon. Following our inspection the home made a safeguarding alert to the relevant safeguarding authority. The manager told us that this had not been investigated as a safeguarding matter. The manager told us about other verbally inappropriate behaviours by a person living at the home. We saw that the manager had involved the person's social worker in order to request a re-assessment of this person needs and possible a move to a more appropriate care setting. The manager said that to date they had not received an outcome of the assessment from the social worker. Staff that we spoke with told us that they had received training to support them in managing people that had behaviours that challenged services. However, the provider may wish to consider whether or not these behaviours may be best dealt with by the local safeguarding team, in order to get a more speedy resolution.

All staff spoken with confirmed that they had the appropriate checks prior to them being employed. This meant that the provider had checked to make sure that staff were safe to care for people living at the home.

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

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## **Our judgement**

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The provider was not meeting this standard.

People were not fully protected against the risks associated with medicines because medication administration practice was not as safe as it should be.

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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Whilst we were walking around the home a person living at the home gave us a medicine pot containing a tablet. The person said that they had found the tablet on a table in one of the lounge areas and that it did not belong to them. We saw that a member of staff had just completed the medication round. We saw that individual medicines were taken out of the medication trolley and taken into the lounge to be given to each person. We spoke with the deputy manager about the risks associated with medication being left lying around. The deputy manager said that staff usually checked to make sure that people have swallowed their medicines and that this was a one off situation.

We checked the processes that were in place for generally handling medication. We saw that medication was stored securely. Clear procedures were in place for obtaining, recording and disposing of medicines. A medication policy was in place and risk assessments were completed for the safe handling of medication. There were no controlled drugs or medication given as and when needed (PRN) being given at present. We looked at a sample of three medication administration records and we saw no gaps in recording. Whilst there were generally safe systems in place for handling medication the practice of making sure that people take their medication was not sufficiently robust.

## Staffing

✓ Met this standard

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 experienced staff to meet people's needs.

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### Reasons for our judgement

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Everyone living at the home that we spoke with said that there was enough staff to support them. One person told us, "There is plenty of staff about." This was also confirmed by a relative that we spoke with.

On the day of our inspection we were told, by the deputy manager, that most of the people living at the home needed minimal support with their daily living. There were usually three care staff and a manager, on the morning shifts and the same numbers on the afternoon, with an extra person working from 4- 8 pm each day. At night there were two waking night staff. Two domestics were also employed to ensure that the home was kept clean.

We looked at a sample of two weeks rota and this confirmed the staffing numbers were as described by the deputy manager. We spoke with three members of staff, they told us that there was enough staff to support the people living at the home. This meant that at the time of our inspection there were sufficient numbers of staff employed to meet the needs of people living at the home.

All the staff that we spoke with said that they had the training they needed to support the needs of people living at the home.

## 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 systems in place to assess and monitor the quality of service that people received.

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### Reasons for our judgement

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All the people that we spoke with said that they had no concerns about living at the home and that they were cared for. One person told us, "The head lady is very good, no complaints whatsoever." Another person told us, it's marvellous here, the food is fantastic, the staff are all right. Everything is quite good."

Everyone that we spoke with told us that they would speak with the manager if they had any concerns. They were confident that their concerns would be dealt with.

The manager undertook 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. In addition the provider employed an external consultant who gives advice on any quality assurance matters. We saw that the consultant had visited the home to do an audit to check the home's compliance following the last inspection.

We saw that the home sent surveys to relatives and visitors to the home. We did not see the analysis of the most recent surveys. Although the manager said that they had been analysed, she could not locate a copy of the analysis. However we could see that surveys had been analysed for trends during 2011. This meant that there was a process in place to ensure trends from people's comments can be identified and acted upon.

All the staff that we spoke with said that they had the opportunity to contribute to improvements in the home during supervisions and staff meetings.

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	<b>Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010</b> <b>Management of medicines</b>
	<b>How the regulation was not being met:</b> Medication administration procedures were not sufficiently safe to ensure that medication intended for individuals could not be accidentally taken by others. This is in line with Regulation 13.

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 01 August 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 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.

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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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