

GCH (North London) Ltd

# The Tudors Care Home

## Inspection report

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## Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

# Summary of findings

## Overall summary

About the service:

The Tudors Care Home is a care home providing accommodation and personal care for up to 44 people in a two storey adapted building. It provides a service to older people and people living with dementia. At the time of our inspection there were 37 people using the service.

Peoples experience of using this service:

Staff went above and beyond what was expected to ensure people could write their own care plan, so care was truly individual. People lived rich, meaningful and fulfilling lives and were treated equally well.

Staff knew each person very well and they supported, and responded to, people's preferences in a very individual way. People's sense of achievement was promoted and one person who had been invited to be on local radio and they were delighted to tell their relatives about all that people did at The Tudors Care Home.

People's independence and access to systems and technology greatly enhanced people's communication skills, including in their own language, using pictures, audio books or braille.

Complaints were used to help drive improvements and people benefited from changes that were made. Staff showed people true compassion and took account of the finer points of people's lives and cultures at a sensitive and important time of their life. One person who wrote their care plan had stated their end of life wishes to be at The Tudors Care Home, and to be peacefully alone.

The registered manager was aware of their responsibilities, were approachable, listened and acted. They had embedded and promoted an open and honest staff team culture to help ensure people and staff were listened to. The staff team promoted an embedded equality and diversity culture and treated people equally well.

Staff were supported in a positive way in a variety of ways including mentoring, shadowing experienced staff and learning from the management team.

Audits and governance systems were very effective in identifying and implementing improvements. People were fully involved in how the service was run and their voice was listened to and acted on. One person said, "What I like most is we always have a natter, [staff] really look after us. They are very respectful, even if they are at the end of their shift."

The registered manager worked exceptionally well with others to provide people with joined up care and support. This transformed people's lives for the better.

People were helped to stay safe by staff who had training and skills in safeguarding. One person described

to us how nice and careful staff were with their mobility support. Risks to people including medicines administration were identified and managed well.

There were systems and procedures in place that promoted infection prevention and control (IPC) practises. Lessons following incidents were learned and shared amongst the staff team.

People's assessed needs were effectively met by trained staff. People were supported to eat and drink healthily. Staff enabled people to access healthcare services including visits by health professionals. Reviews of people's care needs were undertaken regularly, and when their health needs changed. People chose what their home environment looked and felt like.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. One person told us they could choose what to eat, ask for something else or staff would suggest various options.

Staff supported people to express their individuality, live the life they wanted to, and be treated equally well. Staff cared for people with kindness, sincerity and compassion. One person told us how ever so nice staff were. People decided how their care was provided and when. Staff upheld people's privacy and dignity whilst also promoting independence.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Why we inspected:

The inspection was prompted in part due to concerns received about risks to people's safety, staffing infection prevention and control, complaints and the management of the service. A decision was made for us to inspect and examine those risks. We found no evidence during this inspection that people were at risk of harm from these concerns. Please see all five relevant key questions sections of this full report.

Rating at last inspection

The last rating for this service was Outstanding (published 1 June 2018). At our focused inspection in February 2021 we looked at infection prevention and control procedures only, but we did not provide a rating.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was exceptionally responsive.

Details are in our responsive findings below.

Outstanding ☆

### Is the service well-led?

The service was exceptionally well-led.

Details are in our well-led findings below.

Outstanding ☆

# The Tudors Care Home

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

This inspection was undertaken by two inspectors.

#### Service and service type

The Tudors Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. This included notifications the provider must send to us about specific incidents. We sought feedback from the local authority and professionals who work with the service, no concerns were reported. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This

information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with eight people, who used the service and a visiting relative about their experience of the care provided. We also spoke with eight staff including the registered manager, senior care staff, care staff, the chef and housekeeping staff. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at staff supervision, training and planning records. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We spoke with a further two people using the service to help validate the quality of their care and support. We also looked at quality assurance records, various meeting minutes and feedback from health professionals.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. (ensure there is a full stop at the end of the sentence)

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

### Using medicines safely

- People told us and we saw they had their medicines at the right time. We asked a staff member to access the secure medicines storage area and unlock the medicines cabinet. However, we found the keys were held in an unlocked clean-linen cupboard in a staff member's jacket pocket. No person had accessed the keys but there was a risk of this occurring. The registered manager told us this was not normal practise, and they would remind staff of the correct procedure for security of the medicines' cabinet keys.
- Where people had their medicines in a blister pack there was no description what each one was. This meant that if the person refused a medicine staff would not know which one had been refused. The registered manager told us this person had just been admitted and they would add this guidance for staff.
- Trained and competent staff safely administered people their prescribed medicines. Medicines were stored at a safe temperature and disposed of safely.
- People's medicines administration records (MARs) were accurate and included details about people's 'as and when required' medicines, such as for pain relief. A relative told us staff always ensured their family member took all their medicines.

### Systems and processes to safeguard people from the risk of abuse

- People were safeguarded by trained staff who understood how to recognise and report any concerns to the appropriate authorities, including the registered manager.
- Staff had a good knowledge of safeguarding procedures and knew when to report any concerns. One Staff member told us they would report any concerns to the registered manager, escalate to the local safeguarding authority or contact the Care Quality Commission (CQC).
- People praised staff for their attention in ensuring equipment for mobility was within easy reach and that call bells were responded to without undue delay. One person said, "[Staff] give me my medicines and look after me. I feel safe here. They are all so kind and gentle."

### Assessing risk, safety monitoring and management

- Risks, such as for people at risk of falls, malnutrition or pressure sores were identified and managed. We observed staff attending to people's needs, providing meals in an appropriate format and ensuring records were updated.
- Risk assessments were detailed and staff adhered to guidance in these including when and how to use equipment for repositioning of people or thickeners in drinks for safer swallowing.
- One relative told us how staff were attentive in ensuring their family member did not become anxious. Strategies were also in place to help prevent anxieties from occurring.

### Staffing and recruitment

- There were enough staff to meet people's needs in a timely way and staff had the right skills to do this. One person said, "If I ask staff for something or some help I get it. I am mostly independent but they regularly check on me."
- The provider had a robust process in place that helped ensure only suitable staff were employed. This included people being involved in the recruitment process to help determine staff's suitability.
- Checks prior to employing staff included those for photographic identity, criminal records (DBS) and previous employment references. One staff member told us they did not start until their DBS came back clear, their employment references had been checked and their job interview was thorough by exploring why they wanted to work at the service.

### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were somewhat assured that the provider was using PPE effectively and safely. Staff were observed administering medicines, but at the end of this task they took their gloves off but then did not use the foot pedal on the bin. There was also no handwashing or hand sanitiser used even though the staff member moved the medicines trolley. This created a risk of cross contamination. The registered manager told us this was not normal practise, but they would remind staff of the correct procedures.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's COVID-19 contingency plan was up to date and gave clear guidance for staff.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

### Learning lessons when things go wrong

- The provider's monitoring systems ensured incidents were identified and recorded. These could include people falling, early signs of a pressure sore area or medicines administration error.
- Learning from incidents was shared amongst the staff team and outcomes helped improve people's safety. The registered manager undertook regular walk arounds to check that the risk of further incidents was reduced or eliminated.
- One staff member said, "If we make an error we report this on the system or tell a member of the management team. We may be reminded of our responsibilities at a supervision or more general learning is had at the daily (10 minutes at 10am) handover meeting."



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before they started to use the service, and regular reviews were in place to help ensure these assessments were relevant.
- Staff were provided with the necessary skills, including training to meet each person needs, such as how they communicated, what the person's health conditions were and making any reasonable adjustments under the Equality Act 2010. For example, sexuality, age, religion or beliefs.
- Staff adhered to guidance in care plans based on best practise. This included for people at risk of choking, communications, preferred language and a base line measurement for vital statistics, such as blood pressure.

Staff support: induction, training, skills and experience

- Staff received training and mentoring in a range of subjects, including equality and diversity, moving and handling, medicines administration, safeguarding and infection prevention and control.
- One staff member told us they felt supported during their induction. They said, "I shadowed experienced staff for two weeks and got to know each person, but I can do now some tasks on my own."
- The registered manager monitored staff's completion of training and staff would be prompted by an electronic monitoring system when refresher training was due.

Supporting people to eat and drink enough to maintain a balanced diet

- Staff ensured people ate and drank sufficient quantities of healthy options, and that people ate as independently as possible.
- People could choose from a range of options including a low sugar diet, soft food or pureed options and to have an alternative if needed. One person said, "The food is alright. I generally have what is on offer but we always get asked if we want more." Another person's life had been transformed by a change in diet, meaning they ate food more suited to them.
- The kitchen staff had clear guidance in place to promote healthy eating as well as knowing people's choices. One staff member was heard asking a person if they needed any help cutting up their food, to which the person replied, "Yes please."

Staff working with other agencies to provide consistent, effective, timely care

- There were procedures in place to help ensure people's care was consistent, including the use of a hospital passport. This is a document that listed important information about the person, including preferences and health conditions.
- The registered manager told us how each person's needs would be reassessed when they started to use,

or returned to, the service and they would implement any changes, such as medicines or equipment.

Adapting service, design, decoration to meet people's needs

- People contributed to how the service was decorated and could choose how they personalised their room. Staff referred to people's rooms as the person's home. Other memorabilia was also in place such as photographs, postcards and items from people's past. This helped people living with dementia identify their own home.
- The service continued to have themes throughout the building including a seaside with sounds of the sea, pictures relative to the themes, the London underground, a bus stop and a bar area.
- Some people had wanted a 1950's American diner themed dining area, with records, juke box, tables and other decorations aligned to this theme, which had been implemented. One person was seen enjoying looking at the items on the walls, whilst others could enjoy a coffee, meal or chat with staff.
- One dining room was in the process of being redecorated on the day we visited the service. Several people told us how much pleasure this gave them and that the residents' committee chose the home environment based on a contribution from each person.

Supporting people to live healthier lives, access healthcare services and support

- People's care plans included details about their health conditions. Staff understood what this meant and what to be aware of such as changes in the person's wellbeing.
- People were supported to access health care services including attending hospital appointments or being seen by a GP. Trained staff used people's baseline health information to act promptly when needed.
- One person was observed being seen by a community nurse for treatment with their health condition. One person told us they were supported with hospital appointments and that their GP, "has my health under control".

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

Care homes

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's care plans contained detailed guidance about their mental capacity and what they could, or could not, make decisions about.
- Restrictions on people's liberty were in place and had been authorised by the local authority. Staff were abiding by the restrictions to keep people safe, such as accompanying the person when they asked to go

outside.

- Staff understood the five key principles of the MCA, and applied these as intended. One staff member said, "I show people a few choices of say, clothes. I try not to overload or confuse them. It is about promoting choices they can't always make for themselves."
- Staff ensured they always asked people's permission or sought consent before doing any personal care. One person told us, "[Staff] are always so polite. They never fail to ask me if I want anything. I can't always remember, but they do."

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Outstanding. At this inspection this key question has now deteriorated to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff treated people well and referred to people's rooms as their home. Throughout our inspection staff were seen responding promptly to uphold people's needs, whilst ensuring they received all their care. One person was heard saying to staff, "I do appreciate what you do for me you are so kind."
- Staff treated people equally well, no matter what their needs were. We saw staff speaking to people in the person's language. This helped reduce anxieties as well as leaving the person settled and happy.
- One person asked the registered manager to go outside for a favourite pastime, this was swiftly responded to. The person was seen enjoying the moment. Later in the day a visiting director from the provider was seen kneeling close to the person who was partly deaf. They took time to listen to what the person told them.
- The registered manager told us about people who wanted to express their sexuality, and live a life as equal as anybody else. The registered manager told us that information supported people to access, and be part of pride events within the service. (Pride events celebrate lesbian, gay, transgender and intersex culture and pride.)

Supporting people to express their views and be involved in making decisions about their care

- Staff knew each person well and helped them make decisions about their care. For example, by speaking in the person's language, using picture cards, sign language and hand gestures.
- One staff member told us they had learned some of the person's language which meant they could respond respectfully. The chef had been made a special birthday cake adorned with the person's name and happy birthday in their language. The relative showed us a picture of how happy their family member was.
- People had a member staff who was known as their key worker. This staff member ensured the person was listened to by all staff involved in their care. Staff always provided compassionate care, gave people the time they needed and never rushed their care.

Respecting and promoting people's privacy, dignity and independence

- Staff ensured each person had the privacy and dignity as required, whilst promoting independence.
- We saw on one occasion where the registered manager helped ensure a person's dignity in the privacy of their office. Other examples included people being assisted to be toileted and others to walk around or go outside when they wanted to.
- On another occasion we saw staff reacted swiftly to promote a person's continence. The staff were heard saying, "Now let's just go inside a moment." This ensured the person was able to continue their day with dignity.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Outstanding. At this inspection this key question has remained the same. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The registered manager and all the staff team promoted a home where people lived life to its fullest.
- People had complete choice and control over how their care was provided and by whom. One person said, "I like my tea in a mug, piping hot with semi skimmed milk and I like to be called [name]. If staff ever shortened this I would put them right. They never do."
- The registered manager and staff team enabled people to write their own care plan with precise details how people achieved their wishes. This meant all the finer points of people's care preferences were recorded. Staff acted on these. For example, four people who loved the seaside, other people who liked jogging, knitting, gardening and dancing. Staff were particularly skilled at enabling all of these.
- People told us they continued to enjoy and benefit from the hobbies and pastimes they did. Staff made every effort for anything to happen. One person who chaired the residents' committee told us, "I am a voice for everyone. It is not my view but a joint one where each person's wishes are considered. We all love the different themes, colours, lights and sounds, and what it means to literally be there."
- Each person's culture was supported including various religious and cultural celebrations from around the world. This was in response to those people's wishes. These celebrations gave other people the opportunity to sample these foods and cultures. One person said, "I haven't heard of some of the foods but they taste delicious. Another person said, "I prefer to choose traditional wholesome foods, and that is better for me as my (health condition) would be affected otherwise."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's lives were enhanced because the service enabled people to communicate whatever their needs. People had the means to communicate, such as braille newspapers, use of voice activated devices and audio books.
- Voice activated devices enabled people to be more independent and live a normal a life as possible, such as being able to control TVs, get information about the weather, sports, and other real-time information, such as news. One staff member told us, "Knowing [person] has access to the same information as me but in their preferred format means the world to them." We observed another person had a TV control device with large buttons. The person said, "I can watch my TV and my programmes when I want."

- The provider told us in their PIR how each person's language was supported, including the registered manager and staff, or the person's relative speaking their language. One relative told us, "Staff have learned some key words so they can ask my [family member] what it is they want. I can usually help if it is a complicated matter." This meant the person remained more relaxed knowing their wishes would be fulfilled.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The service supported and enabled people to take part in a wide range of hobbies, interests and pastimes, and to play an active part of the local community. This multitude of activities and roles for people were based on each person's individual wishes which were acted on.
- One person who had sung in the past told us how they had shared their positive living experience on local radio. They said, "It was very nice on the radio, we sang with a DJ, I had my relatives listen to this. We talked about when we played hangman and games and crosswords so everyone could join in. The crosswords were a nice start to the morning and woke everyone up with not too difficult questions so everyone could answer." Another person told us how they helped do some gardening, go for a jog or kick a football around in a safe way. They said, "I like to keep fit. Now we can go shopping once again, I am going to get the hanging baskets with [registered manager]."
- One person said, "I like to do my knitting. Staff help me with the hard bits but I teach some of the younger staff who have never knitted before."
- Another person showed us some photographs which gave them treasured memories of their family. We saw the person with a beaming smile telling us about each of their relatives and how much this meant to them. One person had been full of praise when staff took them out after COVID-19 restrictions. The person had stated, "It's wonderful. I've been able to go out and loved it, and the [staff] who took me were also wonderful."

Improving care quality in response to complaints or concerns

- The registered manager showed us how complaints were used a way to make improvements, such as changes to staff who supported people.
- Compliments were used to identify what worked well, and concerns were acted on before they became a complaint. One person told us, "The residents' meetings are a good way to gather information and little niggles. [Registered manager] really does listen to what we say." Records showed that matters, however small were sorted. One person had wanted tidier gardens. They asked if they could help the gardener which they did, and they were very pleased how tidy the gardens now looked.
- A relative said, "I just call or e-mail [registered manager] if the phone line is busy. They are on the case straight away. I see the difference at my next visit."

End of life care and support

- There were policies, procedures and trained staff with exceptional skills and compassion to provide people with dignified end of life care.
- One staff member told us how a person liked to have the radio on their favourite channel, and when their favourite music was playing they sang the song to the person.
- The staff member said, "I sing to them. I know they can hear me as their eyes light up. I make sure they are positioned on their back as they also like to see the sensory wave lights on the ceiling. They always loved the seaside."
- Compliments from several relatives praised the quality and compassion shown to people who had received end of life care. One compliment thanked the staff team for everything they had done. The relative had told the provider, "Right until the end, [family member] received the care and dignity they deserved."
- The residents' committee had decided, with everyone's agreement including former relatives, to have a

lasting memorial in the gardens as a tribute to the people who had died during the COVID-19 pandemic.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Outstanding. At this inspection remained the same. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager had fostered an open, positive and honest culture both for people and staff. The staff team promoted equality and diversity and supported people to live a life as normal or diverse as they wanted. Records showed there was continued focus on people and diversities, whatever their life choices were.
- The registered manager checked various aspects of the service on a regular basis including unannounced checks at night or the weekend. This was to ensure staff upheld the providers values which included integrity and trust, to deliver the best possible care to people, and provide a homely environment.
- People, relatives and staff spoke highly of the way support was provided. One person said, "I really like the [registered] manager, they listen to me and find time to speak with everyone at some point." Our observations also confirmed this view. Another person said, "The reason I moved in here was because I fell at home; I haven't fallen since. Staff are amazing."
- All staff had a passion for working at the service, and making people's lives the best they could. One staff member explained how they supported a person who was registered as blind to read newspapers in braille. The person loved a chit chat and to knit with the knitting club. The person had a room with a very large window for more light, and were having their room painted a brighter colour to enhance visibility as much as possible.
- Staff praised the registered manager for supporting them in a positive way. A staff member told us, "The [registered] manager has been amazing throughout the pandemic. That is why I have stayed working here. If they pick up any issues these are acted on straight away and you see the difference."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider and registered manager understood their responsibilities. They openly reported to the CQC any incidents they were legally required to and took action to prevent a recurrence.
- The registered manager told us of various ways staff could report issues confidentially, such as a system if staff forgot to sign for administering a medicine. This meant any errors were picked up and acted on immediately.
- Other actions taken included when people had a fall or their behaviours could challenge others. Support was put in place to keep people safe, such as additional staff, and strategies to prevent people becoming anxious.



Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The staff were supported to develop their skills including through shadowing experienced staff, having regular mentoring and supervision and updates on people's health conditions.
- Staff had taken on roles as champions for subjects including diabetes, strokes and dementia care. These staff shared their learning and skills across the staff team. One person said, "I have (health condition) and since moving in here I have (completely recovered) from it." One staff member told us how they had been trained to change wound dressings and how to report any concerns.
- A community nurse praised staff as one person's wound had healed completely, something not previously thought possible, such was staff's dedication to detail.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Equality and diversity was embedded within the service. People could be open about their diversities as well as keeping matters confidential. Each person's diversity was celebrated in the way the person wanted such as attendance at pride events or for support with a sensory impairment. We saw how people with sensory impairments were provided with technology and information in an accessible format including braille, audio or computer tablet. This allowed them to fully inform how the services was run.
- The residents' meeting was chaired by a person using the service. This meant people's voices were genuinely listened to. Staff enabled people to have equal access to books, newspapers, choices of food and drink and whatever pastime people wanted.
- The committee became aware through local newspaper about the potential loss of a local park. They did not want to lose their local accessible park. People and staff undertook a peaceful protest and wrote to the local authority expressing their concerns. As a result, the park was still open. People could once again go out for a walk, or in a wheelchair with staff, to enjoy the countryside. Loss of this park would have meant people would have to travel to the next nearest park and not be able to easily get there.
- The registered manager told us, "Every single staff member has the skills to enhance people's lives. So, although we have an activities champion, staff provide more personalised hobbies." One staff member said, "I like to sing with people, dance or just have a lovely chat. We have a cinema room where people can enjoy popcorn and the whole cinema experience. COVID-19 has meant less people in the room so it could be just one or two people. They love the older movies and the memories they bring back."
- The provider had enabled access to a messenger system where people and relatives could exchange messages, videos and texts. A relative had commented on this group, "This is amazing", seeing their family member smiling and dancing with staff. Another comment read, "This is beautiful", seeing their family member enjoying tea and scones.

Continuous learning and improving care

- The provider had electronic records system in place to monitor the overall quality of service provision and people's care. They could remotely see when actions were due and when they were completed.
- A wide range of effective audits, oversight and governance mechanisms helped drive improvement. These included for people's wellbeing, medicines administration, the environment, hygiene and staff training compliance. One staff member said, "We do have meetings and supervisions where we are reminded about our responsibilities. Most of all though, this helps us to improve supporting people in their home to live life to its fullest. It is a privilege to work in their home."
- The findings from all quality assurance processes contributed to the overall service improvement plan. We saw how the provider also supported the registered manager including redecorating a communal room or the person's own room.

### Working in partnership with others

- The service and all its staff worked extremely well with other organisations including community nurses, GPs and social workers. This helped provide people with completely joined up care.
- The registered manager was quick to identify challenges, such as those faced by community nurses during the pandemic. They had provided drinks and a meal for nurses who had praised this with comments like, "How lovely", and "Fantastic". A community nurse had also praised the service for its welcoming atmosphere. Staff were also always willing to help no matter how busy they were. Comments from these health professionals also showed this was not a one off. One community nurse stated, "That has always been the spirit of The Tudors." As a result of this joint working people's care was enhanced by being calm, unrushed and effective.
- Another health professional complimented the service. They had stated to the provider, "Whenever people are admitted to hospital from the Tudors, they always arrive with all necessary information which greatly helps with their treatment."