

Tudor Lodge Care Home Limited

Tudor Lodge

Inspection report

18-20 Manor Road
Folkestone
Kent
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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Tudor Lodge is a residential care home. It provides care and accommodation for up to 44 people aged 65 and over. At the time of inspection 36 people were living in the service.

People's experience of using this service and what we found

We found there was a calm happy atmosphere in the service and people looked to be well cared for. Staff were observed to be kind and caring when supporting and assisting people.

Due to concerns around COVID 19 infection we kept our contact with people to a minimum so as not to place them at risk. We did observe people and saw that they were content and able to move freely around communal areas of the service, sometimes gathering in little groups together or dancing to the music. People were kept entertained by an in-house activities' organiser. We spoke with five relatives of people living in the service, they spoke positively about the care provided and told us that they were kept well informed about their relative's wellbeing. They understood the homes arrangements for preventing spread of COVID 19 in the home and how this impacted on their visits.

Accidents and incidents were monitored and responded to appropriately. Learning from when things went wrong was used to inform staff practice and shared with them in staff meetings.

There were enough staff to support people receiving the service, and there was a safe system for their recruitment. Staff received appropriate training to ensure they understood how to keep people safe. Risks were appropriately assessed and managed. Staff had received additional infection control training to support their understanding of the COVID 19 pandemic. They were provided with personal protective equipment and wore this throughout their shifts to keep people safe and minimise risks of infection.

Medication was managed safely with improvements in the administration of as and when required medicines and daily auditing of medicines administered and recorded. This ensured people were receiving the right medicine when they needed it.

The Registered manager undertook regular audits of the service to assess service quality and assure themselves people were safe and standards maintained. They worked in conjunction with the operational manager to identify areas for improvement. We signposted them around the need to ensure changes for some people were accurately documented in care records. However, the overall impact to the people in question was minimal, having been reduced by staff knowledge and awareness of these changes. We did note minor improvements to the standard of cleaning and discussed this with the provider who was able to provide assurance this had already been identified and was being acted upon.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection (and update) The last rating for this service was requires improvement (published 17 May 2019) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider is no longer in breach of regulations.

Why we inspected

We undertook this focused inspection to check specific concerns we had about the governance of this service and to check that their action plan and to confirm they now met legal requirements and no other risks were identified. This report only covers our findings in relation to the Key Questions Safe and Well-Led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has now changed from Requires improvement to Good. This is based on the findings at this inspection. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Tudor Lodge on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information 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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was Well led.

Details are in our safe findings below.

Tudor Lodge

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

The inspection was conducted by one inspector and one assistant inspector.

Service and service type

Tudor lodge 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 announced in that we gave the service a few minutes notice so we could ascertain what level of PPE they required us to wear when in the service.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority safeguarding and commissioning staff and from Health watch. Health watch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. 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 this information to plan our inspection.

During the inspection

We spoke with one relative about their experience of the care provided. We spoke with nine members of staff including the provider, registered manager, senior care workers, care workers, administrator, and housekeeping staff. We reviewed a range of records. This included three people's care records, multiple medication records. We looked at two staff files in relation to recruitment. Health and safety and equipment checks and servicing and a variety of records relating to the management of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, staff rotas, and quality assurance records. We received feedback from a social care professional who is familiar with the service and has visited. We received feedback from four relatives.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Requires improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

At our last inspection the provider had failed to provide assurance that people were receiving their medicines as prescribed. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

Using medicines safely

- Since the last inspection the registered manager has implemented daily counts of boxed medicines. To ensure people were receiving their medicines as prescribed. We randomly sampled 'as required' medicines and those requiring safer storage. The recorded balances tallied with the actual amount of remaining boxed medicines. Daily checks of medicine administration records had been implemented to ensure medicines administered were signed for.
- Individual Guidelines were in place for use of "as required" medicines, this ensured consistent, safe and appropriate administration of these medicines.
- There had been investment in development of a second medicines room and the addition of air conditioning in one of them to minimise the impact of summer temperatures on medicine storage. Both rooms were still undergoing refurbishment. Medicine rooms and drug fridge temperatures were recorded daily to ensure medicines stored remained effective.
- Appropriate systems were in place for the ordering, administration and disposal of medicines. Medicine administration records were completed well with appropriate use of codes. Only medicines trained staff administer. Their training is refreshed annually and their competency re-assessed.

Systems and processes to safeguard people from the risk of abuse

- People were calm and relaxed and felt safe. One person told us "This is the place to be at the moment." This was a reference to the pandemic and all the uncertainty about this.
- Relatives spoke positively about their family members care and support, they felt staff had done everything possible to keep people safe during the pandemic.
- Staff had been trained to be alert to and recognise signs of abuse, they understood what action they should take to protect people and escalate their concerns.
- The registered manager understood local safeguarding protocols and their responsibility to notify case managers and the safeguarding authority with any concerns about a person's safety. They had sent safeguarding referrals and liaised with the safeguarding team as part of their investigations. Response to alerts and outcomes of safeguarding and learning from these was monitored by the provider and operations manager through quality assurance monitoring.

Assessing risk, safety monitoring and management

- A risk management system was in place to identify both environmental and individual risks that could impact on people's wellbeing. This included coronavirus risk assessments for both service users and staff. Risk assessments provided guidance to inform staff on safe ways of working with people to meet their assessed needs and measures in place to reduce risk.
- Environmental risks were reduced by health and safety monitoring and regular equipment servicing and checks. Where risks were highlighted measures were implemented to protect people, for example keypad locks on staircase gates to minimise the risk of people accessing stairs unsupervised.
- Each person had risk assessments relevant to their specific needs. For example, poor skin integrity was supported with pressure relieving equipment and skin integrity monitoring. Poor nutrition or hydration was monitored through food and fluid records to ensure people ate and drank enough, where they were not, appropriate referral to a dietician was undertaken. Health needs such as Diabetes were monitored through specific plans of care and regular blood glucose monitoring. These measures helped to minimise potential risks.
- Guidance was in place to inform staff how to support people who expressed their distress through behaviour that could cause harm to themselves or others. This helped to minimise incidents and keep them and others safer.

Staffing and recruitment

- Dependency assessments for each person were completed to inform the numbers of staff required on each shift. This helped ensure people could be safely supported. These assessments were reviewed for each person if their needs changed.
- A review of staff rotas showed gaps in shifts were covered from within the staff team, no agency staff were used at this time, which helped for continuity for the people in the service.
- When speaking to staff they told us that they were happy with the amount of staff working each shift, one commented that they felt there was enough staff and that they had enough time to do what was needed. They said, "if I feel I am limited for time I can get support from the office."
- A safe system was in place for the recruitment of staff. Staff files viewed showed that all required checks on staff including a criminal record check and character and employment references had been carried out to help keep people safe from unsuitable staff.

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 assured that the provider was using PPE effectively and safely.
- 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 infection prevention and control policy was up to date.

Learning lessons when things go wrong

- Staff recorded and reported accidents and incidents when things went wrong. Analysis of these highlighted any emerging trends and patterns such as an increase in falls for an individual, and the need for a review of risk. There was good evidence that appropriate action was taken to involve and refer to health professionals for advice and guidance to help minimise further occurrences.

- There had been learning from the assessment of new people where things had later gone wrong and needs could not be met. This process was now more robust with shorter trial periods of one or two days to check suitability which would inform whether a longer trial period would be offered.

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 Requires improvement. At this inspection this key question has now improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our last inspection the provider had failed to operate an effective quality assurance system to ensure the quality of service provided. Records were not always accurate and complete. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open.

- Following the last inspection more robust daily and monthly checks of medicines had been introduced. Care plan audits had been reviewed. A monthly summary of outcomes of audits carried out was completed by the registered manager. This highlighted any areas for improvement. An action plan was developed to address these shortfalls. The operations manager monitored completion of this and kept the provider informed. This system gave assurance that standards in all areas were being monitored and maintained.
- An external quality assurance assessor also visited on a monthly basis outside of the lockdown to provide independent feedback on service quality to improve the service.
- It is a legal requirement that a providers' latest CQC inspection report rating is clearly displayed both in the service and on their website. This is so that people and visitors and those seeking information about the service can be informed of our judgements. The rating was clearly displayed both in the service and on the website.
- Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service. CQC checks that appropriate action has been taken. The provider notified CQC appropriately.
- The registered manager and senior management team understood their responsibility to be open and transparent when things went wrong. This helped to ensure that CQC and other agencies with an interest in the service could reliably expect to receive any information requested.

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

- Since the previous inspection the new registered manager and operations manager had worked hard to change the culture of the home. This had resulted in a complete change of staff team. Staff said they worked

well together as a team and they felt better supported by the management team and other staff. The registered manager told us that where staff have an issue with another staff member, she brought them together to work out their differences and this had been successful.

- Staff knew they could call a member of the management team out of hours if they required urgent advice and guidance.
- Staff understood the lines of accountability and there was a clear staff and management structure. Staff understood the values of the service to provide a high quality of care to older people with dementia and learned about this in their initial induction.
- Staff found the registered manager approachable, one staff member told us they found the registered manager very approachable "She invites you in and offers you tea." When observing staff, they interacted well with service users showing kindness and respect. Staff told us they thought morale was good even in the current situation of the pandemic. Staff who were struggling with personal issues said they felt supported by the Registered manager.

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

- Relatives told us they were very pleased with the care delivered to their family members. "The manager is very good-she does all she can, I feel I am kept informed about changes."
- Relatives told us that they were surveyed for their feedback several times each year. We viewed comments of some of those recently returned such as "Nothing is too much trouble, another said "The staff and manager are very caring and so good with him." And "They could do no better." "A difficult job well done."
- Staff told us they were kept informed through staff meetings and handovers, they said "they listen to us and they will make improvements if needed". "I get supervisions and I feel supported, me and [Name] registered manager talks about things that I can improve on." We have supervisions every month, always good to know if I can improve myself.

Continuous learning and improving care

- The service subscribes to various publications from outside organisations such as skills for care, national care home forum, department of health and the royal pharmacy updates. They are also part of a what's app group involving other registered managers and health and social care commissioning staff, to share information and receive support.

Working in partnership with others

- The Registered manager worked with a variety of agencies and health and social care professionals to help improve seamless care to people, for example they had recently referred someone for a SALT assessment for someone experiencing difficulties swallowing. A staff member told us they have communication with six different GP surgeries and the district nurse comes in twice a week to see people referred to them.