

JDA Care Limited

Tudor Lodge

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This unannounced inspection was conducted on 20 June 2016.

Tudor Lodge is registered to provide accommodation for up to 27 people with personal care needs. The location is a two-storey property with a passenger lift between the floors. The majority of bedrooms had en-suite facilities. However, the provider was altering the building to create one extra bedrooms, installing a larger passenger lift and providing every bedroom with its own ensuite facilities. The home is situated in Burnham on Sea and located close to public transport links, the town centre and sea front.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were kept safe because staff were vigilant in monitoring behaviours and indicators of abuse. Staff had received training in safeguarding and were able to explain what they would do if they suspected that someone was being mistreated.

People living at the home had detailed care plans, which included an assessment of risk. These were subject to regular review and contained sufficient detail to inform staff of risk factors and appropriate responses.

People's safety was always at the forefront and the home was producing a personal emergency evacuation plan (PEEP) for each person living at the home and had conducted regular fire drills and fire alarm testing.

Staffing numbers were adequate to meet the needs of people living at the home.

The home recruited staff following a vigorous recruitment and selection procedure. Staff files contained two references, which were obtained and verified for each person. There were Disclosure and Barring Service (DBS) numbers and proof of identification and address on each file.

People's medication was stored and administered in accordance with good practice. We spot-checked medicines administration records and stock levels. We saw that records were complete and that stock levels were accurate.

Staff were suitably trained and skilled to meet the needs of people living at the home. The staff we spoke with confirmed that they felt equipped for their role.

The records showed that the home was operating in accordance with the principles of the Mental Capacity Act 2005. Capacity assessments were decision specific and were focused on the needs of each individual.

People spoke positively about the quality of food. The menu changed every four weeks and clearly identified choices. People told us that they were offered plenty of drinks throughout the day.

People had good access to community healthcare services. The home worked well with healthcare professionals to maintain people's wellbeing. We saw evidence of positive relationships and good communication with healthcare services.

Throughout the inspection, we saw staff engaging with people in a positive and caring manner.

Staff spoke to people in a respectful way and used language, pace and tone that was appropriate to the individual. Staff spoke with people before providing care to explain what they were doing and asked their permission.

People's privacy and dignity were respected throughout the inspection. People living at the home had access to their own room for the provision of personal care if required.

Each of the people that we spoke with confirmed that they had been involved in their own care planning. They also confirmed that relatives were invited to contribute to care planning. We saw evidence in care records that people and their relatives had been involved in the review of care.

Information regarding compliments and complaints was clearly displayed and the provider showed us evidence of addressing these in a systematic manner. All of the people that we spoke with said that they knew what to do if they wanted to make a complaint.

The home had systems and processes in place for communicating with people who lived at the home and their relatives.

People living at the home spoke very positively about the quality of the care provided and the management of the home.

The registered manager had systems in place to monitor safety and quality and to drive improvements. The care manager completed a monthly audit, which included information that was fed-back to the staff team.

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.

People were supported by sufficient number of staff to provide them with the support they required.

People were supported by staff that were recruited in a safe way to ensure they were suitable to work in the home.

People were supported by staff who were knowledgeable about how to identify and report abuse

Medicines were handled safely and appropriately.

Is the service effective?

Good 

The service was effective.

People living at the home and were supported by staff that were trained in topics, which were relevant to the needs of people.

Staff were supported through regular supervision and appraisals.

The registered manager applied the principles of the Mental Capacity Act (2005) meaning people were not subject to undue control or restriction.

People were provided with a balanced diet and had ready access to food and drinks.

People were supported by staff to maintain their health by engaging with external healthcare professionals.

Is the service caring?

Good 

The service was caring.

People told us the staff were kind and considerate.

People were supported by staff who were compassionate and patient with their care needs.

People's privacy and dignity was respected.

Is the service responsive?

Good ●

The service was responsive.

People were involved in their assessment, their views were listened to, and they were supported to pursue their interests.

People were confident to share their concerns with the registered manager or staff and were confident that any complaints would be well managed.

Is the service well-led?

Good ●

The home was well-led.

People and staff were positive about the management and culture of the home.

Quality assurance processes monitored practice to ensure the delivery of high quality care and to drive improvement.

People were treated as individuals, their opinions and wishes were taken into consideration in relation to the running of the home.

Tudor Lodge

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the registered provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 20 June 2016. This inspection was unannounced. The inspection team was made up of one Adult Social Care (ASC) Inspector and one expert by experience. An Expert-by-Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection, we asked the registered provider to complete a Provider Information Return (PIR). This form asks the registered provider to give some key information about the service, what the service does well and what improvements they plan to make. We looked at information we held about the service, which included information shared with the Care Quality Commission's via our public website and notifications sent to us since the last inspection. Notifications are when registered providers send us information about certain changes, events or incidents that occur within the service.

During the inspection, we spoke with 13 people using the service and three relatives who were visiting their loved ones. We spoke with the registered manager, the care manager, four care staff, the cook and a member of the housekeeping staff. We also spoke with a visiting healthcare professional. Prior to the inspection, we contacted three other health professionals.

We looked at six care files, six staff recruitment and training files and a selection of records used to monitor the quality of the service. We observed interactions between staff and people using the service and lunch being served.

Is the service safe?

Our findings

The service was safe.

People told us they felt safe at the home and with the staff who supported them. We spoke to 13 people who lived in Tudor Lodge and they all told us they felt safe living there. One person said, "I feel quite safe, I take it for granted and would not like to be anywhere else" and "I am safe here, I have a buzzer and can call someone to help me, they come quickly, especially at night". Other comments included, "Can I just say I have felt really safe since I came in here. There is out there and there's safe in here" and "I feel safe; that is one of the advantages of being here, everybody who comes into the home is vetted".

We were able to speak to relatives who were visiting the home and one said, "My loved one is safe, we inspected many other care homes before selecting this one, they do everything right". Another stated, "My loved one is safe, I have no doubts or qualms about it, they only have to press the bell and someone is there".

We spoke to care staff and they all showed a good knowledge of how to keep people safe. One member of staff said, "I know just what to look for even if people can't always voice their fears. If I saw or heard anything that concerned me I would go straight to [name] care manager or the [name] registered manager". Another member of staff said, "If I was worried about anything at all I would report it to the manager to make sure the matter was dealt with". Staff had completed training in protection of vulnerable adults and the care manager told us that this was also discussed in supervision and staff meetings. This meant people were cared for by staff who were able to recognise the signs of abuse and knew what action to take.

We found that the staffing levels during the day were sufficient to meet people's needs/keep them safe. The registered manager told us they had recently used agency staff for the first time to cover staff vacancies, sickness and annual leave. They told us they had requested the same staff from the agency to provide consistency. The provider explained that they would increase staffing if required if there was a change in people's needs. A member of staff told us, "If we do need any additional staff at night or during the day we always get them". We saw four weeks staff rosters that confirmed there were enough staff to meet the needs of the people living in Tudor Lodge. The care manager confirmed with us they kept the staffing levels and dependency levels of those who lived in the home under regular review.

We saw that recruitment procedures were in place and were being followed to ensure staff were suitable for their roles. Records showed that staff were vetted through the Disclosure and Barring Service (DBS) before they started work; records of these checks were kept in staff files. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with vulnerable people. This process also included making sure that new staff had all the required employment checks and references taken up before they were offered a position in the organisation. We checked the files for six staff and found these to be in place.

As part of our inspection, we observed how medicines were administered. We observed staff administering

medicines to people and they did this in a calm and unhurried manner. We found staff asked people for their consent before they gave them their medicines. We looked at the medicines records and found these were all in order and up to date. Senior carers had been trained in medicines administration and were assessed yearly to ensure they were competent to do this. We discussed the administration of medicines with one member of staff and they told us about their yearly competency test and how this gave them the confidence to give people their medicines. We checked the stock for one person's medicines and found they were correct.

Medicines entering the home from the pharmacy were recorded when received and when administered or refused. This gave a clear audit trail and enabled the staff to know what medicines were on the premises. There were adequate storage facilities for medicines including those that required refrigeration or additional security. Medicine fridge temperatures were checked to make sure these medicines were stored at the right temperature so were safe to use. Some medicines needed dating when they were first used. We found these medicines had been dated so staff knew how long they been in use.

The provider had a policy on infection control. On the day of our visit, the home was clean and orderly. Staff had ready access to personal protective equipment and cleaning products. We spoke to one of the housekeeping staff. They said, "This is a very nice place to work in and all the staff work together as a team. There is never any shortage of cleaning materials so we can do our job properly. I do get the chance to talk to the people who live here and that is a bonus".

Care plans contained risks assessments, which outlined measures in place to enable people to take part in activities with minimum risk to themselves and others. Risk assessments were in place covering all aspects of daily living within the home. These were reviewed each month with the support plans unless there was a change to a person's needs, in which case they were reviewed and updated immediately. We saw in the support plans; there were tools to monitor mental health needs and directions for staff to support people if they became anxious. . This demonstrated people's needs were recognised, understood and met in the most appropriate way and kept people safe.

A record was kept of accidents and incidents. We saw staff completed an accident or incident form for each event, which had occurred. These records were reviewed by the registered manager each month to look for any trends or changes, which may be needed to people's care. Details of action taken to resolve the incident or to prevent future occurrences were recorded where appropriate.

We discussed evacuation arrangements in case of fire or any other emergency and the manager confirmed that the home had recently had a fire safety check completed. A fire risk assessment had been completed and we were able to see a copy of this during our inspection visit. The registered manager and care manager were also in the process of completing personal emergency evacuation plans (PEEPs) for each person living in Tudor Lodge, who was unable to evacuate the premises by themselves. The registered manager said that they all would be completed by the end of the month.

Is the service effective?

Our findings

The service was effective.

People living at the home that we spoke with told us they thought the staff were suitably skilled, they told us, "Staff are very good at their jobs, I have no complaints, they know what to do" and "Staff are ok, seem to know what they are doing, I have every confidence in them, they are excellent, very helpful and efficient, they know what they are doing." Relatives thought members of staff were "Excellent, very competent" and "Had the ability to care".

Staff were suitably trained and skilled to meet the needs of people living at the home. The staff we spoke with confirmed that they felt equipped for their role. One staff member said, "There's always enough training and support." The training record and staff certificates showed that the majority of training was in date. The average completion rate for mandatory (required) training was recorded as over 90%. New staff were trained and inducted in accordance with the principles of the care certificate. The care certificate requires new staff to undertake a programme of learning before being observed and assessed as competent by a senior colleague. The Care Certificate standards are standards set by Skills for Care to ensure staff have the same skills, knowledge and behaviours to provide compassionate, safe and high quality care and support.

All staff that we spoke with confirmed that they had been given regular formal supervision (a meeting with their line manager to discuss their work) and annual appraisals to support them in their professional development and records confirmed this. There were also staff meetings, house meetings and a handover of important information when staff started each shift, which we observed. Within this handover meeting, information such as upcoming appointments and visits by health professionals was given to the new staff coming onto shift.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The records we saw showed that the home was operating in accordance with the principles of the MCA. Capacity assessments were decision specific and were focused on the needs of each individual, for example, the use of pressure mats. Applications to deprive people of their liberty had been submitted appropriately. The home maintained a record of DoLS applications and their status. At the time of the inspection, ten people were subject to restrictions on their liberty, and the home was acting within the conditions of the DoLS.

People and relatives told us they were happy about the food provided. We sat with people at lunchtime.

Tables were laid out with table cloths, condiments crockery and cutlery. Staff were busy but attentive in serving and monitoring people. Staff wore personal protective equipment (PPE) in line with good practice for food hygiene. We observed people eating their lunch. The food was well presented and nutritionally balanced. People were supported to eat and drink independently because staff recognised what support they required to do so. For example, staff informed us that special crockery had been purchased to assist people who had a visual impairment or found it difficult to hold standard cutlery.

People's preferences, allergies and health needs were recorded in the kitchen and used in the preparation of meals, snacks and drinks. People spoke positively about the quality of food for example, "High standard of cooking and quality of food" and "Food is lovely, I like everything I am given, it is home cooking, not mass produced, occasionally there is something I do not like and am offered an alternative". They were particularly complimentary about the roast dinners and the fish provided each Friday. Relatives told us, "My loved one chooses to have all their meals in their room for medical reasons, staff respect this" and "I wish I could have these meals at home myself. My loved one is a fussy eater, but has never moaned about the food, so it must be good". The menu changed every four weeks and clearly identified choices. People told us that they were offered plenty of drinks throughout the day. We saw staff offering drinks at lunchtime and throughout the inspection.

Most of the people that we spoke with had a good understanding of their healthcare needs and were able to contribute to care planning in this area. For those people who did not understand, the provider had identified a named relative to communicate with. We asked people if they could see health professionals when necessary. We were told they saw doctors, chiropodists, opticians and other healthcare professionals when they needed. We saw records of these visits in the care files. A visiting healthcare professional spoke with us and their comments included "Good relationship with staff; great co-operation; good communication. Staff welcoming and helpful. All calls are appropriate and timely; staff know when to call them or the GP. Excellent palliative care. Good records. Good care, one of the best, residents' appropriately cared for, regular checks and turns. No safeguarding issues, no concerns. All residents content and settled".

We looked at the physical environment to see how it was adapted to meet people's needs. The home made use of signage and colours to help people identify bathrooms, though the signs were too small for people with visual impairments and the registered manager told us they were going to change them. The home had a very homely feel and people were encouraged to furnish their rooms with their own furniture.

Is the service caring?

Our findings

The service was caring.

People who used the service and relatives told us the registered manager and staff were caring. One person told us, "It's a good place, a lovely home, I couldn't want for anything better. Staff are very kind, no grumbles, we have a laugh and a joke". Another person said, "I can get up whenever I like in the morning and have a cooked breakfast. Staff are great, very caring, they are lovely girls; they are very good, certainly kind and caring, they keep popping in to check that I am alright". Relatives were very happy with the care their loved ones received. Comments included, "Staff are kind and can laugh and joke, they have a sense of humour which helps with what they have to do, they know my loved one well and their little ways" and "Staff are very good and very caring, they have got to know my loved one, well and they know the best way and time to ask when something is needed".

We observed staff were kind and patient with people and offered reassurance and support when necessary. We observed staff interacted in a kind and caring way with people throughout the inspection. It was clear that the people who used the service and staff got on well together. Laughing and joking between people and staff was evident throughout the home, which resulted in a friendly and relaxed environment. We saw that staff took the time to talk with people, listen to them and showed a genuine interest in what they had to say. A relative told us, "I can't speak highly enough of the staff and management, what always impresses me is they always speak to the residents with dignity and respect, the staff are very kind, and spend time with people".

We saw people's needs were responded to quickly and if a person became upset or distressed, staff offered them reassurance in a caring, kind and supportive way. We saw one person walked around looking anxious, a staff member quickly reassured them and took time to be with and talk with the person. We also saw a member of staff support a person who was a little upset to a quieter area of the service to allow them some private time and space.

Relatives told us they were involved with the planning and review of their relative's care. One relative told us, "I like to be included in discussing the care of my relative with staff, my relative is now unable to be fully involved due to dementia, and we as a family do all we can to help. We are informed of any changes as they occur, and are contacted by phone if our loved one becomes unwell".

Staff told us and we saw that opportunities were offered to people to make choices and options throughout the day. People were given time to decide what they wished to do and staff supported them with their choices. People told us that staff respected their privacy and dignity. One person who used the service told us, "The staff always knock my door, even though they know it isn't locked and ask if it's ok to come in". We saw staff supporting one person to move from area to another using a wheelchair. We saw staff spoke with the person throughout the process, informing them of what was to happen, this put the person at ease. Staff were careful to ensure the person's dignity and modesty was not compromised during this interaction.

People's wishes relating to the care they wanted when they were nearing the end of their lives were clearly recorded in their care plan. This included details about people's individual or religious beliefs. The home had received the highest status in the Gold Standards Framework (a national approach to enable staff to provide the highest level of care to people nearing the end of their lives).

Is the service responsive?

Our findings

The service was responsive.

People told us they were involved in the assessment and planning of their care. This ensured they received personalised care that was responsive to their needs. Staff were aware of how to meet people's specific needs for example, supporting people to use their walking aids.

One person said they enjoyed listening to music and they were able to continue to do these things. They said there were lots of social activities available in the home. They told us, "There is always something going on." On the day of the inspection, we saw people reading the newspaper, listening to music and knitting. One person told us they could go into the town to do some shopping if they wanted. Another person told us about the visit by the donkey sanctuary, where donkeys were brought into the home so people could touch and stroke them. They told us about past trips to the sea front and said they would like to go on more trips now it was summer and this was being arranged.

The provider had appointed an activities coordinator, two days per week to support people to pursue their interests. Staff arranged activities for the rest of the week and they and the registered manager told us they were happy doing this and had time allocated throughout the day to do these. Staff confirmed this was the case. The activities coordinator was enthusiastic about their role and was in the process of asking new people about their interests and the things they liked to do. Information about available activities was displayed in the communal areas and in people's rooms. People and their relatives said they were happy and satisfied with the level of activities provided.

People were able to share their concerns with the registered manager and were confident that they would be listened to and taken seriously. People said they would be confident telling staff or the registered manager if they had any worries or concerns; however to date this had not been necessary. One person said, "If I have any concerns the registered manager always sorts it out for me." Some people told us they had recently completed a 'survey' about their views on their care. People were aware of residents' meetings and told us these were well conducted, their opinions sought and listened to, and action taken. One person said, "Staff always put things right when needed." Another person told us that their keyworker always sorted out any concerns they had. Relatives said they knew how to make a complaint and said they would be happy to do so if it was warranted.

The registered manager told us they had not received any recent concerns about the service. Records confirmed this. The registered manager said they always made themselves available and this gave people the opportunity to share their concerns with them. We saw that past complaints had been recorded and showed what action had been taken to resolve them.

Is the service well-led?

Our findings

The service was well led.

People, relatives and staff were complimentary about the leadership and management of the home. They told us that they were encouraged to make their feelings known and that these were listened to and acted upon. One person told us, "Everything runs very smoothly". Another stated that the, "Manager is brilliant, a very nice man and helpful, easy to speak to as is the care manager; they listen and do and they are always available". Relatives said they would recommend the home. They said, "Management welcoming and friendly, we have a good open relationship, they always pass the time of day, they are very open and approachable, we have no problems in discussing any worries or concerns".

The management team consisted of a registered manager and care manager. The provider had a philosophy of care that stated, 'We aim to provide all our service users with a safe, secure, relaxed home-like environment, where their care, well-being and comfort are of prime importance'. The philosophy of care was embedded in the culture of the home and the practice of staff. There was a friendly, warm and homely atmosphere and a positive culture. People appeared to be at ease, happy and comfortable. People, relatives and staff confirmed this. One member of staff told us, "It is a calm, relaxing, homely and peaceful environment". Another member of staff told us "It is homely and friendly, there is a good team. It is a happy home". When asked what Tudor Lodge did better than any other home, one member of staff told us, "We're not task orientated, we are person-centred, and it is about the residents".

People also confirmed that the home complied with the provider's philosophy of care. One person told us, "This is considered to be one of the best care homes in the area, it was recommended to me by another person who was already in here and my neighbours all agreed".

People, relatives and staff told us that the home was well managed. One relative said, "This home is the best in the area, it is managed really well". Staff told us that the manager was approachable and receptive to any ideas and suggestions that they made. One member of staff told us, "The care manager is a very good role model; there is very good leadership and management". Another member of staff told us "The registered manager and the care manager are very approachable, absolutely, one hundred percent". A relative confirmed this, they told us "The Manager is always about and hands on, they know all the residents and they know them".

There were good systems in place to ensure that the home was able to operate smoothly and to ensure that the practices of staff were effective. There were quality assurance processes and regular audits conducted. However, there was no evidence of a yearly provider audit, but the registered manager told us that one would be completed soon. These audits ensured that the registered manager was meeting the requirements of legislation and people were receiving care to the standards that they had a right to expect. In addition to regular audits the registered manager also conducted daily 'walkarounds' of the home and the care manager regularly completed shifts with the care staff. They explained that this enabled them to monitor the physical environment as well as observe staff's practice. We saw evidence that the care manager held

meetings with staff working in the home to feedback their findings. They explained that ensured that any actions required were completed.

The registered manager ensured that staff were encouraged and empowered to develop within their roles. Some staff had been encouraged to become 'champions', this included 'dignity champions'. The registered manager explained that it recognised staff's skills and abilities and enabled other staff to have someone they could go to for advice or support.

There were links with external organisations to ensure that the staff were providing the most effective and appropriate care for people and that staff were able to learn from other sources of expertise. These included links with the local authority and the hospice team. The registered manager told us they worked closely with external health care professionals such as the GP and district nurses to ensure that people's needs were met and that the staff team were following best practice guidance.

The registered manager told us they kept their knowledge and skills up to date by attending conferences, enabling them to keep up-to-date with areas of best practice. They demonstrated an awareness of the implementation of the Duty of Candour CQC regulation and had implemented this in practice. (The intention of this regulation is to ensure that providers are open and transparent with people who use services and other 'relevant persons'.) Observations showed that a relative had been informed that their relative had fallen. Relatives further confirmed that they were kept informed. One relative told us, "It is open and transparent".

The registered manager was aware of their responsibility to comply with the CQC registration requirements. They had notified us of events that had occurred within the home so that we could have an awareness and oversight of these to ensure that appropriate actions had been taken.