# Tudor Lodge Care Home Limited

# Tudor Lodge

## Inspection report

18-20 Manor Road
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Tel: 01303251195

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12 October 2017

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## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

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|---|---|
| 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

The inspection took place on 12 October 2017 and was unannounced.

Tudor Lodge is a large detached house in a quiet residential area. It provides care and support for up to 44 older people some of whom are living with dementia. There were 38 people living at the service when we inspected.

The service had a registered manager 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. This is the first inspection since a change to the providers registration in October 2016.

People, relatives and health professionals told us that people were safe at the service. People were supported by staff who had received safeguarding training and understood their responsibilities in keeping people safe from harm. The registered manager had contacted the local authority safeguarding team when required and had taken action to keep people safe. Risks to people were identified and assessed. Plans were put in place to minimise risks and gave staff the guidance they needed to mitigate risks. People's medicines were managed by trained staff and people were supported to be involved as they wished. Some people at the service chose to manage their own medicines and they were supported to do this safely.

People were supported by staff who told us they had the training and support they required to meet people's needs. There was a schedule of training in place which included competency assessments. Some staff had begun additional training to become a 'champion' in areas such as dignity or dementia. Health professionals told us the staff were "on the ball and knew how to care for the people who live at the service." Staff had regular meetings and one to one supervisions with their line manager. The registered manager used a dependency tool to identify how many staff were needed on duty. There were enough staff to meet people's needs and people told us, "There is always someone nearby if you need help." Staff were recruited safely, checks were carried out to ensure they were suitable for their role before they began working at the service.

People are supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Staff asked for people's consent before giving support and explained to people what was happening. CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care services. The registered manager had applied for DoLS when required.

People were supported by staff who knew them well and treated them with dignity and respect. Staff treated people as individuals and adapted their interactions to meet each person's needs and preferences. Staff told us about people's lives before they lived at the service and the activities they enjoyed the most. People's

care plans were person centred and gave staff the guidance they needed to know what people could do for themselves and when they needed support. Care plans included life histories and small details about people's preferences, for example how they like their room at night or their favourite fragrance. People and their relatives told us they were involved in planning and reviewing their care on a regular basis. People were supported to remain as independent as possible. On the day of the inspection several people went out independently.

People took part in range of activities based on their interests and hobbies and there was an activities co-ordinator at the service. One person said, "There is always something going on if you want to join in." Activities were displayed in an accessible format using pictures. There was also a pictorial menu board showing people the food on offer in the dining room.

People told us the food was good and that there was always a choice of meals. People chose where they ate their meals and lunchtime was a social event with people chatting as they ate. When people had specific dietary requirements these were catered for and people had been referred to dieticians when they were at risk of losing weight. Health professionals told us, "They are very responsive here; they always notice quickly if people are unwell and ask for support." When people were unwell or were living with a health condition such as diabetes, staff supported them to book and attend any health appointments.

The registered manager and staff told us the focus of the service was to give people care and support in the way they preferred and to keep improving the quality of care offered. People, staff relatives and health professionals told us the registered manager and provider were accessible and approachable. One person said, "If I ask the manager for anything I know they will do it."

Risks to the environment were identified and assessed, plans were put in place to minimise risks in the way that was least restrictive to people. Regular fire drills were carried out and weekly fire checks were carried out. People had personal emergency evacuation plans which detailed the support people would need emotionally and physically to leave the building in the event of an emergency. Regular audits were completed in relation to health and safety and infection control. Action was taken to address any shortfalls. The registered manager and operations manager completed other audits related to the quality of care and people's care plans. The registered manager attended local forums and met regularly with the registered managers of the provider's other services. These meetings were used for support and to share learning. The registered manager sought opportunities to continue their own personal development.

The registered manager gathered feedback from people, relatives, staff and visiting professionals. This was analysed and a report was available for people and visitors in the hallway. If issues were raised the registered manager arranged to meet with the person who had raised the concerns to address them directly and find a resolution. There was a complaints procedure in place; an easy read version of this was displayed around the service. People were also given the opportunity to raise any concerns in regular resident's meetings. When complaints were received they had been investigated and responded to appropriately.

## 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 staff who had received training and understood their responsibilities in relation to safeguarding.

Risks to people and the environment were assessed and plans were in place to give staff the guidance to minimise them.

People were supported by staff who had been recruited safely and there were enough staff to meet people's needs safely.

People's medicines were administered by trained competent staff. People were supported to manage their own medicines if they wished.

### Is the service effective?

Good

The service was effective.

Staff had the training and support they needed to meet people's needs.

People were asked for consent and were encouraged to make decisions for themselves.

People had a choice of foods which supported them to stay healthy.

People were supported to access health care as needed.

### Is the service caring?

Good

The service was caring.

People were supported by staff who knew them well and who treated them with dignity and respect.

People and their loved ones were involved in planning their care. People were supported to remain as independent as possible.

People were given information in accessible formats

## Is the service responsive?

Good

The service was responsive.

People's care plans were person centred and gave staff the guidance they required to meet people's needs.

There was a variety of activities for people to take part in and which people told us they enjoyed.

Complaints were investigated and responded to appropriately.

## Is the service well-led?

Good

The service was well-led.

There was a shared vision and set of values which placed people at the heart of the service.

The registered manager was supported and sought opportunities to continue their own personal development.

People, relatives, staff and professionals were asked for their feedback which was analysed and responded to.

Regular audits were undertaken to monitor the service and there was a focus on continual improvement.

# 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. This inspection was planned to check whether the 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 12 October 2017 and was unannounced. It was carried out by one inspector.

Before our inspection we looked at records that were sent to us by the registered manager and the local authority to inform us of significant changes and events. We also reviewed our previous inspection report, and the Provider Information Return (PIR) that the registered manager had completed. The PIR is a form that asks the provider to give some key information about the service, what the service does well and what improvements they plan to make.

During the inspection we spoke with three people, two relatives and two visiting health care professionals. We spoke with the provider, registered manager, operations manager and the administrator. We spoke with four care staff. We looked at five people's care plans and the associated risk assessments and guidance. We looked at a range of other records including four staff recruitment files, the staff induction records, training and supervision schedules, staff rotas, medicines records and quality assurance surveys and audits.

Some people were unable to tell us about their experience of care at the service so we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We observed how people were supported and the activities they were engaged in.

This is the first inspection since a change of registration for the provider in October 2016.

Good

# Is the service safe?

## Our findings

People told us they felt safe at the service. They said, "The staff do a good job of keeping us safe. If I call they always come to help." A relative told us, "I have peace of mind now my loved one is here. I know the staff will keep them safe."

People were supported by staff who had received training in safeguarding and who understood their responsibilities in relation to keeping people safe. The provider had developed and trained their staff to understand and use appropriate policies and procedures in relation to safeguarding people. All the staff we spoke with were able to tell us about the different types of abuse they may encounter, signs they may see if people were being abused and what they would do about any concerns. Staff told us, "I would report any worries straightaway. I would tell the manager or if need be the local safeguarding team or the police." The registered manager was aware of their safeguarding responsibilities. Referrals had been made to the local safeguarding authority when required and action had been taken to reduce the risks of incidents happening again.

Some people could become agitated, confused or upset. Staff quickly reassured and distracted people by chatting or suggesting they get a cup of tea. People's care plans contained guidance about the triggers which may cause people to become upset and the best ways to reassure, distract or redirect the person. They gave details of subjects people enjoyed talking about and music they found calming.

Risks to people had been identified, assessed and staff supported people to reduce any possible risks. People were encouraged where possible to be involved in managing risks. One person told us, "The staff asked me, what did I think was the best way to be safe. We talked about what I had done before moving into the service and we adapted that for being here." When people needed help from staff to move around the service there was step by step guidance for staff about how to support them with this. The guidance showed what people could do for themselves, what staff needed to do and the best way reassure people. When people used hoists the guidance included details about which sling to use and how to use it safely. Some people were at risk of skin breakdown. Pressure relieving equipment was in place to reduce this risk. Risk assessments gave staff information about the correct settings for each person based on their weight. Records showed that the settings were checked daily and action had been taken if they needed adjustment. Risk assessments were reviewed regularly to capture information about any new or increased risks.

Each person had a personal emergency evacuation plan (PEEP.) Each PEEP gave details about the support a person would need emotionally and physically in the event of an emergency such as a fire. The fire system was tested on a regular basis and regular fire drills were carried out. Fire systems were being checked by an external contractor on the day of the inspection, no concerns were identified. The registered manager completed regular audits of the service related to health and safety and infection control. These formed the basis of an action plan, which had a date for completion and was updated with progress on a regular basis.

The registered manager used a dependency tool to plan the number of staff on duty based on people's needs. People and staff told us there were enough staff on duty. Staff were busy on the day of the inspection

but did not appear rushed. Staff had time to sit with people and take part in activities with them. When people pressed their call bells or called for assistance staff responded quickly. Any shortfall in staff due to holidays or sickness were covered by staff at the service or from one of the providers other local services. Staff had been recruited safely following the provider's policy and procedure. Written references were obtained and checks were carried out to make sure staff were of good character and were suitable to work with people. Disclosure and Barring Service (DBS) criminal records checks had been completed. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

People were supported to have their medicines safely and in the way they preferred. Medicines were only administered by staff who had been trained and assessed as competent to do so. Medicines were stored in a dedicated room which was organised and clean. Records relating to the management of medicines were completed fully and accurately. Alongside people's medicines administration record there was information about how they liked to take their medicines. For example, if a person could take a long time to take each tablet. Staff understood this information and took it into account when planning the order they would give out medicines and how much time they would need. When people had medicines which were given 'as and when required' (PRN) there were protocols in place. Each PRN protocol gave staff guidance about what the medicine was for, how to know the person needed it, how often it could be taken and the maximum number of doses in 24 hours.

Some people had chosen to manage their own medicines. A risk assessment had been carried out with them to ensure they understood what their medicines were for and the risks of not taking them on time. Staff then helped the people to order their medicines as needed and checked each person was still confident to manage their own medicines. Some people were living with diabetes and some of the staff in the service were completing training and competencies with a community nurse to administer people's insulin. Staff told us, "It will be really helpful as we can work more around the person than the nurses who visit. So if people aren't hungry yet they can eat later and we can adjust for that. At the moment their routine is dictated by when the nurses can get here."

Good

# Is the service effective?

## Our findings

People told us the food at the service was excellent and that they were encouraged to drink plenty of fluids. A relative told us, "My loved one really enjoys the food here, I never have to worry they won't eat. The staff will find something to tempt them."

A health professional told us, "The staff always know what is going on with people's health. They communicate really clearly about it and I never have to worry that they will follow instructions, it is always done."

People and their loved ones told us that the staff were knowledgeable and confident in their roles. People were supported by staff who had the training and support they needed to carry out their role. When staff began working at the service they completed an induction which included training, competency assessments and the Care Certificate. The Care Certificate is a nationally recognised set of standards for care staff. Some staff in the service and the provider's other services had completed additional training in order to be able to deliver training to their colleagues. Training could then be delivered to staff in their induction and the trainer completed a competency assessment before staff worked with people independently. Staff told us, "It's great to have your trainer here, you can always find them if you have a question."

There was an ongoing training programme which included core subjects such as first aid, fire safety and safeguarding. Staff also completed additional training related to the needs of the people at the service for example, dementia, end of life and skin viability. Staff told us they felt well supported and that they had access to lots of training. One staff member said, "I think the training we have really helps us to do a good job. It helps us to empathise and understand how things like dementia or diabetes can affect people." Staff had regular team meetings, staff told us they could make suggestions or give ideas at any time. Staff had regular one to one meetings with their line manager. One staff member said, "It's really helpful, you get a chance to talk about what we are doing and what works or doesn't. You can also talk about any other training you would like to do."

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 decisions made on their behalf must be in their best interests and be 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). We checked whether the service was working within the principles of the MCA.

The registered manager and staff had a good understanding of the MCA and how it impacted how they supported people. One staff member said, "You have to assume people have capacity, you always have to consider if I explained it in a different way would it make more sense to the person. If people don't understand we know that decisions have to be made in their best interest with people who know them

well." The registered manager had applied for DoLS authorisations when required. Staff asked people for consent before supporting them and encouraged people to make decisions for themselves.

People and visitors told us that they enjoyed the food and there was always lots of choice. One person told us, "I can always choose what I like and if I don't fancy what is on offer I can have a salad or a sandwich. One of the other people who lives here is a vegetarian and often has pasta. The staff know I like pasta so they always let me know if the person is having some and I usually have it too." A relative told us, "My loved one can be a bit picky about their food but they always find something they like here. At home they had their favourite sandwich for supper every evening. That was something that was really important to them so the cook makes sure they have the sandwich every day."

There was a pictorial menu on the wall in the dining room showing the food on offer that day. When people needed support to eat staff were patient and chatted to people as they helped them to eat. Lunchtime was sociable with people choosing where to sit and who to sit with. People chatted to each other and staff throughout the meal. Staff encouraged people to drink throughout the day offering them a variety of drinks to choose from. When people were at risk of losing weight staff recorded their food and fluid intake each day. Each person had a target amount to aim for and records showed that staff had taken action when people consistently failed to reach their target. Referrals had been made to dieticians and the local speech and language team as required. When advise had been given this was recorded in people's care plans and risk assessments.

Staff responded to any changes in people's health needs and sought advice when needed. Staff worked closely with health professionals such as GPs and district nurses who visited people. People's health needs were recorded in their care plan, with guidance for staff about how to support people to manage these needs. Some people had catheters. This is a drainage tube that is passed into the bladder when people cannot urinate properly. Staff had guidance about how to manage people's catheters, the signs to be aware of which may indicate an issue and what to do if they were concerned. When people were living with diabetes there was guidance for staff about the signs people may show if their blood sugar was too high or too low and the action they should take. A health professional told us, "We visit almost every day, it is lovely. They know people well so quickly pick up if they are unwell." A relative told us, "The manager and staff have really supported us and my loved one to get the help they need for example, from the local mental health team. They help me to fight my loved one's corner and really want the best for them."

Good

# Is the service caring?

## Our findings

People, their loved ones and professionals told us that staff were kind and caring. One person said, "It's the little things, I missed tea one day and they came to check I was ok. Nothing is too much trouble for them. They really do care."

A professional told us, "The staff here are great, you can really tell it is their vocation. They just care about people. You really see how people's faces light up when the staff approach, it's lovely. I would be very happy for my mum to live here. I would have no concerns at all because I know they would take good care of her."

People were supported by staff who knew them well and understood how they liked to be supported. They used that knowledge to anticipate people's needs and encouraged them to do what they could for themselves. As staff introduced us to people they often spoke about the person's previous career or hobbies and interests. People smiled in response and some people began talking about their family and what they enjoyed doing. Staff called people by their preferred names and tailored their interactions to each person. For example, some people enjoyed laughing and joking with staff and others preferred a gentler approach. Staff adapted to each person's needs. Some people chose to stay in their rooms. Staff would wave to people as they passed their door, people smiled and some waved back. Staff engaged with people as they walked through communal areas, asking if people were ok and if they were looking forward to the afternoon activities.

Some people who were living with dementia could become distressed. Staff worked together to think of ways they could support people. For example, one person would show behaviours when they were upset which could cause them to harm themselves or make themselves uncomfortable. Staff had introduced a hairdressing mannequin which the person used to express their emotions. This reduced the level of harm and discomfort the person was causing to themselves.

Some people at the service would go out independently, one person was chatting to staff about their plans. They asked staff to keep them a lunch in case they were late back and checked with staff what the weather was like outside. When they returned they sat and chatted to staff about where they had been and what they had done whilst out. They told us, "I like that I can go out on my own. Staff will help if I ask but they know I enjoy my own space and my own routines." People could have visitors at any time. A relative told us, "I always feel welcome. The staff are very friendly and chat to you to see how you are. They recognise it is a hard thing to have your loved one in a home so they do their best to make it easier. I'm always offered a drink, usually by more than one member of staff. We can also join in with activities if we like or come to events like parties."

People and their loved ones told us they were involved in planning their care. One person said, "It's all based around what I want and need. I don't like to make a fuss but the staff have really encouraged me to let them know what I want or don't want. They are fantastic and really caring." When people were new to the service staff took time to introduce them to people, often commenting on things people had in common. Staff would chat to both people until they seemed comfortable with each other, at which point they would

excuse themselves and leave people to chat. The registered manager had ensured that people's religious and cultural preferences were catered for. Care plans identified if a person followed a certain religion and how they would like to practice. Links had been made with local churches and church groups to support people in following their chosen religion.

People were offered information in a range of formats including pictures and easy read documents. There were notice boards around the service giving people information about things such as planned events, activities, dates of meetings and visiting entertainers. There was a board in the hallway with photographs of the staff on duty that day alongside their names. People's care plans gave guidance about the best way to communicate with people, for example, giving a limited number or choices or using closed questions. Staff followed this guidance throughout the day when supporting people to make choices or understand what was happening.

People were treated with dignity and respect. Staff knocked on people's doors and waited to be invited in when possible. They explained to people what was happening and offered reassurance when needed. One person was confused and came out of their bedroom whilst undressed. Staff calmly covered the person and suggested they go back into their room to talk about what they needed. The person happily went with staff, smiling and chatting. People's confidentiality was maintained. Staff understood the need for this and records were stored securely.

Good

# Is the service responsive?

## Our findings

People told us staff responded to their needs and that there was plenty to do. One person said, "There is always a choice of things to do. I don't always join in as I like to get out and about, but they always offer." A relative told us, "They really look after my loved one in the way they like. They pay attention to the little details, that makes all the difference."

People's needs were assessed before they moved into the service. The registered manager met with people and/or their relatives to talk about what support they needed and if the service could provide that level of support. People's assessments were very detailed and contained information about their preferred routines. The information gathered during the assessment was then used to form the basis of the person's care plan.

People's care plans were person centred and included details about their careers, loved ones and preferences. The care plans included details about what people could do for themselves, what support they needed and how they liked that support to be offered. One person told us, "The staff are brilliant. They spent time with me really getting to know who I am and they really listen. We planned together how they can help me, and they do just that." Care plans gave staff guidance about the best ways to support people and details such as the fact that it was important for some people to always wear their make up or have their bag with them were included. When people were living with dementia care plans showed the type of dementia they had and how it impacted on their lives.

People had a 'This is me' document in place. This gave information about their life history, favourite smells, tastes, places and music. This information had been used to develop guidance for staff about how to support people when they became upset or agitated. People's care plan gave details about what could make people upset and the best ways for staff to reassure, distract or redirect people. One person became upset and confused during the inspection and asked staff to take them home. Staff encouraged the person to sit down and have a cup of tea. They reminded the person they were at home and spoke to them about what they had chosen for their lunch. The person calmed and began to focus on staff and their upcoming meal.

People had access to a variety of activities which they enjoyed and were based around their interests. There was an activity co-ordinator at the service. In the morning they spend time with people playing games and chatting. People were very engaged, smiling, laughing and encouraging each other to do well. In another lounge staff supported people to play dominos, the dominoes were very large so people could handle them easily. In the afternoon a visiting entertainer played the guitar and sang to people. People had been talking to staff all day about the entertainer and how much they were looking forward to them playing. People were singing along and got up with staff to dance to the music. People told us it was 'great fun.'

Staff told us, "When people come to live here we talk to them about what they enjoy doing. Sometimes we already do what they enjoy so they just join in but we can always add new things to the plan. There are all sorts of things we do, we do baking, quizzes and pamper afternoons." The provider had had the garden area renovated with access for people with limited mobility. The registered manager told us, "It was fantastic this

summer; the garden is secure so people could just choose to spend time outside." People told us they had enjoyed spending time outside and the summer fete which had been held.

People and relatives told us they knew how to complain and who to speak to. There was an easy read version of the complaint policy displayed on the notice board and people were encouraged to raise any issues in residents meetings. When complaints had been received, they were responded to appropriately, the outcome was recorded and reviewed for any learning.

Good

# Is the service well-led?

## Our findings

People, relatives, staff and professionals all told us that the registered manager and deputy manager were approachable and open to new ideas. One relative said, "I've just been with the manager now. She will always find time for me and we can talk about my loved one and how things are going." A professional said, "The deputy manager and manager always know what is going on. I regularly talk to them when I visit and they have approached me for advice when they needed to."

The provider, registered manager and staff team had a shared vision of the service. Their focus was on giving people the life they wanted whilst continually improving the service they offered. Staff told us, "We all work as a team and it is really supportive, that means our focus is on the people we support." and "We are always asked for our ideas in staff meetings and I know if I think of anything in between I can go to them and they will listen." Staff told us they felt valued and appreciated. The provider held an awards ceremony each year where staff could be rewarded for their work and commitment to the service. This year they had included a new 'Putting People First' award which is for a member of staff who had thought of an innovative way to support people or gone the extra mile. There were regular staff meetings where staff had the opportunity to put forward their ideas or concerns.

The registered manager had worked at the service for many years. They worked closely with the provider, operations manager and registered managers of the provider's other services. Regular management meetings were held to provide support and opportunities to share learning and good practice. The registered manager also attended local registered manager forums and training provided by the local nursing team. They told us this support and training helped them to look for ways to continually improve the service they offered people. Information from the forums was shared in staff meetings and staff training sessions.

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 check that appropriate action had been taken. The registered manager had submitted notifications to CQC in an appropriate and timely manner and in line with guidance.

People, relatives, staff and other professionals were asked to give feedback about the service. This was done through surveys and meetings. The results of any feedback and changes made as a result was displayed on the notice board. Feedback included, 'We are very happy with the care you give our relative. We are relieved they are so happy and safe,' and 'You take care of people's needs to such a high standard. Your staff are friendly and attentive. My loved one's quality of life has improved immensely since they have lived at Tudor Lodge.' When any issues were raised the registered manager met with people individually to resolve any concerns. People attended regular residents meetings in which they were given information about changes at the service or planned events. They were also given opportunities to suggest any activities they would like and any changes to the menu.

The registered manager and operations manager carried out regular audits of all areas of the service. This

included, people's care plans, daily records, medicines and the environment. When shortfalls were identified these formed the basis of an action plan. Once action had been taken the plan was updated and an outcome was recorded. Records showed that action had been taken to address any shortfalls, for example flooring had been replaced in one area with an easier to clean flooring to improve infection control. Additional health and safety audits were completed by an external consultant annually.