Worcestershire Health and Care NHS Trust

Tudor Lodge

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
Tudor Lodge is a care home that provides nursing and personal care for up to seven people within one large adapted building. It provides care and rehabilitation for people with mental health care needs. At the time of our inspection, six people were living at the home.

People's experience of using this service and what we found
The registered manager and provider did not always ensure their quality assurance checks were consistently strong and effective in reducing risks to people's health and safety and records were accurate.

The risk of infections were not always effectively reduced by the arrangements in place to clean specific parts of the home environment including shower areas.

Although people were supported to take their medicines the checks undertaken to ensure these were administered as prescribed were not consistently effective to ensure people's safety was not compromised.

The risks to people's safety regarding the storage of hazardous items was not always effectively managed with actions taken to reduce the risk of preventable harm.

Staff spoke very affectionately about the people they cared for and supported. People were confident to request support and reassurance from staff when they wanted this and; staff took time to provide this in the ways people preferred.

Staff had received training and developed the skills they needed to care for people, through induction and on-going training. People told us staff knew how to support them and knew what to do if they suspected anyone was at risk of harm including discrimination due to their individual needs.

People's individual needs and requirements were assessed prior to them moving into the home. People had support to eat and drink safely and comfortably. The ethos of the registered manager and staff was to promote people's independence in all aspects of their life including preparation and cooking of meals.

People had access to other health and social care professionals, so their needs could be monitored and met. 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. Staff respected people's rights to make their own decisions about their lives and care. Where people needed support to make some decisions staff assisted them, using people's preferred ways of communicating.

Staff supported people with compassion and understanding. People had support to express their views and opinions, and support was provided with dignity and in private.

The views of people were considered when their care was assessed, planned and reviewed, so people's preferences were responded to and met. Staff ensured people had opportunities to do things which they enjoyed, which also met their emotional, social and psychological needs. People were supported to keep in touch with others and religious practices that were important to them. People's wishes for their care at the end of their lives had been planned with them, so their preferences were known and met at this important time.

People knew how to raise any complaints and/or concerns they had and were confident the registered manager and staff would support them to resolve these.

The registered manager promoted an open culture within the service. They were responsive and showed accountability to wanting to make the required improvements to remedy the shortfalls we had identified during our inspection.

We found the service met the requirements for good in three areas and requires improvement in two other areas. For more details, please see the full report which is on the CQC website at www.cqc.org.uk.

Rating at last inspection
The last rating for this service was good (inspection report published on 21 January 2015).

Why we inspected
This was a planned inspection based on the service's previous rating.

Enforcement
We have identified breaches in relation to ensuring risks to people's welfare and safety were identified and acted upon as well as ensuring medicine management was in place to keep people safe at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up
We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-Led 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.

Inspection team
The first day of this inspection was carried out by an inspector and a specialist professional (nurse) advisor (SPA). An inspector returned on the second day to conclude the inspection.

Service and service type
Tudor Lodge is a care home. People in care homes receive accommodation and nursing or personal care. 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. A manager registered with the Care Quality 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 on the 28 June 2019 and announced on the 1 July 2019.

What we did before the inspection
We used the information the provider sent us in the provider information return (PIR). 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. We took this into account when we inspected the service and made the judgements in this report.

In addition, this included we looked at the information we held about incidents the provider must notify us about, such as abuse; and we sought feedback from the local authority. We also requested feedback from Healthwatch to obtain their views of the service. Healthwatch is an independent consumer champion that

gathers and represents the views of the public about health and social care services in England. We used all this information to plan our inspection.

During the inspection
We spent time with people in the communal areas of the home to see how staff supported people they cared for. We spoke with four people who lived at the home about their experiences of the care and support provided.

We talked with the registered manager, deputy manager and two staff [support workers].

We looked at a range of records. These included sampling three people's care records and people's medicine documentation. We also looked at staff training, meetings held with people who lived at the home and staff, records associated with the management of the service.

After the inspection
We spoke with the registered manager's line manager via the telephone and received emails from both the registered manager and their line manager sharing information with us regarding the concerns highlighted during the inspection visits.

Requires Improvement

Is the service safe?

Our findings

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

Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; preventing and controlling infection and; using medicines safely

- The procedures in place to ensure people's safety either climbing or falling out of windows were not consistently robust so people were not at risk from preventable harm. For example, we saw some window opening restrictors on the first floor had been released. In one person's room the registered manager informed us the person had released their window restrictor. This meant windows could be fully opened exposing people to risk. In addition, smaller windows had no restrictors in place and there was no documentation such as, an environmental risk assessment.
- The provider had not done all that was reasonably practical to reduce risks associated with the storage of products which could be a potential hazard to people. This included cleaning fluid not being securely stored so risks to people were mitigated.
- We found the arrangements to reduce cross infections were not always effective. For example, the shower trays in two communal rooms had congealed dirt around the edges and in one communal toilet/bathroom paint work was chipped.
- The storage temperature of medicines was not checked and/or monitored to ensure these were in line with manufacturers instructions so people's medicines remained effective in meeting their health needs.
- People were not consistently supported to take their medicines as prescribed with administration records confirming this and actions had not been taken to contact people's GP's. For example, one person was not consistently receiving a specific medicine four times a day as prescribed and action had not been taken to contact their GP.

We found no evidence people had been harmed however, systems were either not in place or robust enough to show people were protected. This placed people at risk of preventable harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We spoke with the registered manager about the risks to people. They acknowledged our concerns and assured us action would be taken so people's safety was not compromised. The registered manager provided updates of the actions taken following our inspection.

- People told us staff helped them feel safe living at the home. One person told us, "I do feel very safe living here."
- Staff were knowledgeable and understood the risk assessments which included ways to support people stay safe when they chose to spend time in the community.
- Staff had assessed people's safety and well-being needs and these had been considered when planning

their care. For example, where people had health conditions staff had specific guidelines to follow to support people's safety.
● People were supported and encouraged to keep their own personal rooms clean and tidy.
● Staff confirmed they were supplied with enough personal protection equipment such as amongst other things disposable gloves and aprons to help prevent the spread of infections.
● There was an ethos of where possible people were supported to self-administer their medicines independently and this was risk assessed.
● People received their medicines from staff who had been trained to do this.

Systems and processes to safeguard people from the risk of abuse
● The registered manager and staff had received safeguarding training and understood what action to take in the event of any concerns for people's safety. They knew how to identify signs of abuse and to protect people from harassment and discrimination.
● People were supported to understand how to keep safe. For example, at times when people needed support to manage their finances this was provided.
● Systems and handovers between shifts were in place for staff to regularly communicate information about people's safety needs, and to promote people's safety.

Staffing and recruitment
● People felt they could rely on staff members to keep them safe and provide the care and support they needed.
● There were enough staff to care for people at times people wanted and needed support.
● The suitability of potential staff to care for people was checked prior to their employment. The registered manager also undertook regular checks on the continued suitability of staff to care for people, to provide on-going assurance.

Learning lessons when things go wrong
● The provider and registered manager had procedures in place to record and review incidents and accidents to reduce the risk of reoccurrences. Staff knew how to record accidents and incidents.

Good

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.

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 came to live at the home. This included people spending some time at the home and joining people for meals, prior to living there. The registered manager also considered how each person would 'fit in' with other people who lived at the home.
- People's care plans were personalised and showed people had been given opportunity to discuss how they wanted to be supported.
- People's needs were supported in line with guidance such as the recovery model to assist people in living as independently as possible and to reach their future goals. One person described how staff had supported them in regaining their skills especially in cooking which they enjoyed.
- The views of other health and social care professionals were also considered when people's needs were assessed.

Staff support: induction, training, skills and experience

- People were complimentary about the way staff supported and cared for them and felt they understood their needs. One person told us, "If I have any worries I can talk to staff, and they help me talk things through."
- Staff were positive about the training they had received and were confident additional training would be arranged when needed, to support people's changing needs. When required training had been provided by health and social care professionals and was specific to people staff supported. This helped to ensure people were supported by staff with the skills and knowledge needed to care for them.
- When new staff were employed they followed an induction programme, which included the opportunity to shadow experienced staff, so people consistently received care from staff who knew their care needs and preferences.

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

- People were supported in following a balanced diet. Staff helped people do menu planning and were aware of special diets.
- People regularly prepared and made meals for each other as part of the weekly menu planning.
- People also enjoyed the independence of making their own drinks and liked to help staff prepare and cook meals for themselves and people they lived with.
- Staff regularly encouraged people to have enough to drink so they would remain well.

Staff working with other agencies to provide consistent, effective, timely care and; supporting people to live healthier lives, access healthcare services and support

● People were supported to see health professionals, when they needed to. One person told us how they had been to the local community hospital and had been supported with treatment so their specific health needs in a certain area of their body had improved.
● Staff gave us examples of support they had provided, so people would be able to access other services. This included working with other health and social care organisations.

Adapting service, design, decoration to meet people's needs
● People were encouraged to choose the decoration for their home environment to reflect what was important to them. One person told us how their room was set-up to reflect their interests and lifestyle.
● People enjoyed several communal areas and grounds to spend time in. People who had an interest in plants and tending the garden were encouraged and supported by staff.

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. 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.
● People told us how staff always asked for their consent before supporting them.
● Staff understood people's rights under the MCA and we saw they helped people make day-to-day decisions.

Good

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.

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
- People told us they liked the staff who supported them. One person described the staff as "Very nice – I couldn't ask for better."
- We could see from people's body language and verbal conversations they had developed positive affectionate relationships with staff. Many staff had worked at the home for a number of years, so they understood people well and what was important to them.
- One person told us how staff had supported them, so they were able to follow their spiritual needs both in the home and in the wider community. The person described how this had been a positive experience as it was staff who had helped them to reconnect to their specific religion and their lives had been enhanced by this.
- We saw when people expressed anxiety or were upset, staff understood how the person required reassurance. For example, one person told us how staff helped them to feel better and help them feel more confident.

Supporting people to express their views and be involved in making decisions about their care
- Staff understood how each person required support to express their care needs. For example, where people needed time to verbally communicate how they felt and what they needed some support with, staff were seen to spend time with people and go at their pace.
- Each person was supported in making decisions about their support needs alongside achieving their goals and aspirations. This included assisting people to lead healthier lives by reducing something they did which could impact on their health needs.
- When a people had expressed their views about their likes and dislikes these were respected which included supporting people to lead their lives as they wished.
- There was a strong ethos led by the registered manager of staff supporting people where possible to self-administer their medicines.

Respecting and promoting people's privacy, dignity and independence
- We saw and heard examples of how staff-maintained people's right to privacy and dignity for example people told us how staff respected their wishes when they wanted to spend time alone in their rooms. Another person said staff always knocked on their door and waited for them to answer before they came in.
- People's confidentiality was respected. Staff had a good understanding of the need to ensure people's confidentiality was maintained.
- People's private information remained secure. Care documentation was held confidentially, and systems and processes protected people's private information.

Good

Is the service responsive?

Our findings

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

This meant people's needs were met through good organisation and delivery.

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

● People were at the centre of care planning and were involved in the process. One person told us, "They [staff] support me with what I need; I'm very happy with everything." Another person said, "With their [staff] support I have done different things which I'm very pleased about."

● People's wishes, and existing care assessments were considered as part of a process of supporting people's needs before they moved to the home. Transitions from people's previous care settings were carefully planned to provide continuity and familiarity at this potentially stressful time.

● We saw care plans of people who lived at the home were regularly reviewed and updated accordingly. When we identified one person's care records needed additional information, staff were aware and the registered manager agreed to review and update the person's care records.

● We saw care plans were centred on each person; they took account of their likes, dislikes, wishes and preferences about their daily routines. People had been involved in their care plans and agreed with the contents.

● Staff showed throughout our inspection they knew people well and supported people in a personalised way. On this subject one staff member told us, "You have to know the residents [people who lived at the home] really well as some residents [people who lived at the home] can't tell you what is wrong, but you can tell by little changes in their behaviours that something is not right."

● In response to people's physical and mental health care needs fluctuating staff and care records showed us the involvement of other professionals were sought. For people were referred to psychiatrists, dieticians and speech and language therapists when required.

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 communication needs were known and understood by staff. This included what action staff should take to support each person to achieve positive outcomes.

● Where people required support with their communication needs healthcare professionals were sought and involved. For example, one person was referred to a specialist to meet their sensory impairment. Through the specialist's involvement the person described to us how their quality of life had been enhanced such as amongst other things, their confidence was growing, and they were gradually more independent.

● Information around the home and in people's care plans were in formats people could read to assist people's understanding of information.

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

● People were encouraged to build and maintain friendships and relationships of their choice and this was respected by staff. For example, staff understood relationships were important to people and supported people to have contact with others. For some people this had meant staff assisting them to reconnect with specific people in their lives to help rebuild relationships.

● We heard examples of how people's social skills had grown since moving into the home. There was a positive culture led by the registered manager to avoid social isolation for people which had supported people with their social skills.

● Each person living at the home had various hobbies and interests which they followed. For example, some people enjoyed their independence of going out and using different community facilities.

Improving care quality in response to complaints or concerns

● People we spoke with told us they had not wanted to make any complaints about the support provided, as they considered it to be good. People were confident if they raised any concerns with staff and the registered manager these would be addressed.

● Systems were in place to promote, manage and respond to any complaints or any concerns raised. Although no complaints had been made since our last inspection.

End of life care and support

● The registered manager told us they were not providing care to people at the end of their lives at the time of our inspection. The registered manager and staff told us they had supported a person's wish to spend their final days at the home.

● Staff had worked with people and other social and healthcare professionals to consider people's best interests, if it was required.

● Plans to set out people's wishes at the end of their lives were in place which reflected people's involvement people, so people's preferences would be met. This included people's cultural and spiritual preferences.

Requires Improvement

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.

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The provider's governance and quality assurance systems were not sufficiently effective and robust. They had not enabled the provider to identify and address all the shortfalls in quality and safety we identified during our inspection such as the risks to people from infections. Action was taken once we identified amongst other things the shower areas which were not effectively clean the managements checks should be identifying where cleaning was ineffective and implement robust cleaning schedules.
- We found other areas of the provider's quality checking were not consistently robust and effective, so people were not at risk of preventable harm. This included environmental hazards and medicine administration practices and records.
- The registered manager had detailed an improvement plan for the home environment which they felt would assist with some of the shortfalls we identified. However, there were no dates to show the potential timescales for improvement work to be carried out. Therefore, we could not be assured the provider's governance and oversight systems supported timely actions being taken to drive through improvements.

We found no evidence people had been harmed however, quality assurance systems were either not in place or robust enough to show people were not exposed to risks. Not establishing and operating effective systems to assess, monitor and improve the quality and safety of the service provided was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager provided updates about their progress in following through the improvements required both during and following our inspection visits.

- There was a clear management structure in place which was focussed on meeting people's needs and ensuring people were well cared for. The registered manager was supported by a deputy manager and the management team knew people who lived at the home well.
- The registered manager explained they kept themselves up to date with best practice guidelines and legislative changes by, for example, accessing care resources online.
- The registered manager was aware of the circumstances when they would need to notify the Care Quality Commission of certain events which may happen at the service.
- The registered manager was aware of the requirement to display their rating following an inspection and to ensure it was also upon the provider's website for people to see.

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

● The registered manager had been in post for many years and had built trusting relationships with people and staff. He ensured he knew and understood people's needs by regularly providing support and care for people, so led by example. We saw people were happy to approach the registered manager with any concerns. One person told us "I always go [registered manager's name] if I'm anxious about anything, he listens to me and he so understanding. I feel better for it."

● The registered manager explained they had a vision to make continual improvements to benefit people who lived at the home. This ethos was shared by all staff who described how they supported people in achieving goals in their lives.

● There was a culture of openness and inclusivity where staff and people were supported to develop as individuals, disability was not a barrier to this and diversity was celebrated.

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 registered manager understood their responsibility to be open and honest with people in event things went wrong in the delivery of their care and support.

● Staff told us they too were encouraged by the registered manager to express their views and ideas for developing and improving the services provided. They said they felt the registered manager listened to them and respected their views, so made them feel valued.

●The registered manager had made links with community organisations for the benefit of people who lived at the home. One example was ensuring people's medicines were reduced where possible, so people could have the best lives as possible.

● We saw that when any notifiable incidents had occurred they had been reported to the Care Quality Commission [CQC] as required.

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

● The registered manager liked to spend time with people who used the service speaking to them regularly to seek their opinions on how the care and support was provided. For example, on the day of our inspection we heard him support people with any questions they had or to share people's day with them.

● Weekly meetings were held so people could share concerns and /or make plans for the following week, such as menu planning.

● Staff were satisfied with the support they received from the registered manager and felt confident any issues or concerns brought to his attention would be acted on. One staff member told us, "[Registered manager] always gives me confidence that what I bring up will be dealt with."

● The registered manager understood the need to consider people's protected characteristics in the planning and delivery of people's support needs.

Continuous learning and improving care

● The registered manager as well as their line manager were responsive when we highlighted areas in need of improvement. The registered manager showed they had a responsive and accountable management style to our overall feedback at the end of the inspection visit.

● Systems were in place to learn from incidents where mistakes were made. For example, following a medicine error an incident report was completed detailing the incident, reasons for the error, actions taken and the outcome of the action. This could include actions such as contacting medical professionals and competency check lists.

● Staff meetings provided an opportunity for reflective learning such as ensuring people's support was

helping them to achieve positive outcomes.

Working in partnership with others

● The registered manager and staff understood the need to work in partnership with community health and social care professionals to achieve positive outcomes for people. For instance, they were assisting a person with their future support needs. This helped to promote the person's physical health and mental well-being.

● The registered manager gave us an example of how they had worked with other agencies to support people were able to move into more independent living.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had not always robustly assess the risks relating to the health safety and welfare of people.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had not always robustly assess the risks relating to the health safety and welfare of people.