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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?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

The inspection was unannounced and took place on 14 & 15 June 2016. Tudor Lodge is a care home which provides care and support for up to 44 older people with mental health needs. There were 38 people living at the service at the time of our inspection. People have their own bedrooms; some have ensuites; bedrooms are located over the basement, ground, first and second floors. A shaft lift provides access to all floors and a number of stair lifts are installed to help people access mezzanine areas of the premises. The service is in a central location in the town of Folkestone and has limited off street parking.

This service was last inspected on 3 December 2014 under previous methodology and at that time the provider was found to have addressed previous noncompliance and no breaches of regulations were identified.

There was a registered manager in post. A registered manager is a person who is 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 told us they were happy living at the service. People's relatives spoke positively about the quality and delivery of care provided by staff to their family members, but expressed concerns that staffing levels meant staff could not always give people the time they needed; staff said they felt rushed all the time. We observed that for the needs and dependency of the people being supported there were not enough staff available at some busier times of the day and also during the night, when a number of people were up. Recruitment procedures and checks of new staff were made but this needed improvement to ensure these were carried out thoroughly and in line with regulatory requirements.

The risk assessment framework used needed expanding to ensure all potential risks people may be subject to were assessed and measures implemented to reduce risk of harm occurring.

Care plans were individualised but did not always reflect in depth strategies used to manage behaviour or support in respect of specific health conditions. Quality audits were in place but not always carried out robustly or evidenced clearly actions taken to provide assurance that the service was meeting standards. The Care Quality Commission was not routinely informed as required of deaths of people at the service.

Professionals we spoke with during and after the inspection spoke positively about the improved communication with them from staff and good working relationships that the registered manager was developing with them.

Visual checks that fire extinguishers and emergency lighting was in working order were not routinely undertaken each month. Staff were not attending the minimum number of fire drills annually and had not trained in the use of some evacuation methods contained in people's personal evacuation plans.

People enjoyed the activities provided for them and although they were consulted through meetings and questionnaires about what else they might want to do, the type of activities available were not suitable for everyone and we have recommended the registered manager sources appropriate training for the activities organiser to make activity sessions more appropriate to the needs of people.

Staff received supervision and appraisal of their work performance. They had opportunities to meet and felt able to raise issues individually or within staff meetings, staff said communication was good and they felt part of a team and enjoyed their work but did not always feel their views were valued or listened to by some of their line managers.

There was a high level of accidents occurring. Staff took appropriate action to support people when accidents occurred and sought medical advice if necessary, the manager analysed these for trends but we have suggested additional analysis to help understand more about why they were occurring.

Staff treated people respectfully, showed kindness and patience and we saw many examples of positive interactions from staff towards people. Staff placed people at the centre of the support they provided and delivered this in a personalised way to meet individual needs.

People and their relatives told us they felt informed by the staff and that communication was good. They were asked for their views and people felt able to voice their comments openly in user meetings. People ate a varied diet that took account of their preferences. Peoples health needs were monitored and they were supported to access healthcare appointments.

Staff knew how to protect people from abuse. The premises were clean and well maintained and servicing checks were in place. New staff received appropriate induction and all staff completed a regular programme of training. Staff understood and worked to the principles of the Mental Capacity Act 2005, although improvements in recording of some decisions was needed.

People's privacy was respected. Staff supported people to maintain links with their relatives and representatives, and relatives said they were kept informed and consulted about their relatives care needs. People and relatives understood the complaints procedure and felt confident any issues if they had any would be addressed immediately.

We have made one recommendation:

We recommend that the Registered Manager enables the activities organiser to access an activities training course from a competent and recognised source that promotes activities for people with dementia type conditions using the latest best practice.

We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not consistently safe

Medicine practice was inconsistent and needed improvement. Recruitment processes did not meet the requirements of the regulation. Staffing levels were insufficient to meet the dependency needs of people in the service. Not all risks people could experience were routinely assessed.

There was a high level of accidents occurring but staff took appropriate action to support people. We have suggested the provider seek competent advice in regard to staff fire drills and individual evacuation plans.

Staff knew how to protect people from abuse. The premises were clean and well maintained and servicing checks were in place.

Requires Improvement ●

Is the service effective?

The service was effective

Staff received regular supervision of their practice. New staff were required to complete induction in line with the new Care Certificate. All staff completed training to give them the right knowledge and skills to understand people's needs and support them safely.

People ate a varied diet that took account of their preferences. People's health needs were monitored and they were supported to access healthcare appointments.

People were supported in accordance with the Mental Capacity Act 2005 (MCA) they were consulted about their care and support needs.

Good ●

Is the service caring?

The service was caring

People were treated with kindness, patience and respect. People were given opportunities to express their views.

Good ●

People's privacy was respected. Staff supported people to maintain links with their relatives and representatives.

People were encouraged to personalise their won space and bring possessions. Relatives felt they were kept informed and always made welcome.

Is the service responsive?

The service was not always responsive

The pre-admission assessment of new people needed improvements, omissions in care plans could place people at risk of not receiving the right support.

People had opportunities to participate in activities that they had been consulted about and in accordance with their care plan; they could choose to participate in or not.

People and relatives told us they felt comfortable raising issues with staff and were confident these would be addressed.

Requires Improvement ●

Is the service well-led?

The service was not consistently well led

The Care Quality Commission was not consistently notified of deaths that occurred. Audits for the assessment and monitoring of service quality were not completed robustly and needed improvement.

The culture of the home had improved but further work was needed to ensure staff felt listened to, valued and supported. People and relatives were asked for their views these were analysed and informed service development but would benefit from being shared.

Staff said there was good team work and they enjoyed their work. They said communication was good. Policies and procedures were kept updated. Staff said they were given opportunities to express their views at regular staff meetings.

Requires 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 14 and 15 June 2016 and was unannounced. The inspection team comprised of two inspectors on the first day and one inspector on the second day.

Prior to the inspection we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the information provided in the PIR and used this to help inform our inspection. We reviewed the records we held about the service, including the details of any safeguarding events and statutory notifications sent by the provider. Statutory notifications are reports of events that the provider is required by law to inform us about.

At inspection we met and spoke with 13 people who lived in the service. We observed how people interacted with each other and with staff over a lunch period using the strategic Short Observational Framework for Inspection (SOFI); SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We observed staff carrying out their duties and how they communicated and interacted with each other and the people they supported.

We spoke with 5 visiting relatives and two health professionals. We also spoke with the registered provider, registered manager, deputy manager, three team leaders and six other staff. After the inspection we spoke with 6 relatives a further three health and social care professionals.

We looked at six people's care and health plans and risk assessments, medicine records, and operational records that included three staff recruitment training and supervision records, staff rotas, menus, accident and incident reports, servicing and maintenance records, complaints information, policies and procedures and survey and quality audit information.

Is the service safe?

Our findings

People told us "All of the staff are very good", "Staff are hardworking and efficient". "The staff are all very considerate and friendly". "I've used the call button a few times, staff always come, sometimes it takes a little longer if they're busy, but they've never not come". "I feel safe, the staff are reassuring".

Some relatives thought that staff were very good but did not have the time to provide people with quality interactions. A relative told us "The girls are wonderful but they are run ragged, it's such a shame some are leaving because of staffing issues and the home cannot afford to lose good staff", a second relative said that they did not feel staffing was particularly low but that staff deployment was sometimes an issue" other comments included "I don't have any doubts or concerns about the ability of staff, the safety of my father and the care they receive".

Health professionals told us that they did not have any concerns about the level of care. We found however, that aspects of the service people received were not always safe.

People's medicines were not always managed safely. Boxed and bottled medicines were not routinely dated upon opening to enable staff to make an accurate audit of medicines used. Medicines listed as requiring safer storage were not being disposed of appropriately. For example the drugs cabinet used for storing them contained three packets of ampules used as pain relief for a former service user who passed away in March 2016. These had not been returned to the Pharmacy as required. There was not a system in place that recorded which side of the body pain patches were applied to, in the event a patch fell off or was removed, there was a risk staff would not know where to place the next patch and may not be alternating patches as required. The provider had not ensured that medicines were managed safely. This is a breach of Regulation 12(2)(g) of the Health and Social Care Act (HSCA) 2008 (Regulated Activities) (RA) Regulations 2014.

In all other respects medicines were managed well in regard to the systems used for the ordering, receipt, storage and disposal of routine medicines. Only trained staff were able to administer and their competency to do so was routinely reassessed and their training updated. Medicines were stored appropriately and storage temperatures checked daily. Medicine records had photographs attached of each person to ensure the right medicines were administered to the right person and these were completed appropriately.

Recruitment processes did not provide assurance that checks to eliminate unsuitable staff were rigorous. We checked the recruitment files of three new care staff. Two out of three were without health statements and one was without an employment reference from their previous employer. Recruitment was not completed in accordance with the requirements of legislation and this is a breach of Regulation 19 and schedule 3 of the HSCA 2008 (R A) Regulations 2014.

Other required documentation including evidence of personal identity including a photograph, verification of reasons for leaving previous caring roles and an application form with full employment history were in place for all three.

People could be at risk of not having their needs met because there were not enough staff on duty deployed in the right places to meet to their needs. Accommodation is provided over four floors; on the days of inspection staffing was as recorded on the rota with usually two senior and 5 carers on 8 am to 2 pm shift, dropping to four carers and two seniors in the afternoon, at night there are three waking night staff. Our observations and feedback from staff and relatives showed us that staffing levels were not enough at the busiest times of the day for the dependency of people now being supported. Some people required assistance with eating their meals and this took staff off of the floor, other people needed to be moved using a hoist and two staff, many people required support with all their personal care needs reducing the availability of staff to be elsewhere.

Other people with higher support needs around managing their anxieties and subsequent behaviour required staff to monitor them to protect their dignity and also observe their behaviour did not place anyone else or them at risk. For example at inspection we observed a lady in the dining area in very short night attire that did not protect her dignity; she stayed there for some time before a staff member was free to encourage the her to leave and get dressed, at the other end of the building staff were dealing with a person who was semi naked, this was taking at least three staff to encourage and cajole the person to put some more clothing on whilst shielding them from the observation of others to protect their dignity.

Relatives and staff told us about staff turnover and that staff were leaving due to the workload. The dependency tool used to calculate staffing levels did not accurately reflect the higher levels of support and monitoring some people required. For example one person was recorded as having made serious attempts at self-harm and was at risk of isolation but was recorded as low dependency, the person spent long periods in their room alone, staff made hourly checks but this was not recorded. Two people who required more support due to falls and or anxiety/behaviour issues that the service had indicated they could not manage were only recorded as medium dependency.

The service has stated that it can support older people with mental health needs but has not increased the staffing levels necessary to support people with these higher needs. The failure to ensure there were enough staff to meet people's needs is a breach of Regulation 18 of the HSCA 2008 (RA) Regulations 2014.

Some risks people may be subject to from their environment or as a result of their own care or treatment needs were assessed; but people's wellbeing could be undermined through some areas of risk either not having been assessed or risk measures not being implemented routinely. For example, a health and safety risk assessment was in place for stair safety which made clear that gates must be kept closed. On day one of the inspection we descended to the basement area a minimum of four times on each occasion the stair gate was left open. A cleaner's cupboard which should be kept locked was open with access to bottles of descaler and other hazardous substances. The COSHH (Control of substances Hazardous to Health) cupboard was locked but the key for this was hanging in plain sight for anyone to see and use giving access to hazardous chemicals.

People who were deemed to be at risk from pressure ulcers had appropriate equipment in place to relieve this but air mattress settings were incorrect and room checks did not record staff responsibility to check this each day. We checked three people who were considered at risk of developing pressure areas, all of whom weighed less than 50kg; one person's setting was not set at all with the control between 31 kg and 203 kg, another person had their air mattress set at 90kg, and third person had a mattress setting of 80 Kg, incorrect mattress pressures could increase the risk of people developing pressure areas.

In one care plan a person was recorded as being at risk of choking, removing a catheter, and at significant risk of falling; risk assessments were not in place for these areas of concern. The service routinely undertook

nutritional, moving and handling, and falls risk assessments upon admission; these specific risk assessments were not updated to reflect changes in need in these areas as they occurred and were recorded in the care plans, this meant there was a disconnect between the support people were receiving and the assessed level of risk and this could mean appropriate risk measures were not kept updated.

A number of people were at risk of pressure ulcers and equipment was provided to them for this but the service did not undertake risk assessments for pressure ulcers so that when people's needs changed they were not routinely reassessed to ascertain if they needed more support in this area. A number of people were at risk of isolation but an assessment for this was not in place to show what measures had been implemented to reduce the level of risk. The failure to ensure that risks were appropriately assessed and managed is a breach of Regulation 12 of the HSCA 2008 (RA) Regulations 2014

Staff had received fire training and they knew the evacuation procedure and assembly point. Staff confirmed that alarm points were tested regularly and three fire drills for staff had been carried out since January 2016. A review of staff attending these drills highlighted that a high proportion of staff were from the domestic team and not the care staff; some care staff including several night staff were yet to participate in a fire drill and no care staff had participated in two fire drills per year; the number recommended as a minimum by the fire service.

Each person had been individually assessed as to what support they would require in an evacuation with only one person identified as requiring a specific means of evacuation; staff had not been trained during drills with this method and did not know how to use this effectively, there was little indication within the current assessment how people with poor mobility would also be transferred down numerous flights of stairs in the event of a fire and individualised personal emergency evacuation plans (PEEPS) were still in the process of being completed.

Testing and servicing of the emergency lighting and fire alarm system were undertaken regularly but visual checks each month of emergency lighting and extinguishers to ensure these were in working order had not been implemented. The failure to ensure that all care staff had received appropriate fire drill training, that peoples individual needs in the event of evacuation have been fully assessed, or that routine checks of equipment used in the event of a fire were made are a breach of Regulation 12 of the HSCA 2008 (RA) Regulations 2014.

A fire risk assessment was in place and had recently been reviewed by an external contractor and this had highlighted a number of issues that were recommended for completion to reduce the level of risk, we have requested an action plan from the provider with timescales in regard to those works recommended in regard to the premises itself.

Staff reported accidents appropriately and took actions to ensure that people received the appropriate support and treatment, but there were a high level of accidents occurring. The registered manager undertook a comprehensive analysis of who, what, where and what time accidents occurred but found no clear pattern, where individuals were falling repeatedly referrals were made to the health professionals for an assessment of their needs, records however, did not make clear the actions taken such as referral to other professionals, risk assessment reviewed. We randomly checked two separate months and found that in one month 18 out of 22 accidents occurred during the night shift between 10 pm and 7:30 am, a review of another month showed a reverse trend with most accidents occurring during the day shift, whilst there may not be obvious patterns occurring in respect of individuals, we have discussed with the registered manager whether patterns can be linked to particular rooms or areas and also shifts, to assess what actions have been taken to reduce the level of risk and this remains an area of improvement.

A programme of upgrading and development was underway with the largest current project being the development of an entrance from the premises directly to a secure garden to the rear of the premises. The development programme had taken account of improvements needed to hallway decoration throughout the service and replacement carpeting and flooring. Some bathrooms had already been updated to a good standard. A health and safety check of the service has been conducted and issues raised in respect of the service premises have been addressed. All checks and servicing of electrical and gas installations, portable appliance testing and equipment used to hoist or mobilise people from their bed or chair, and the stair and shaft lifts had been completed.

Cleaners worked each week day to regular cleaning schedules and had daily weekly and monthly tasks to complete to ensure that a good standard of cleanliness was maintained throughout the service. The home was clean and odour free. Staff were provided with and seen wearing protective clothing for when supporting people with personal care, and at lunchtime and supplies of these were located around the service.

Staff had received safeguarding training that helped them to understand, recognise and respond to abuse. Staff were confident of raising concerns either through the whistleblowing process, or by escalating concerns to the registered manager and provider or to outside agencies where necessary.

Is the service effective?

Our findings

People told us "The food is really very good, I look forward to it". "They are always coming round with drinks, or you just have to ask". Relatives told us that they were kept informed about the health and wellbeing of their family member and made aware of any arising concerns. One said they had found staff at the service very supportive when their relative had been admitted to hospital. Another said "I have no concerns about my relative's care they notice things and get the doctor out if they feel she needs to be seen". "The cook is great she watches my mum's diet because she knows what she can and can't eat". Health professionals spoke positively about the service and felt there was a good rapport with staff and if staff were uncertain they asked questions to check their understanding.

New staff underwent a period of induction and were initially supernumerary on shifts for the first two weeks of their employment, this was so that they could familiarise themselves with the routines and people's individual support needs. The new starter induction was linked to the nationally recognised Skills for Care network and the introduction of the new Care Certificate. The Care Certificate was introduced in April 2015 by Skills for Care. These are an identified set of 15 standards that social care workers complete during their induction and adhere to in their daily working life. New staff experienced a probationary period but their progress during this period was not well documented or differentiated from that of routine supervision sessions to provide the registered manager with an overview of performance during the probationary period.

Staff had completed all their essential training updates in for example, food hygiene, fire safety, infection control, moving and handling, safeguarding, mental capacity, health and safety and medicines management for those staff that administered medicines. 11 out of 19 care staff including the registered manager had care qualifications at NVQ2 or above. All staff completed their mandatory training and any other training relevant to their role such as dementia awareness and managing aggression, and they were reminded when updates were due.

Staff confirmed they did receive regular supervision and felt able to raise issues within this. Unanimously staff said that they enjoyed their work and specifically working with colleagues and the people living at Tudor Lodge. Staff received an annual appraisal of their work performance. These meetings provided opportunities for staff to discuss their performance, development and training needs for the coming year.

Staff had received training in the Mental Capacity Act 2005 (MCA). This provides a legal framework for acting and making decisions on behalf of people who lack the mental capacity to make particular decisions for themselves. People had capacity to make everyday decisions for themselves and staff sought consent from people for their everyday care and support needs. Staff understood that when more complex decisions needed to be made that people lacked capacity to decide for themselves, relatives, representatives and staff would help make this decision for them in their best interest. Mental capacity assessments had been conducted to support care delivered by staff. The registered manager was aware of actions to take when best interest decisions needed to be made for example, necessary health interventions; she had also made DoLS applications and received authorisations for a number of people at the service. Professionals were

involved in decisions regarding people's placement and support but this was not always well recorded and is an area for improvement.

Staff supported people with their health appointments. Staff were vigilant in checking people's wellbeing and whether there was an emerging health related need and referred people appropriately where necessary. Care professionals spoken with at inspection said that the service was proactive in seeking advice if they were unsure about someone's health. People's weights were usually taken on a regular basis and any weight loss was alerted to senior staff and referred to dieticians for advice and support.

The cook had an understanding of people's individual dietary preferences and any specialist diets that needed to be catered for. Menus were developed from an understanding of people's likes and dislikes gathered when they were admitted to the service and people who needed soft or pureed diets were provided with these.

We observed the lunch period. It was excessively noisy in the dining area due to building works in the garden with the use of a pneumatic breaker and diggers, it was not possible for people to speak to each other and be heard because of the noise; staff noticed this and after five minutes of people being seated had arranged for the building work to stop during lunch. Staff placed tabards on some people to protect their clothes after checking it was OK and explaining what they were doing and why. We noted staff supervised people using the chair lift between the two levels of the dining room ensuring safety lap belts were used – staff were conscious of people's movement and anticipated any mobility support needed rather than people asking or having to wait.

Staff asked people if their food was ok, if they had finished or wanted more. One person had two puddings, staff encouraged people to drink and were attentive at topping drinks up and people were offered a choice of juice drinks.

People were given a choice of main meals and supper choices and could have alternatives if they wished. Menus worked on a four week cycle and the day's menu was written on a board in the dining area but this was not supported by corresponding photographs for those people who are no longer able to read information and is an area for improvement. The cook said that previously they had tried using photographs of meals to aid people in making their choices but this had not helped; with people still wanting something different at lunchtime to that they had chosen.

Is the service caring?

Our findings

Relatives said they found staff showed patience and tolerance towards people even when they were most challenging. Several relatives said they thought staff knew their relative well understood how to manage episodes when the person was low or depressed and encouraged and prompted them with personal care. Other comments included "The girls are really good they bend over backwards to give the right support, my mum is always happy there, she has Alzheimer's but when I visited the other day and saw her singing along with the music that really lifted me up". "Staff are always welcoming, they all know my name and are good at keeping me up to date about how my relative is". "I feel reassured by the staff, I come here any time on different days and I am always welcome. The place is clean; it makes me feel there is nothing to hide".

We observed many examples of staff providing discreet support to people or prompting in relation to personal care, good care was delivered by all staff, but some staff in particular stood out as being particularly sensitive to people's needs and engaged positively with them. For example, a staff member noticed a person's pyjama bottoms were wet – the person's care plan detailed that the person needed support with continence, but can become embarrassed, upset and angry when helped with personal and continence care – the staff member said "X your pyjama bottoms look a bit big to me, let's get you another pair" in approaching the support required in this way, the person was not embarrassed and happily allowed the staff member to support them.

Up to date menu boards were displayed in the dining room showing options for lunch, people and staff referred to them during the day. A large calendar display in the dining room showed the day, date, season and weather as well as weekly activities to help orientate people. There was clear, distinct signage on a bright yellow background in communal areas with both pictorial and written information identifying areas such as lounges, the dining area and toilets. Toilet doors were painted bright yellow to provide contrast. There was clear signage of toilets and bathrooms to inform people and this could be expanded upon in relation to people identifying their own bedrooms as their dementia made this difficult for them to remember.

We noted that drinks were freely available to people in the main lounge and these were changed daily for example one day lemon another day orange juice. At lunch time we observed people were asked where they would like to sit, staff pulled out the chairs from the tables, supported people to sit safely, pushed the chairs back in when people were seated and asked if they were comfortable. Tables were set with cutlery, salt, pepper and vinegar. People weren't given napkins at the start of their meals and were wiping their faces and noses on their clothes because there was nothing to use. This was noticed by a staff member and napkins were given out. We noted that a person who ate at a slow pace, although staff checked on the person they didn't rush or hurry them enabling them to eat at their own pace. Most staff were cheerful and maintained contact when speaking to people. Where people needed to use the toilet, they were supported discreetly to do this.

Staff interactions were seen to be gentle and patient staff were firm but not pushy, giving people time to take in what had been said to them and staff respected their response, for example staff would ask someone

whether they wanted to join others in the lounge but accepted a negative response, some people sat alone or with another person in the dining area and used it almost as they would a café, the cook was seen to come out and chat with people in this area. Staff understood peoples characters and what interested them and what they liked to do for example the registered manager knew a particular person liked to colour in pictures and had selected a new adult version colouring book for them and asked if they would like it, the person expressed regret that they thought they could not hold a pencil as well and would not be able to make use of it anymore.

Staff showed they understood peoples characters, and mannerisms and when this might signal they were becoming agitated. Observations showed that interactions between staff and people were without exception friendly, patient and kind as assistance was offered. There was a relaxed calm atmosphere in the service with a few friendships visible amongst some people but most were seen to sit together companionably but not conversing with each other.

People were encouraged to bring in items of furniture and small possessions, books and pictures and photographs to personalise their bedrooms. Bedrooms were of various sizes some with ensembles. Those seen were decorated and furnished to a good standard. Not all bedrooms had televisions but this was personal choice.

People were given opportunities to express themselves in resident meetings three of these had been held since December 2015 these focused mainly around areas people were interested in such as food variety and activities and where possible any new suggestions were implemented.

People's care plans contained information about the important people in their lives and important events they needed to be reminded about. Staff were familiar with their life stories and had built up relationships with them.

Relatives said they were always made to feel welcome whenever they visited. We observed staff taking care of relatives by offering the refreshment.

No one at the service was considered to be in need of end of life care at the time of our inspection, but where possible the registered manager had ensured that end of life wishes including 'do not resuscitate' authorisations were discussed with people and/or their relatives and recorded in their plan of care to ensure that these would be fully respected when needed.

Is the service responsive?

Our findings

People told us "I think they have got my care about right, I'm still here aren't I". "I know how to complain if I need to. I'm not one for letters, I'd tell the staff and they sort it out – I'm happy though", "I'm not too happy about having to ask for my cigarettes when I want a smoke, but I can understand why". Relatives said they were satisfied with the care their specific relative received and had never seen anything that would cause them concern. Other relatives said that they were always consulted when decisions needed to be made for their relative and about the support they received. Other comments included "Believe me, if I wasn't happy about something, I would complain. I'd go straight to the manager, but I haven't needed to", "The activities are quite good, you can take or leave them, sometimes I prefer to sit quietly". "They tell me what's going on, I tend to stay in my room and keep my own company".

The registered manager told us that people were assessed prior to admission to ensure needs could be met but we were aware that several people had moved on with others in the process of moving on because their needs proved to be beyond what the service could manage. We checked four care plans and found only two out of four had pre-admission information in place, one of those in place made no reference to the persons mental health needs or previous attempts at self-harm, the registered manager acknowledged that some information was not always forthcoming at the time of initial assessment, and whilst in this instance the care plan reflected some of these that had become apparent on admission the quality of pre-admission assessment needed to be conducted more robustly with supporting reports if necessary before decisions were made to admit. This would avoid the need for people whose needs could not be met needing to be moved on.

Prospective residents and or their relatives were provided with opportunities to visit the home prior to making a decision to become a resident.

A care plan was developed from pre-admission and post admission assessment information this informed staff about people's daily routines. We viewed six care plans, and these provided staff with an understanding of each person's individual communication style, any sensory impairments they might have, their mental capacity and emotional wellbeing, personal care and health care needs and activities they enjoyed.

We found there were omissions in the care plans that could place people at risk, there were condition specific care plans in place for those people who were diabetic, this would ensure that staff knew people's individual glucose range and what happened to the person if their glucose level was higher or lower than the range and what action staff should take. Four out of six care plans were of people who could present staff with behaviour that could be challenging, although behaviour management plans, strategies and techniques were not particularly well developed for supporting people with these behaviours / anxieties. For example one person had previously had a love of music but there was no mention of this in behaviour assessments as a strategy for staff to engage with them and manage this behaviour; there was a risk staff responses could be inconsistent.

Some information recorded in care plans was not always clear to inform staff what the issue was or how it

should be supported, for example in one care plan a health issue for a person was just recorded as 'knees' there was no explanation of what this meant or the impact on the person and therefore how they should be supported. Many people were at risk of isolation but there was no plan in place for managing this. A number of people were active at night but night support plans had not been developed to ensure staff gave consistent responses to people. Continence assessment were missing from care plans and there was no plan as to how people's continence was supported during the day and at night. Shortfalls in the pre-admission assessment of new people and the content of their care plans could place people at risk of not receiving the support they needed and is a breach of Regulation 9 of the HSCA 2008 (RA) Regulations 2014.

People were reminded about the activities on offer each day and chose what they wanted to do. Activities carried out each week were listed on a board in the dining room, but did not necessarily take place in the order given and was dependent on people and what they wanted. Activities took place in two areas of the home; these were undertaken with some enthusiasm by the activity organiser and some people.

The activities organiser told us they had not undertaken any specialist training to guide them on the best type of activities to use with elderly people with dementia type illnesses or a mental health diagnosis. The type of group activities offered may not best suit people with these needs and more thought needed to be given to working with people in smaller groups or on individual level for short periods to have more positive interaction. The activities organiser also visited people who preferred being in their own rooms and provided them with someone to one time; again these interactions would benefit from an improved understanding and receipt of training about what types of interactions would be of most benefit to people.

We recommend that the Registered Manager enables the activities organiser to access an activities training course from a competent and recognised source that promotes activities for people with dementia type conditions using the latest best practice.

Information about peoples likes and dislikes and activities that interested them were recorded in their care plans. Resident meetings provided people with opportunities to discuss the activities available and whether they wanted to change these or do additional activities. A record of the most recent meetings showed that many of the suggestions for activities had already been provided showing that staff were listening and acting upon what people said they wanted.

A complaints procedure was displayed for people to view. People and relatives said they felt confident to raise concerns with the registered manager or other staff if they had them, they felt that they had never had to formalise a complaint and that the registered manager always addressed issues before they got to the complaint stage. A complaints log was maintained by the registered manager for recording of formal complaints received. The PIR informed us and the registered manager confirmed that three complaints had been received since October 2015. All of which were shown as resolved, an action recorded in resolving one complaint indicated that this matter would be raised at a staff meeting, which it was although not in great detail. People were also provided with opportunities through resident meetings and one to one meetings with their allocated worker to express any matters of concern which would be reported to the registered manager. A review of some of these meetings showed no issues of concern arising.

Is the service well-led?

Our findings

Relatives said that they found the registered manager approachable and that she took action if she needed to. One said they did not always feel there was enough of a senior presence at weekends and another said although communication was usually good, they had been surprised when checking on a relative's wellbeing because the staff member was unable to tell them what had happened. This caused them to question the communication systems in place, as although they had made it known they were going to be away from home, staff had still left messages on their telephone instead of to the emergency contact number they had provided. This suggested this information had not been passed on.

Care homes are required by law to notify the Commission of certain events that occur in the service. The registered manager had not ensured that the Care Quality Commission (CQC) was notified appropriately and in a timely manner when a service user death occurred. This is a breach of Regulation 18 of the Health and Social Care Act 2008 (Registration) Regulations 2009.

The provider had established a series of audits to monitor the quality of service people received.; These comprised of an annual health and safety audit conducted by an external contractor and an action plan was produced from this that the service was working to address identified shortfalls. A quarterly infection control audit was completed by the registered manager and also a monthly medicines audit. Our findings from reviewing these showed that these were not being conducted robustly, for example a medicines audit in April and May 2016 had indicated that medicines had been disposed of appropriately when they had not. An infection control audit conducted identified over three quarters an issue with waste bins but this was only addressed in the fourth quarter and previous audits had not explained what was being done to address the issue.

The Registered manager completed monthly reports of the service but these did not reflect on the high number of accidents occurring each month and what action was being taken to reduce these. The report asked the registered manager to confirm whether continence assessments had been completed, however, when reviewing care plans we did not see continence assessments on individual files and were not made aware of them being elsewhere. The audit also asked the registered manager whether care plans corresponded with identified risks, although these were ticked, we found in some of the care plans reviewed, not all risks had been identified. For example, in one care plan the person was identified as being at risk of choking, and had behaviour issues that impacted on their tolerating a catheter, these were not risk assessed.

The audits that were in place were not sufficiently effective or wide ranging to highlight the shortfalls we have identified at this inspection in regard to medicines, staff recruitment, risks management, accidents and notifications so the provider can assure themselves that people's care and support is managed safely; this is a breach of Regulation 17 (2) (a) of the Health & Social care Act 2008 (Regulated Activities) Regulations 2014.

Tudor Lodge promotes itself as service for people with mental health conditions; our discussions with staff and our review of care plans showed that some people had been asked to leave predominantly because of

behavioural concerns which are not uncommon within this service user group. We consider that the provider has not fully considered the needs of this group and needs to make clear to prospective people and relatives what needs they are unable to support, so there are no disappointments later in the placement; also up skilling of staff beyond that of the training already in place may be required to meet the increasing demands made on the service by more emotionally challenging and dependent people. This is an area that we discussed with the registered manager and we have identified as requiring improvement.

The registered manager sent out annual questionnaires to a selection of relatives but there was no apparent rationale for who received these at present so it was possible that some relatives would not be asked at all for their views. Feedback from questionnaires was analysed and a breakdown of comments showed actions taken to address comments raised but this did not explore reasons why people gave lower ratings in some areas and the overall analysis was not shared with people and relatives to provide assurance that their views were listened to. This is an area for improvement that we discussed with the registered manager at inspection.

The culture within the home had improved with staff feeling more that they were part of a team than previously. Staff spoke positively about the team and enjoyed their work at the service but there remains a need for the registered manager to develop the culture so that all staff feel supported listened to and their views valued by their line managers as feedback from staff showed this was not always the case. Staff thought that communication was mostly good and that systems were in place to ensure they were kept updated about people and the service through handover sheets and a 24 hour report, and that they were kept informed about important changes to operational policy or the support of individuals usually through these means or through staff meetings which were held regularly with three held since December 2015. Staff thought they worked well as a team and anything they needed to be made aware would be brought to their attention.

Universally staff spoken with thought the appointment of a deputy manager was good for the home and they appreciated their hands on approach and intervention and felt able to talk with them if they had concerns about people's wellbeing or other issues. The main concern staff shared was the need for additional staff at busy times of the day when they felt constantly rushed, and their wish was to be able to spend more quality time with the people in the service.

Relatives told us they thought communication was mostly good and that they were kept informed of their relative's wellbeing by staff. They said they found the registered manager approachable and felt able to raise issues with her and knew these would be acted upon. The registered manager showed that she was familiar with individual people and their support needs, she chatted comfortably with them and people seemed pleased to speak with her. Relatives were happy with the service their family member received. The atmosphere within the service on the days of our inspection was relaxed, open and inclusive, staff were seen to work in accordance to people's preferences and needs and their support was discreet and unobtrusive.

Staff had access to policies and procedures, which were reviewed regularly by the area manager and kept updated with any changes in practice, guidance or legislation; staff were made aware of such policy updates and reminded to read them. The language used within records reflected a positive and professional attitude towards the people supported.

The PIR tells us that the registered manager attends local forums and conferences with other professionals within the sector to share best practice and keep up to date. Monthly Manager meetings provide peer support and updates for example to legislation and good practice guidance. The operations manager has a safeguarding lead role for KICA (Kent Integrated Care Alliance), (previous Kent Care homes association)

which updates providers and registered managers of important changes.

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	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>Shortfalls in the pre-admission assessment of new people and the content of their care plans could place people at risk of not receiving the support they need. Regulation 9 (3) (a) (b)</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Some risks were not appropriately assessed and managed Regulation 12 (2) (a) (b)</p> <p>Not all staff participated in fire drills, peoples evacuation needs had not been fully assessed, some routine fire equipment check were not carried out Regulation 12 (2) (a-d).</p> <p>Improvements were needed to medicines management 12 (2) (g)</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 16 HSCA RA Regulations 2014 Receiving and acting on complaints</p> <p>The Care Quality Commission was not always notified of service user deaths. Regulation 18 of the Health and Social Care Act 2008 (Registration) Regulations 2009.</p>
Regulated activity	Regulation

Accommodation for persons who require nursing or personal care

Regulation 17 HSCA RA Regulations 2014 Good governance

Quality monitoring audits were not carried out robustly to be effective so that the provider can assure themselves that people's care and support is managed safely, Regulation 17 (2) (a).

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed

Staff recruitment checks were not completed in accordance with the requirements of legislation is a breach of Regulation 19 and schedule 3 of the HSCA 2008 (R A) Regulations 2014.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 18 HSCA RA Regulations 2014 Staffing

There were not enough staff in place to meet the needs of people being supported this is a breach of Regulation 18 of the HSCA 2008 (RA) Regulations 2014.