

Worcestershire Health and Care NHS Trust

Tudor Lodge

Inspection report

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Ratings

Overall rating for this service	Good	
Is the service safe?	Good	
Is the service effective?	Good	
Is the service caring?	Good	
Is the service responsive?	Good	
Is the service well-led?	Good	

Overall summary

This inspection took place on 21 January 2015 and was unannounced.

The provider is registered to provide care to up to seven people and specialises in the care of people with mental health needs. At the time of our inspection there were seven people living at the home.

The provider is required to have 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. There was a registered manager in post at the time of this inspection.

People spoken with told us they felt safe living at the home. There were enough staff on duty to meet people's physical and social needs to reduce risks of people not receiving the support they need.

Some people maintained their independence and, after assessment to determine their safety, self administered

Summary of findings

their own medicines. All people had their prescribed medicines available to them and appropriate records were kept when medicines were administered by staff who were trained to do this.

Staff were trained in and understood the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. The provider was meeting the requirements set out in the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

Staff on duty knew the people they supported. We saw they were caring towards people who lived there. Throughout our inspection we observed care centred around people's specific needs and promoted their independence. People were involved in their care and made their own choices about how they lived their everyday lives.

Staff received on-going training and had one to one meetings with their managers about their roles so that they had the knowledge and skills to meet people's needs. All the staff spoken with understood people's needs, their job roles and responsibilities.

People who lived at the home were encouraged to share their opinions about the quality of the service to make sure improvements were made when needed.

The registered manager ensured positive outcomes for people were continually developed, reviewed and improved upon when needed.

There were effective arrangements in place to monitor and improve the quality of services provided to people.

Summary of findings

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 safe. People who lived at the home were protected from the risk of abuse. People were part of their own support planning and knew the risks to their health and safety so that they could help to reduce these. There were enough staff of the right skill mix to meet the needs of the people living at the home and ensured people received their medicines with support.

Good



Is the service effective?

The service was effective. People were cared for and supported by suitably trained, skilled and experienced staff. People were supported to manage their physical and mental health needs. People's nutritional needs were met. The menus we saw offered variety and choice and provided a well-balanced diet for people. Staff worked closely with a wider team of different professionals to provide effective care and support. Staff were trained in and understood the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

Good



Is the service caring?

The service was caring. Staff were respectful towards people and people's individuality was promoted in line with the decisions they made. Staff respected people's privacy and promoted their independence.

Good



Is the service responsive?

The service was responsive. The services offered to people were flexible and responsive to people's changing needs. People were supported to make choices about their daily lives and had the information they needed to raise concerns or complaints if they needed to.

Good



Is the service well-led?

The service is well led. People were listened to and their views were sought. This meant people helped shape the services they received. The manager encouraged and motivated staff to provide a good quality service. An effective quality assurance system was in place and actions taken which had led to improvements in the service that people received.

Good



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 21 January 2015 and was unannounced. The inspection team consisted of an inspector, a specialist advisor and an Expert by Experience. This is a person who has experience of using or caring for someone who uses this type of service. The specialist advisor had the experience and knowledge of mental health conditions.

Before this inspection we looked at all the information we received since the last inspection including statutory notifications. The provider is legally required to send us notifications about specific incidents.

We met all the people who lived at the home and spoke with four people in more depth. People were able to tell us, in detail, about how they were cared for and supported. Therefore we made general observations throughout out inspection to gain further information of the standards of care people received. We also spoke with the registered manager, deputy manager and two staff.

We looked at three people's care records and other records related to people's care such as the medicine arrangements to see if they met people's needs. We also looked at staff training and quality assurance audits that monitored the quality of the service provided to people.

Is the service safe?

Our findings

People spoken with told us they felt safe living at the home. One person told us, "I feel safe here. She's [staff member] been a blessing to me and helped me a lot." Another person said, "I care that I am safe and they (staff) support me when I need them to." We saw that people were relaxed with staff and spoke confidently with them, which showed people trusted the staff.

We saw staff had received training to safeguard adults from the risk of abuse. Discussions with staff on duty confirmed this. Staff spoken with had a good understanding of what abuse was and what action they would take if they suspected abuse had taken place. One staff member told us, "People are very safe here and we make sure we are always here to listen when people are worried about anything. We go out of our way to make sure they are free from harm." Another staff member said, "I do think they (people) are safe and secure living here. If I raised any concerns with the manager they would definitely listen and act to make sure people were safe, I have no doubts about this." This meant people would be taken seriously and treated with dignity and respect if they had to report abuse.

Risks to people's safety and welfare had been identified for example, assessing what support people might need when using kitchen equipment and managing their money. Staff spoken with told us that they felt people were safe and understood the risks to individual people. These included understanding the signs of people becoming unwell. Staff told us that they had close links with other professionals. This included doctors, psychiatrists and the community mental health team. This meant when a risk to a person was identified other expert advice and support was sought so that people's health and safety was promoted.

Regular checks were completed to ensure that the premises were safe. We saw health and safety checks had been completed and procedures were in place in the event of a fire. We found that checks were completed to ensure the fire prevention systems were in good order and worked. We also saw people were assessed to take into account any

mobility, sensory impairments and health issues so that they could be safely evacuated in case of a fire. For example, if people needed warning alerts to an outbreak of fire to meet their sensory needs these were in place.

People spoken with felt that there were enough staff to keep them safe and meet their needs. One person told us, "If I need the staff they are always there for me which makes me feel safe." We asked the registered manager about staffing levels. They told us there was a stable staff group and that there were sufficient numbers of staff to keep people safe and meet their individual needs. The manager told us that staffing numbers were determined by the needs of the people who lived at the home. Staff told us there were always enough staff on duty and said if there was a shortage, for example due to staff sickness, arrangements were made for replacement staff. During our inspection there were sufficient staff on duty to provide people with the support they needed without any delays. We saw examples of people receiving personalised unhurried support, at the time they needed it. This showed that staffing levels had been sufficient to accommodate people's needs and promote people's safety.

People spoken with told us that they received their medicines at the right time and were happy with the support staff gave them to take their medicines. One person told us, "I take my own medicines but I know staff are there if I need them to help me with them." The registered manager told us that some people maintained their independence and, after assessment, self administered their own medicines. We saw that medicines were stored securely and the records showed that people's medicines had been made available to them by staff on a daily basis. Staff who supported people to take their medicines had been trained so that they were competent to do this. A monitoring system was in place that enabled any problems with the administration of people's medicines to be picked up quickly and addressed. This meant there were systems in place to help make sure people received their medicines at the right time and in the right way to promote their health and wellbeing.

Is the service effective?

Our findings

People spoken with told us they felt their needs were met by staff. People praised the level of care and support they received. One person told us, “Staff are kind and are a good bunch, I can talk to them and they know how to support me.” Another person said, “It’s comfortable and nice here and it’s quiet, better than my previous place. Staff are good.”

Staff spoken with told us they had completed an induction and training programme when they started their employment at the home. They told us that this was part of the training they needed to be able to do their jobs effectively and training records confirmed this. We saw staff had opportunities to do training that was specific the needs of people who lived at the home. For example, staff attended training around mental health conditions, as people who lived at the home had mental health needs. Staff told us that they would be able to raise any training needs at staff meetings as well as at one to one meetings. Staff told us they had regular one to one meetings which gave them guidance, a chance to share their work and raise any concerns.

Staff spoken with had knowledge of the needs of the people at the home. We saw staff helped and supported people. We asked staff about some of the health needs of the people who lived at the home. Staff were able to tell us about how they supported a person to manage their diabetes. What staff told us matched what was in people’s care records. We also heard about many positive examples where due to the care and support people received from staff, their health and wellbeing had improved. For example, people had become less isolated and attended health prevention check up’s since they came to live at the home. This showed that staff had the skills and knowledge to carry out their job roles effectively.

Staff had received training in the Mental Capacity Act 2005 and knew that they had to obtain people’s consent to care and treatment, and how to record this in care documentation. All the staff told us that they would always ask for verbal consent from people if, for example, they needed to give support with medicines. We saw examples where staff encouraged people to make their own choices and decisions about how they wanted to spend their day and where they wanted to be. For example, one person made their own drink and another person made decisions

about their plans for the day. This is so that people were enabled to develop their life skills in a safe environment. This meant that people’s consent to care and treatment was sought and staff acted in accordance with the law.

Staff had a good understanding of what their responsibilities were under the Deprivation of Liberty

Safeguards (DoLS). A DoLS application may be made where it was felt necessary to restrict a person’s liberty to keep the person safe. The registered manager and staff were clear that if any person needed to be restricted due to the risk of harm, this would be done with people’s best interests promoted. We did not observe anyone’s liberty and freedom restricted at this inspection. One person told us they had the freedom to go out on their own as they chose and they told us they had been out to their appointment on the morning of our inspection.

People who lived at the home were supported to shop independently for food and drink they liked. One person told us, “She [staff member] showed me how to shop. I owe her a lot. I did not use to have breakfast but I do now and make it myself.” We saw people were supported to prepare their own meals with the choices that they had made. People had access to snacks, fruit and drinks outside of mealtimes and spent time in the kitchen as they chose. Staff told us about the support that would be available to people such as healthy eating plans. One person who lived at the home told us how they were supported by staff to cook healthier food. When people needed specialist support to promote their health needs, this was obtained from professionals such as, dieticians. This showed staff had taken a personalised approach to meeting people’s nutritional needs.

People told us they were encouraged to attend their own healthcare appointments. One person told us, “I can get an appointment at our GP’s, it’s just down the road.” Staff confirmed to us that people were encouraged and supported in attending their health and wellbeing health checks. People told us staff supported them to attend specific health clinics which helped people to maintain good physical and mental health wellbeing. One person said, “I go to the doctors for check up’s just to make sure I keep well. They [staff member] support me if I am unwell.” Another person told us they had been supported to stop smoking to help stay healthy and well.

Is the service effective?

Staff told us, and care records confirmed, that people were supported to attend mental health wellbeing review

meetings. People told us that they were involved in and contributed to their mental health care reviews. These practices made sure people received the healthcare support that they required.

Is the service caring?

Our findings

People spoken with told us the registered manager and staff were kind and they were happy living at the home. One person told us, "I am happy to be here" and "They (the staff) are all nice to me." Another person said, "They (staff members) help you to feel comfortable."

We saw staff assisting and supporting people in a kind and caring way. There was a relaxed atmosphere in the home. Staff we spoke with told us they enjoyed supporting the people living there and were able to share a lot of information about people's needs, preferences and personal circumstances. One member of staff told us, "[Person's name] knows what they want and is able to draw their own money out now on their own. This is a big achievement." One person enjoyed an activity which was important to them. Arrangements were in place so that they could undertake this activity whenever they chose.

We found many examples of the individual support people received from staff. We saw that people were supported by staff to retain their own daily living skills which included looking after their own personal hygiene needs, preparing and cooking meals and going to the shops. We also observed staff supported a person with an issue about their health appointment which they were concerned about. Staff took the time to chat with the person and supported the person in resolving the issue. Staff told us that the amount of support that a person required was always based on an individual's needs. This meant that people received personalised care and support based upon where they were in their own lives.

We observed staff treated people with dignity and respect. During the day we saw positive conversations between staff and people who lived at the home. Staff had gentle conversations with people about their plans for the day and advice was given that supported people with any of their choices in a supportive way. We saw conversations where laughter was shared. We saw staff supported and respected people's choices. For example, people chose to spend time relaxing while watching television at different times and other people chose to spend time alone in their room. One member of staff told us, "[Person's name] likes to spend time on their own. Everyone likes to be on their own sometimes. It is important and I do respect this." This demonstrated that people were treated as individuals.

We saw that people were involved in the running of the home and people referred to it as 'their home' when we talked with them. People were encouraged to keep their own rooms clean and tidy. People also washed their own laundry. We saw that staff supported people in a caring way and the activities people were involved in recognised the thinking skills and the knowledge people had. There was lots of chatter and it was clear that people felt comfortable with the staff that supported them. People had educational and voluntary work opportunities that helped develop their current skills even further. This meant that people were not disadvantaged in their future lives.

One person told us, "I have my own room and it is where I go to have some private time. I like my room." Staff told us they would not enter a person's room without asking them first unless they thought the person was unwell or at risk of harm. This showed us that staff recognised the importance of people's privacy and respected this.

Is the service responsive?

Our findings

People spoken with told us that they knew they had a plan of care which they had contributed to and agreed. One person told us, “They (staff) are kind and care about what you have been doing. Have been involved in my care plan.” Another person said, “They (staff) do talk about my care with me and I have seen my plans. Staff told us that care plans reflected at what stage of mental health recovery and management people were at. Care records confirmed this to us and provided a story about each person which was written from their point of view. This showed people received personalised care and support which responded to their individual needs.

People told us that they made choices about what they did. One person told us, “I can go out when I like and go shopping and go to get my medication.” Another person said, “I go to the garden centre and have cups of tea which I like doing.” During our inspection we saw that people could go out as they wished to. People also told us about some of the fun and interesting things they liked to do. For example, going to the local shops, voluntary work linked to people’s interests, horse riding, swimming, cinema and for meals. The registered manager told us about their plans to obtain a greenhouse for people to grow vegetables in. People told us they would use the greenhouse as they liked to grow things. People spoken with agreed they were supported to follow their interests. We also saw people do things they wished to in the home such as watching television and chatting with others. One person told us there was no pressure to be busy all the time, “Can watch tele or just hang out.”

It was clear from what we saw on the day of our inspection and from talking with the registered manager and staff that they knew people who lived at the home. This included people’s social and mental health, and other health needs. The registered manager told us they were passionate about reviewing, reducing and stopping people’s medicines. They told us they had discussions with some people’s consultants and doctors to review some of the medicines that people had taken for a long time. The records we looked at also showed that people’s wellbeing was reviewed. The deputy manager told us, “We try to find the right speed for everyone’s journey. Sometimes it is

necessary to take a step back to take a step forward. Proud of the work we do.” These practices ensured people’s care and treatment remained relevant and reflected people’s current needs so that their quality of life was maintained.

Staff told us that they observed people for early signs of their mental health deteriorating so that their needs could be responded to. The registered manager was able to provide us with an example of where this had happened. They told us staff observed for early signs of deterioration of a person’s mental health so that warning signs were picked up early by staff which meant each person could receive treatment quickly. One staff member told us if people’s mental health deteriorated the registered manager and staff, “Would contact the consultant for advice and support straightaway.” This showed people’s mental health wellbeing needs were continuously assessed so that personalised care was in place to respond to any changes in the right way.

People were encouraged to maintain and develop relationships. People were encouraged to visit their family members and to keep in touch. People were also supported with their beliefs and other things in their lives which mattered to them.

Although no one who lived at the home had an advocate at the time of our inspection, information was displayed about an advocacy service. This meant people had easy access to this information should they wish to contact the service. An advocate is an independent person who is appointed to support a person to make and communicate their decisions.

We asked people who lived at the home what they would do if they had any concerns or complaints. All people told us they had no complaints about their care and if they did they would tell staff or the registered manager about any concerns they had. One person told us they had meetings with their key worker and group meetings on a weekly basis. Another person said, “Discuss in the group meetings if anything is wrong then the staff sort it out.” We looked at minutes of some of these meetings. We found that people were encouraged to raise any complaints that they had at each meeting. Where comments or suggestions had been raised, appropriate actions had been put in place to improve life for people who lived at the home. This showed people were encouraged to express any concerns that they had and these were listened to.

Is the service well-led?

Our findings

People told us they were happy with how the home was run. One person said, "Can give feedback on issues to staff in meetings or on my own. Staff are nice and talk to you a lot, I am happy here." Another person told us, "Staff are great, can talk to them and they ask what we would like and need." Staff told us they asked people on daily basis for their feedback and at key worker meetings with people about the quality of the service they received. There were examples where people had been involved in making choices when improvements were made. For example, improvements were made to the home environment on an on-going basis, such as, new flooring and redecoration. One person told us the improvements, "Make it a nice place to live." In addition to this people had regular opportunities of being involved in their care reviews about the quality of the services they received.

The registered manager had been in post for many years which meant they provided consistent leadership and they told us the deputy manager supported them in their role. The registered manager showed they understood their leadership responsibilities and were passionate about the support people received to achieve their goals in their lives. They were able to tell us people's life histories. This included how their mental health needs had impacted upon their lives and how with the support people received while living at the home their health and social lives had improved. People told they knew who the registered manager was and that they were approachable. During the day the registered manager chatted to people and people were also able to walk freely into the office to sit and chat with the registered manager and staff as they wished. One person told us, "They [registered manager] are great, they have always got time for a chat." The registered manager told us this often happened which was confirmed by some people spoken with and staff.

We saw staff had access to policies relating to whistle blowing and safeguarding and that they understood their role in keeping people safe. Staff told us they felt confident

they could speak with the registered manager about any concerns. Staff told us that the registered manager was supportive and listened to any concerns they raised and that they received regular training.

All staff spoken with told us that they felt they worked well as a team as well as being well led by the registered manager. One staff member told us, "Most staff have worked here for a long time and we work well together." Staff we spoke with understood their roles and responsibilities and felt empowered by their training and the manager's leadership. Staff spoken with told us that staff meetings took place and provided them with the opportunity to contribute their ideas about how the service was led. They gave us an example of how people could be supported to follow their interests and beliefs. Suggestions were implemented and one member of staff told us, "We have seen positive results for people." Another staff member told us they felt involved because, "We have team meetings. We share ideas and discuss them as a team. The manager listens." Two members of staff both told us, "I love working here." The registered manager told us, "Staff are dedicated and go the extra mile. We have the same goal to meet people's aspirations." This showed the registered manager and staff were motivated by a shared goal of placing people at the heart of all the care and support they received.

We saw there were quality monitoring arrangements in place, such as audits, to monitor the quality of the service provided to people. The record of the checks made of the quality of the care were made by the manager and the provider's representatives. They included physical checks of the cleanliness and condition of all the rooms in the home. We looked at the provider's recent infection control audit and the score given was 95%. Staff told us this was a real credit to the people who lived at the home as they took pride in keeping their home clean. One person told us, "We do all our own cleaning. It is nice and fresh here." We saw that when issues were identified, the registered manager took action, for example, replacement items were ordered for worn equipment and furnishings. This showed actions had been identified and these were being completed which showed the audit was effective.