

Tudor Lodge Care Home Limited

Tudor Lodge

Inspection report

18-20 Manor Road
Folkestone
Kent
CT20 2SA

Tel: 01303251195

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Tudor Lodge is a residential care home providing care and accommodation for up to 44 older people living with dementia, in one large adapted building. At the time of our inspection there were 40 people using the service.

People's experience of using this service and what we found

People appeared to be happy and relaxed in the company of staff. People told us they felt safe with staff. Relatives told us they thought their loved ones were safe and well looked after.

Potential risks to people's health and welfare had not been consistently assessed, there was not always detailed guidance for staff to mitigate risks. Accidents and incidents had been recorded and analysed, however, there was not consistent records of the action taken to reduce the risk of them happening again. Medication was not always managed safely, people had not always received their medicines as prescribed. Staff were recruited safely, there were enough staff to meet people's needs. However, there was not a consistent system to calculate the number of staff required when people's needs changed.

Audits had been completed to check the quality of the service, however, these had not been effective in identifying extent of the shortfalls found at this inspection. There had not been a comprehensive action plan in place to rectify any shortfalls found.

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.

There were systems in place to protect people from discrimination and abuse. The registered manager had reported incidents to the local authority as required and worked with them to reduce the risk of them happening again.

Relatives told us they were confident to discuss any concerns with the registered manager and had been kept informed of incidents and their relatives health. Relatives visited when they wanted and were supported to take people out. Staff were wearing personal protective equipment in line with government guidance.

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 (published 31 December 2020).

Why we inspected

We received concerns in relation to management of risk and staffing. As a result, we undertook a focused

inspection to review the key questions of safe and well-led only.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from Good to Requires Improvement based on the findings of this inspection.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Tudor Lodge on our website at www.cqc.org.uk.

Enforcement and Recommendations

We have identified breaches in relation to risk management, medicines and governance 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 from 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 continue to monitor information we receive about the service, which will help inform when we next inspect.

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 always safe.
Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.
Details are in our well-led findings below.

Requires Improvement ●

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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was completed by one inspector.

Service and service type

Tudor Lodge is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Tudor Lodge is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 3 October 2022 and ended on 11 October 2022. We visited the service on 3 October 2022.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with seven people and four relatives about their experience of the service. We observed staff interactions with people in the communal areas. We used the 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 spoke with seven members of staff including the provider, registered manager, deputy manager, nominated individual, senior carers and kitchen assistant. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included four people's care plans and all the medication records. We looked at four staff files in relation to recruitment. A variety of records relating to the management of the service, including checks and audits.

Is the service safe?

Our findings

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

At our last inspection we rated this key question Good. At this inspection the rating has changed to Require Improvement. This meant 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

- Potential risks to people's health and welfare had not been consistently assessed and there was not always detailed guidance for staff to mitigate the risk. Some people used non-verbal communication to express distress or agitation. There was limited guidance for staff to support people during these times. For example, trigger points were not included, during the inspection we observed an incident between two people. One person had become annoyed when another had entered the front porch while staff were cleaning. The registered manager told us this behaviour could often happen, however, this was not recorded in either person's care plan.
- Some people were living with health conditions such as diabetes. There was no guidance for staff about how to recognise and when people were unwell and what action to take. There was no information about people's dietary needs such as a low sugar diet. Some people were at risk of losing weight. People's weight had been recorded monthly. Staff completed Malnutrition Universal Screening Tool (MUST) to identify what action was needed if people lost weight. However, these had not been completed accurately and action had not always been taken quickly when people had lost weight. Following the inspection, people's MUST scores had been reviewed and people were referred to the dietician when required.
- There were some people receiving medicine to thin their blood. There was no information about the side effects of the medicine such as bruising and bleeding taking longer to stop for example, there was no guidance for staff about the action to take when people fell and hit their head. When people had a catheter tube to drain urine from their bladder, there was limited guidance for staff to maintain the catheter. There was no guidance for when staff should change the drainage bag, NHS guidance is weekly. We reviewed people's care plans, catheter bag changes had only been recorded once a month.

The registered person failed to assess and do all that is reasonably practicable to mitigate risks to people's health. This is a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following the inspection, social care professionals visited the service, they told us improvements had been made to the risk assessments and care plans.
- Checks had been completed on the environment and equipment to keep people as safe as possible. Checks had been completed on the fire equipment, water temperatures and gas appliances. There was a maintenance plan in place to improve the environment for people, windows had been replaced in some bedrooms recently, to make sure people were comfortable.

Using medicines safely

- Medicines were not always managed safely. Some medicines have specific storage and administration requirements including two people signing a register when the medicine has been given. The register had not been completed correctly on two occasions, there had been no record of when the medicine had been given and who had given it.
- People had not always received their medicines as prescribed. We reviewed one person's stock of medicine, the stock available did match the records. There were two extra tablets for one medicine, staff had signed the record to confirm it had been given when it had not.
- Some people had been prescribed medicines 'when required' including pain relief and to relieve anxiety. There was guidance available for staff about when and how often the medicines should be given. However, some of the guidance about when to give medicine to reduce anxiety was not person specific. For example, one person's guidance stated 'Give when agitated' it did not explain what this meant and when it was appropriate to give the medicine. Staff described when they would give the medicine, and this was consistent. The person had been given the medicine once in the last month and this had been effective.

The registered person had failed to provide proper and safe management of medicines. This is a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Learning lessons when things go wrong

- Accidents and incidents had been recorded and analysed to identify any patterns or trends. Action had been taken to reduce the risk of these happening again such as introducing sensor mats and referring people to the falls clinic. However, there was no review to check if the action had been effective. There was limited information included in the analysis about the circumstances within the service that could have affected the data, for example staffing levels or vacancies. This is an area for improvement.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.
- People's capacity to make decisions had been accessed for specific decisions. Staff supported people to make as many decisions as possible. We observed people being asked what they wanted to do and what they wanted to eat for lunch. People were offered choices in the way they could understand such as being shown objects or pictures.

Staffing and recruitment

- Staffing levels had not always been consistent. The nominated individual explained staff had left and there had been sickness which had caused staffing levels to be low at times. Following recruitment staffing levels had improved. We reviewed staffing rotas for the past two months and staffing levels were stable. The registered manager had completed a dependency assessment for each person. However, they had not used a tool to show how the staffing levels had been calculated. This is an area for improvement.
- Staff told us there was enough staff, but sickness would leave them short of staff. They thought there was

good teamwork and staff did extra shifts to cover sickness. Relatives told us staff there seemed to be enough staff and people were well cared for, but staff could be stretched at times. Some relatives told us there were not enough activity staff to keep people occupied which they felt would benefit people.

- Staff were recruited safely. Checks had been completed before staff started work at the service to check they were of good character including Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Relatives told us they were able to visit their loved ones whenever they wished. One relative told us they rang before they arrived so staff could support their loved one to go to their room, "They have always enjoyed our visits more when in their room." Another relative told us staff supported their relative to be ready to go out for walks with them, which they both enjoyed.

Systems and processes to safeguard people from the risk of abuse

- There were systems in place to protect people from discrimination and abuse. Staff had received training in how to recognise and report abuse. Staff described the signs they would look for and the action they would take. Staff told us they were confident the registered manager would take the appropriate action if they reported a concern.
- The registered manager understood their responsibility to report incidents to the local safeguarding authority. The registered manager had reported incidents as required and worked with the local safeguarding authority. The registered manager used staff meetings to remind staff about what needed to be reported and how to do this.

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.

At our last inspection we rated this key question Good. At this inspection the rating has changed to Requires Improvement. This meant the 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

- There were systems in place to monitor the quality of the service. The registered manager had completed a monthly quality assurance workbook which included checks on all areas of the service including care plans and medicines. They had identified minor shortfalls but not all the shortfalls found at this inspection. For example, the registered manager was responsible for writing and auditing the care plans, they had identified minor shortfalls in the care plans but not the issues found at this inspection. The operations director had reviewed the workbook and made comments on the registered managers action log. However, there was no system in place to confirm action had been taken to rectify the shortfalls found or the operations director had completed their own checks.
- Some staff had completed audits, the housekeeping staff had completed infection control audits. These identified shortfalls but it had not been recorded if these had been reported and there was no clear action plan in place to rectify these. Checks on people's weight had been completed but there was no record of the action taken when people's weight had varied or dropped.

The registered persons had failed to effectively assess, monitor and improve the quality and safety of the service. This is a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following the inspection, the provider engaged an external consultant to complete regular audits, their first audit was completed directly after the inspection.
- Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. CQC check that appropriate action had been taken. The registered manager had submitted notifications to CQC in an appropriate and timely manner in line with guidance.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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 management team had an 'open door' policy. All the relatives we spoke with knew the registered manager well and told us they were confident to speak to them about any concerns they may have. One relative told us, "I always speak with (the registered manager) and they sort out any problems I have." Another told us, "The manager is always available to speak to and they are doing a really good job."

- Relatives told us they were told when things went wrong. One relative told us, "I am always told if they have a fall or are unwell. Staff are good they recognise when they need a doctor and make sure they are seen." Staff told us they felt supported by the registered manager and were confident to raise any concerns with them.
- Staff knew people well and supported them to spend their time as they want. People told us they were happy living at the service. One person told us they liked to sing, and staff encouraged them to do this and others to join in. One relative told us, "When the man comes in and sings, staff encourage everyone to dance and join in including people in their chairs." We observed people comfortable with staff and were happy in their company. People were observed giving staff hugs and a kiss on their cheek, when staff had provided support.

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

- Relatives had been asked to complete quality assurance surveys, these had been returned but had not been analysed yet. Relatives confirmed they had been asked about the care their relative received and the quality of the food. There had not been any recent relative meetings. The registered manager told us they would be inviting relatives to a meeting to discuss the service and improvements that could be made.
- Staff attended regular staff meetings where their practice was discussed. Staff told us they found these meetings useful and were encouraged to make suggestions about people's support.

Continuous learning and improving care; Working in partnership with others

- The registered manager worked well with other agencies including the local authority. Social care professionals from the local authority had visited the service before this inspection and found concerns. They told us the registered manager had listened to their concerns and worked with them to make improvements to the service.

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 registered person failed to assess and do all that is reasonably practicable to mitigate risks to people's health. Medicines were not managed safely
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered persons had failed to effectively assess, monitor and improve the quality and safety of the service.