

Annual Inspection Report 2022-2023

Tudor Lodge

Adult Care Home

11 January 2023



DHSC

We carried out this announced inspection on 11 January 2023. The inspection was led by an inspector from the Registration and Inspection team.

Service and service type

Tudor Lodge is a residential care home. People in care homes receive support and accommodation as a single package under a contractual agreement. At the time of the inspection there were sixteen people using the service. The service provides support to people with past or present mental health issues or a learning disability.

Tudor Lodge is located in Douglas and can accommodate up to sixteen people across three separate floors.

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

To get to the heart of people's experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions form the framework for the areas we look at during the inspection.

Our key findings

Areas for improvement are required in relation to fire safety, the call bell system, pre-employment checks and staff annual appraisals.

Systems were in place to protect people from the risk of abuse and harm. Staff knew people and their needs well.

Staff had completed an induction programme and were sufficiently trained to meet people's needs. People's healthcare needs were being met.

Staff treated people with dignity and respect. Independence was promoted in the home.

Care records were person-centred.

The registered manager understood their responsibilities and undertook regular audits and staff observations.

At this inspection, we found improvements had been made in response to the previous inspection.

About the service

Tudor Lodge is registered as an adult care home.

Registered manager status

The service has a registered manager. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of Inspection

This announced inspection was part of our annual inspection programme which took place between April 2022 and March 2023.

Inspection activity started on 5 January 2023. We visited the service on 11 January 2023.

What we did before the inspection

We reviewed information we received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information containing key information about their service, what they do well and improvements they plan to make. We reviewed health and safety information provided by the manager. We used all this information to plan our inspection.

During the inspection

We spoke to six people who resided at the home about their experience of living at Tudor Lodge. We also observed interactions between staff and people living at Tudor Lodge.

We spoke with two members of staff and the registered manager.

We reviewed a range of records, including people's care records, staff files in relation to recruitment and staff supervision and a variety of records relating to the management of the service, including policies and procedures.

After the inspection

We received written feedback from four members of staff who provided their views about the service and their experience of the care provided. Two family members were spoken to and written feedback was received from two family members.

C1 Is the service safe?**Our findings:**

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. The service does require improvements in this area in relation to fire safety, the call bell system and staff recruitment.

This service was found to be safe.

Systems and processes to safeguard people from the risk of abuse: Learning lessons when things go wrong

Systems were in place to safeguard people from the risk of abuse. Staff had received training in safeguarding and understood the actions they must take if they believed abuse or harm was taking place. Staff also felt confident in the management dealing seriously with any concern raised.

The provider had policies and procedures on safeguarding and whistleblowing.

Systems were in place to record and monitor all accidents, incidents and safeguarding concerns. Generally the service had notified the regulator of all notifiable events within the specified timeframe, with only one incident not being reported. This had taken place in the manager's absence.

Assessing risk, safety monitoring and management

People's needs were being appropriately assessed prior to the provision of a service. Risks people may face were identified and assessments were in place to manage these risks. Care plans had been developed and written in such a way as to minimise risk to people's health and wellbeing.

Environmental risk assessments were written and regularly reviewed. The call bell system had recently been serviced but had failed in several areas, with a new system required. The manager spoke about sourcing a system that better met the needs of the people in the home, such as personal push call buttons.

A variety of health and safety checks had been completed, including electrical safety, Portable Appliance Testing (PAT), boiler maintenance and fire safety measures. Only one fire drill had taken place in a year.

A fire safety consultant had completed a fire risk assessment. This identified several areas that were non-compliant. Two areas were still outstanding and these were for the fire alarm system to be upgraded and for the metal fire escape stairs to be made safe.

Personal Emergency Evacuation Procedures (PEEP's) for each resident was completed and a copy held on file.

An external company carried out annual tests for Legionella bacteria. Staff completed water temperature checks on a regular basis as well as showerhead cleaning.

Paper files were kept in a locked cabinet within a secure office.

Staffing and recruitment

The files of all staff who had started since the last inspection were scrutinised. One person only had one reference on file and two staff had started prior receiving an Isle of Man work permit. The manager was informed that if an agreement was reached with the Registration and Inspection team, new staff would be able to start, under supervision and with a risk assessment in place, prior to all checks being received. All other required pre-employment checks were in place.

Staffing rotas showed that two staff worked a 12 hour shift. We recommend that the rotas clearly identify the number of hours worked for day and night staff. Resident dependency assessments were taking place. The manager said that this had highlighted the need for a third person on shift and that funding had been agreed for this to happen.

Using medicines safely

A medication policy covered the obtaining, recording, storing, administering and disposal of medication. Staff undertook appropriate training. Annual staff medication competency assessments were taking place.

Pre-admission assessments identified a person's medication requirements. This information was used to develop a medication care plan and risk assessment, informing the staff of their responsibilities in supporting the person with their medication regime. People were assessed to determine if they could self-medicate. People were having their medication reviewed. Medication storage was secure and Medicines Administration Records (MARs) generally were fully completed, with one omission of a staff signature noted on inspection.

Preventing and controlling infection

The provider had a detailed infection control policy and procedure. The manager completed monthly infection control audits.

All staff had completed training on infection control. Personal Protective Equipment (PPE) was available. Staff completed regular testing for COVID-19.

The home was clean and tidy. The cleaning of the home was the responsibility of the care staff and cleaning schedules for day and night staff were observed. A curtain cleaning schedule was in place and a room upkeep checklist included mattress checks and duvet and pillow case changing.

Safety data sheets were kept on COSHH products used in the home.

The temperatures for the fridges and freezers were recorded on a daily basis. Food was being appropriately stored and a system was in place to use food before expiry.

Learning lessons when things go wrong

There was a system in place to record accidents, incidents and safeguarding concerns. The manager reviewed these on a regular basis. The responsible person also had oversight. A business continuity plan had been written.

Action we require the provider to take

Key areas for improvement:

- A new call bell system is required, or a system that better meets the needs of the people living in the home.
- The fire alarm system requires upgrading.

- The metal fire escape stairs to be made safe.
- Two fire drills a year to be undertaken.
- New staff must only be confirmed in post following completion of all satisfactory pre-employment checks, unless by agreement with the regulator.

Inspection Findings

C2 Is the service effective?

Our findings

Effective – this means we looked for evidence that people’s care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence. The service does require an improvement in this area in relation to staff appraisals.

This service was found to be effective.

Assessing people’s needs and choices; delivering care in line with standards, guidance and the law

People’s needs had been assessed prior to them moving into the home. The home then completed a further activities of daily living pre-assessment. Care plans had been developed based on these assessments and risk assessments were in place.

Records evidenced involvement of the person in the development and reviewing of care plans and risk assessments.

Staff support; induction, training, skills and experience

Staff received the training to support people effectively. Staff spoke positively about the training they received. Some comments made were, “there is plenty of training and we are encouraged to attend extra training”, and “training is sufficient to meet the needs of the residents”.

Several staff had attained a relevant care qualification.

New staff completed a written induction process and feedback confirmed that the process was thorough, including the shadowing of experienced colleagues.

Staff were receiving regular supervisions and the manager was carrying out observations of their practice. There was no evidence of completed staff appraisals.

Staff meetings were taking place.

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

People’s nutritional needs were assessed and care plans and risk assessments in place where required. Assistance was not required at mealtimes.

People gave positive feedback about the food served and confirmed that they were offered choices at mealtimes. A daily menu was displayed in the dining room. People were involved in preparing the dining tables at mealtimes. A lunchtime observed on inspection was a relaxed and pleasant dining experience. Meals and menus were discussed in resident meetings. Staff were familiar with people’s likes and dislikes.

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

Staff worked with a variety of other agencies / health professionals to ensure people received co-ordinated, consistent and timely care.

Care records evidenced that people attended medical appointments either on their own or supported by staff.

Pre-admission assessments identified people's health needs and care plans provided guidance for staff in meeting those needs.

Peoples needs met by the adaptation, design and decoration of premises

People's rooms were seen on inspection and these had been personalised with photographs and other personal items. All rooms had toilets and wash basins.

Several areas around the home were showing signs of wear and tear. The manager said that there was a rolling program of repair for the home and plans to upgrade certain areas, such as the top floor shower room.

People could access and spend time in the lawned front garden or in the rear yard area.

Ensuring consent to care and treat in line with law and guidance

Generally, people in the home had capacity to make their own decisions. A record of decision to administer medicines covertly was in place for one resident. Capacity had been assessed and the decision to continue administering covertly was being regularly reviewed.

No restrictive practices were taking place in the home.

Action we require the provider to take

Key areas for improvement

- Staff annual appraisals must take place and be evidenced.

Inspection Findings

C3 Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect. The service does not require any improvements in this area.

This service was found to be caring.

Ensuring people are well treated and supported; respecting equality and diversity

Warm and friendly interactions were observed between staff and the people living in the home. Staff spoke to people respectfully and in a relaxed informal manner.

People spoke positively about the care that they received. Family member feedback confirmed that their relative was treated with kindness, respect and compassion.

On assessment, religious and cultural needs were identified and care plans written where required.

Supporting people to express their views and be involved in making decisions about their care

People were involved in decisions about their care. There was evidence of people involved in the review process of their care package. Family members said that they were kept informed of any changes in a person's care needs.

Regular resident meetings were taking place.

Respecting and promoting people's privacy, dignity and independence

People were encouraged to be independent and to do as much for themselves as possible. Care plans were written in such a way as to promote independence. Family members confirmed that their relation was encouraged to be independent.

Privacy and dignity was respected. Staff were seen knocking on doors before entering people's rooms.

New staff induction covered the importance of confidentiality.

Inspection Findings

C4 Is the service responsive?

Our findings:

Responsive – this means we looked for evidence that the service met people’s needs. The service does not require any improvements in this area.

This service was found to be responsive.

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

Staff were familiar with people’s needs and preferences and important information was recorded.

Records confirmed that people could choose the gender of staff they wanted to support them.

People were supported to follow their interests and hobbies. We observed one to one activity take place on inspection. If an outing was arranged then this was displayed in the home. People were encouraged to approach staff to take part in activities such as board games. People were able to access the community independently.

Meeting people’s communication needs

Pre-admission assessments identified any communication needs. Person-centered care plans were written as required.

Improving care quality in response to complaints and concerns

The provider had a complaints policy in place and a copy of the complaints procedure was displayed in the home.

People were made aware of the complaints process on admission into the home.

No complaints had been made or recorded.

Feedback from family members said they would raise any concerns or complaints with the manager directly. They felt confident that the manager would listen to them and their concerns would be taken seriously. One comment made was, “I would have no problem raising concerns if this was required and I am quite comfortable she (the manager) would contact me back personally to try and resolve any issues”.

End of life care and support

Where appropriate, ‘Do Not Attempt Cardio Pulmonary Resuscitation’ (DNACPR) orders were recorded and a copy was kept in the person’s file, in the event of a medical emergency.

Inspection Findings

C5 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. The service does not require any improvements in this area.

This service was found to be well-led.

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

Care plans were found to be person-centred. People spoke positively about the staff and the care that they were receiving in the home. Family members told us that the care and support their relative received was very good.

An achievements board displayed how people were getting on with their personal goals. The manager said that this served as motivation for others in the home.

Generally staff told us they were happy working at Tudor Lodge.

The home's ethos / values were set out in the statement of purpose and annual plan.

The manager was visible and accessible to the staff team and the people living in the home.

Regular staff meetings were being held.

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

Systems were in place to monitor and review the quality of care and experiences of the people in the home.

The manager was in the process of completing the Qualification and Credit Framework (QCF) level 5 in Leadership for Health and Social Care.

Generally the service had notified the regulator of all notifiable events within the specified timeframe.

Appropriate insurance cover was in place.

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

The manager provided information about the service to new residents at the time of their admission into the home. This information was in the residents' users guide.

Quality assurance questionnaires were sent out to residents, family members and staff on an annual basis. An annual plan was then written based on the feedback.

Staff supervisions were taking place but there was no record of annual appraisals occurring. Staff felt confident about expressing their views and putting forward suggestions and ideas to the manager.

The home had links to the local community and organisations.

How does the service continuously learn, improve, innovate and ensure sustainability

Staff received on-going refresher training. Staff confirmed that they received the support and training to meet the needs of the people living in the home.

The manager carried out monthly audits and information from these audits was used to support learning and improving the services delivered by the home.

The manager observed staff practice with 3 to 4 observations taking place per staff member each month. These were recorded.

The responsible person's representative carried out twice yearly visits to the home, after which written reports were produced.

A discussion was had with the manager regarding some amendments required in the statement of purpose and in the safeguarding service recipients from abuse policy.

Working in partnership with others

Information contained within people's care plans demonstrated the staff at Tudor Lodge worked in partnership with other agencies.