

***We are the regulator:** Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

## Tudor Lodge

8 Brightstowe Road, Burnham On Sea, TA8  
2HW

Tel: 01278784277

Date of Inspection: 16 January 2014

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2014

We inspected the following standards as part of a routine inspection. This is what we found:

<b>Consent to care and treatment</b>	✓	Met this standard
<b>Care and welfare of people who use services</b>	✓	Met this standard
<b>Management of medicines</b>	✓	Met this standard
<b>Requirements relating to workers</b>	✓	Met this standard
<b>Complaints</b>	✓	Met this standard

## Details about this location

Registered Provider	J D A Care Limited
Registered Manager	Mr. Christopher Arnold
Overview of the service	Tudor Lodge, Burnham-on-Sea is a care home service for 27 older people.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

## Contents

*When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.*

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## Summary of this inspection

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### Why we carried out this inspection

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This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 16 January 2014, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members, talked with staff and reviewed information given to us by the provider.

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### What people told us and what we found

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We spoke with six people who lived at the home, the registered manager, care manager, and support staff. We also spoke with three relatives who were visiting.

All six people told us that they were satisfied with the care and support they received. One said "They're always cheerful (the staff), never very negative." Another said "They're marvellous here. They help me with a bath and help me feel safe." Another told us "The care is very good. The staff are very kind and we're very happy here. They put up with quite a lot."

All of the relatives told us that they were satisfied with the care and support their relative received. One told us "I know I can go home and my relative will be well cared for. All of the staff are amazing and have a genuine interest in the people living here." Another relative said "I really appreciate the small things, like when the doorbell is rung it's always answered quickly, and the hospitality is great, it's always very welcoming here."

We found that people had comprehensive care plan files, which contained lots of information on how people wanted to be supported, and what they were able to contribute themselves. This meant support staff could be clear about what type of support a person needed, their choices and preferences, and which parts of tasks they were able to do for themselves.

Whilst at the service we heard and saw staff talking with people and offering them choice and support in a respectful and polite way. A relative told us "The thing I like the most about here is the consistency. I can visit anytime and it always feels welcoming and of a good standard."

You can see our judgements on the front page of this report.

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## **More information about the provider**

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Please see our website [www.cqc.org.uk](http://www.cqc.org.uk) for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

## Our judgements for each standard inspected

### Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

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### Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

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### Reasons for our judgement

During the inspection we saw and heard people who lived at the home being given choices around what they wanted to eat and drink, and frequently being asked if they were ok. One person told us "I feel free to make my own choices and decisions, and the girls really help me if I need it, they're very good." Another told us "The staff are excellent; they don't interfere if you don't want them to. They let me have my independence but are there if I need them". Another told us that they continued to manage their own medication and personal affairs, but that it had been helpful to have the staff there to help them out during a particularly difficult time.

We saw a menu displayed on the wall outside of the dining area, and the manager told us that copies were given to people every week so they were able to choose their meals. The menu also stated that a range of alternatives were available upon request. All of the people we spoke to confirmed that they received a menu each week and could choose what they liked from the menu. During the inspection we heard people having the menu read to them by staff, and orders for dinner being taken; at lunchtime we also saw a person being offered an alternative to the main courses. The manager confirmed that meals were prepared in line with people's individual preferences and choices where possible.

We saw in the care plan files that a pre – admission assessment identified guidance on how people preferred to be supported, communicated with, what activities they liked to do, and what their likes and dislikes were written down. A relative told us "When my relative came here they spoke with both of us and found out their likes and dislikes." We saw and were told by the manager that the home is currently working towards the NHS gold standards framework for supporting people's choices and decision making around healthcare and support towards end of life. This showed that before people received any care or treatment in this area they were asked for their consent and the provider acted in accordance with their wishes.

In the staff area we saw a customer satisfaction questionnaire to be given to people which asked about how satisfied they were with all aspects of the care and support they received including the quality and quantity of food, any meal choices they would like to see included in the menu, activities they would like to try, the manner and demeanour of the support staff, asking if they knew who they could contact if they had a safeguarding issue, and asked for any general comments. We saw that the accompanying memo asked support staff to offer help to people to complete these where requested. This demonstrated that people had choice over how and when they received their care and support, and were actively asked for their preferences.

We saw a best interests checklist and flowchart information about how and when to refer a person to an independent mental capacity advocate in a staff information file, which also contained a policy and procedure on what action to take if a person lacked capacity around a decision. The manager told us that they had previously had discussions with the local authority deprivation of liberty (DOLS) lead around any decisions they had been unsure of; this showed that where people did not have the capacity to consent, the provider acted in accordance with legal requirements.

**People should get safe and appropriate care that meets their needs and supports their rights**

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**Our judgement**

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The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

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**Reasons for our judgement**

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One person we spoke to told us "I think we're very lucky. They look after us pretty well. They're all very friendly." Another person told us "We couldn't have better care than we get here." When we asked how the support staff responded to the call bell a person told us "They come very quickly, especially at night, which is very good." During the inspection we noted that the call bell was responded to promptly for those people who chose to stay in their room.

A relative we spoke to told us that "Whenever I come here my relative is always very clean and well presented. The staff are always willing to talk if there are any problems." Another relative told us "It's very good. I know my relative is in the right place and I'm confident about that. If there's any slight thing they will ring me." People and relatives told us that there was a residents meeting every three months, which relatives could also attend if they wanted to. People told us that if they had any concerns these could be discussed at the meeting.

We looked at four people's care plans. Each contained a person's general information taken on admission, a record of the personal care undertaken each day, information on care and support needs for areas such as personal care, vision, mobility, night care, communication, skin care, and diet. We saw that these needs were initially assessed and signed by the care manager and an advocate, usually a relative, and then reviewed on a monthly basis.

The file also included a dependency profile and assessed need in all areas of physical and mental health wellbeing, relevant risk and health assessments, a mental capacity assessment, and daily report notes. This showed that people's needs were thoroughly assessed and care and treatment was planned and delivered in line with their individual care plan, and in a way that was intended to ensure people's safety and welfare.

We saw a building fire evacuation procedure on the back of every bedroom door including a floor plan of the home. The manager confirmed that the home had a reciprocal agreement with another home locally to use the communal space in the event of an emergency.



A relative told us that on a recent hospital admission, their relative had taken with them a brief information sheet provided by the home with detail on the person's background, family history, and likes and dislikes on it, which they said had helped the hospital and their relative at the time.

We saw a policy on emergencies and crises dated 2007 which the manager confirmed, and we saw, were signed and dated as reviewed on an annual basis. The manager confirmed that any amendments would be added accordingly. This showed that there were arrangements in place to deal with foreseeable emergencies.

**People should be given the medicines they need when they need them, and in a safe way**

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## Our judgement

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The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

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## Reasons for our judgement

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We saw that the service used a pharmacy medication administration recording (MAR) sheet system. We saw that these were signed by staff at the appropriate times. The care manager told us that senior staff were trained to administer medication and a list of signatories was kept. They also told us that the deputy manager was responsible for all aspects of the management of medication with senior staff covering for any absences.

The care manager confirmed, and we saw, that any controlled drugs were checked and signed for by two members of staff. We also saw that in addition a controlled drugs (CD) record was kept and signed to indicate that stock levels were checked before the drug was administered, and this was also signed by two members of staff. This showed that appropriate arrangements were in place in relation to the recording of medicine. During the inspection we noted that a minor error had been made in the recording of stock levels for one medication, and this was rectified immediately by the member of staff concerned.

The care manager confirmed that prescriptions were managed by the pharmacy and a monthly delivery was made to the home. This showed that appropriate arrangements were in place in relation to obtaining medicine. We saw two portable medicine trolleys and the care manager confirmed that these were taken to people so that all medication could be individually dispensed. We saw that decisions about people self – medicating was noted in the person's long – term needs assessment, and a copy kept with the relevant MAR sheet. The care manager told us this was re - assessed on an as and when needed basis, such as a suspected deterioration in a person's capacity or if the person choose not to continue self – administration. They also told us that the deputy manager did a weekly audit on the levels of medication for those people self - medicating where consent was given. This showed that medicines prescribed were being given to people appropriately and safely.

We found medication that had not been used or refused was individually bagged. Both bags contained the name of the drug(s) the name of the person, and the date it had not been administered. We saw that the MAR sheet for this medication matched records indicating that the medication had been refused. The care manager confirmed that this medication would be returned to the pharmacist at the end of the month to be disposed of appropriately; we saw the medication returns book which had up to date recordings of

returned medication. We saw that yellow sharps buckets were used in the home and the manager confirmed that these were taken away once full by the waste management company who serviced the home. This showed that medicines were disposed of safely.

We saw that homely remedies were kept separately within the medication cabinet and had a stock book with amounts recorded in them. The care manager confirmed that only senior staff members were authorised to administer homely remedies, and that it was policy that these would only be given out for twenty four hours before a medical opinion was sought.

We saw that all medicines were locked away in the two portable medication trolleys, which were secured to the wall, or in a wall mounted medication cabinet, with the CD's in a separate internal locked cabinet. We saw that most of the medication was kept in individual blister packed medication dispensers, identifying an individual's prescription, with an attached photo of the person for easy identification, and colour coordinated to indicate morning, afternoon, and evening medication. We also saw that a locked drugs fridge was used for storing medication and that a temperature chart was completed daily, using an external digital reading. We found that all of the medication stored was within the expiry date and clearly labelled with the person's name where prescribed. This showed that medicines were kept safely.

During the inspection we found a quantity of medication in an unlocked office, however the room was not on a floor used by other staff or the people who lived at the home, and the manager told us that the door was normally locked. The manager explained that the medication was being kept at the request of the coroner and would be disposed of accordingly once permission had been given to do so.

## Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

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### Our judgement

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The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

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### Reasons for our judgement

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We looked at nine staff files, all of which contained reference numbers for either criminal records bureau checks (CRB) or disclosure and barring service (DBS) checks, and two references. The manager told us that DBS checks were only applied for once two satisfactory references had been received. This showed that appropriate checks were undertaken before staff began work.

We saw comprehensive application forms completed during recruitment. The care manager confirmed that potential staff would be interviewed over the phone in the first instance, and if suitable the person would be invited for interview with the care manager and registered manager. Following this they would be shown around and observed on their interactions with the people who lived at the home. The care manager told us that once all the necessary checks were through then the new member of staff would work shadowing a more experienced colleague until both parties were confident. A person we spoke to told us that "The staff training here is very good, and they shadow them when they first start."

In staff files we saw a comprehensive induction checklist completed by new staff and signed by both staff member and the care manager or senior support worker. We also saw a full list of training offered to new staff and completed questionnaires on their knowledge of areas such as safeguarding, infection control, health and safety, confidentiality, and manual handling. This demonstrated that there were effective recruitment and selection processes in place.

The manager confirmed that if there were any concerns about a member of staff and their suitability to work in social care, they were aware of their obligation to report them to the independent safeguarding authority (ISA) and had already done so in the past. This demonstrated that the manager understood and would refer a member of staff to the appropriate bodies if they felt they were no longer fit to work in health or social care.

**People should have their complaints listened to and acted on properly**

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**Our judgement**

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The provider was meeting this standard.

There was an effective complaints system available. Comments and complaints people made were responded to appropriately.

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**Reasons for our judgement**

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We saw that in each person's room there was a service user's guide, containing a copy of the complaints procedure. The manager also told us, and we saw, that there was a copy of this in a file in reception for people's relatives. This showed that people were made aware of the complaints system, and it was provided in a format that met their needs.

We asked for and received a summary of complaints people had made and the provider's response. We looked at a complaint which was recorded in detail, and identified the name and address of the complainant and the nature of complaint, response to complaint. The recording showed the response to complaint, what follow up action was taken by the service, how the complaint was resolved, and the level of satisfaction. The complaint was then signed and dated by the manager.

When we asked people and relatives what they would do if they had any concerns they told us that they felt able to speak with support staff and the manager and care manager if they had any problems, and were confident that it would get resolved. One person told us "I feel I could tell the staff here if I was unhappy about something. If I needed to I could complaint to the manager or care manager, but there's nothing really to complain about." Another person told us "I tell them (the support staff) I'm not happy about something and they ask me what is it I don't like. I tell them and then they respond." A relative told us they had previously needed to mention to the manager about a member of staff they weren't happy with and said that it was dealt with quickly and to their satisfaction. This demonstrated that people's complaints were fully investigated and resolved, where possible, to their satisfaction.

## About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.


In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.


You can tell us about your experience of this provider on our website.


## How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

 **Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

 **Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

 **Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

## How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

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**Minor impact** - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

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**Moderate impact** - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

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**Major impact** - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

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We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.



## Glossary of terms we use in this report

### Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

### Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

## Glossary of terms we use in this report (continued)

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### **(Registered) Provider**

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There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

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### **Regulations**

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We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

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### **Responsive inspection**

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This is carried out at any time in relation to identified concerns.

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### **Routine inspection**

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This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

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### **Themed inspection**

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This is targeted to look at specific standards, sectors or types of care.

## Contact us

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