

Mrs Bridget Kidd

Tower House

Inspection report

Tower House, Reading Road
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Tel: 01189401197

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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 ●

Summary of findings

Overall summary

Tower House is a residential home registered to provide personal care for up to 12 older people with a range of conditions. On the day of our inspection 11 people were living at the service.

At the last inspection, the service was rated Good.

At this inspection we found the service remained Good.

Why the service is rated good:

There were sufficient staff to meet people's needs. Staff were not rushed in their duties and had time to chat with people. Where risks to people had been identified risk assessments were in place and action had been taken to manage the risks. People received their medicines as prescribed.

People continued to receive effective care from staff who had the skills and knowledge to support them and meet their needs. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the procedures in the service supported this practice. People were supported to maintain good health. Various health professionals were involved in assessing, planning and evaluating people's care and treatment.

The service continued to provide support in a caring way. Staff were kind and respectful and treated people with dignity and respect. People benefited from caring relationships with staff. People were involved in decisions about their care needs and the support they required to meet those needs.

The service continued to be responsive to people's needs and ensured people were supported in a personalised way. Staff understood people's needs and preferences. People's needs were assessed to ensure they received personalised care. There was a range of activities for people to engage with.

The service was led by a registered manager and deputy manager who promoted a service that put people at the forefront of all the service did. There was a positive culture that valued people, relatives and staff.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains good.

Is the service effective?

Good ●

The service remains good.

Is the service caring?

Good ●

The service remains good.

Is the service responsive?

Good ●

The service remains good.

Is the service well-led?

Good ●

The service remains good.

Tower House

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 full comprehensive inspection took place on 23 March 2017 and was unannounced. The inspection was carried out by an inspector.

We spoke with eight people, three care staff, the registered manager, the deputy manager and the chef.

During the inspection we looked at four people's care plans, four staff files, medicine records and other records related to the management of the service. We observed care practice throughout the inspection. 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.

Is the service safe?

Our findings

The service continued to provide safe care to people. People told us they felt safe living at the service. Comments included: "I am very well looked after. I am safe here", "The best thing about this place is that they are always looking out for you" and "I feel very lucky to be in such a great home".

Staff had received training in safeguarding adults and understood their responsibilities to identify and report any concerns. Staff were confident that action would be taken if they raised any concerns relating to potential abuse. Staff comments included; "I would go to my manager first" and "I would report it to social services if nothing was done".

People's care plans contained risk assessments which included risks associated with; moving and handling, pressure damage, falls and environment risks. Where risks were identified plans were in place to identify how risks would be managed. For example, some people had restricted mobility. People's care records gave guidance for staff on how to support them effectively whilst moving around the home.

There were sufficient staff on duty to meet people's needs. Staff were not rushed in their duties and had time to sit and chat with people. One staff member said, "We have enough staff here. Things are always covered". The deputy manager told us, "If someone's needs changed for example, during end of life care or if someone became unwell then we would not have a problem increasing our staffing levels. Staffing is set on individual needs".

The provider had safe recruitment and selection processes in place. These included completing checks to make sure new staff were safe to work with vulnerable adults. Staff were not able to work in the home until references and disclosure and barring service checks (DBS) had been received. One staff member said "I couldn't start until my DBS was done".

Medicines were managed safely and people received the medicines as prescribed. Medicines were stored securely and in line with manufacturer's guidance. Medicine administration records (MAR) were completed fully and accurately. Staff administering medicines signed the MAR to confirm people had taken their medicines.

Is the service effective?

Our findings

The service continued to provide effective care. People were supported by staff who had the skills and knowledge to carry out their roles and responsibilities. New staff were supported to complete an induction programme before working on their own. This included training for their role and shadowing an experienced member of staff. Staff completed training which included: infection control, moving and handling, dementia, safeguarding, equality and diversity and Mental Capacity Act.

People were supported in line with the principles of the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. Staff had received training about the MCA and understood how to support people in line with the principles of the Act. One staff member said, "It protects people from being forced to make choices that they have not made".

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The deputy manager had a clear understanding of DoLS. At the time of our inspection no one at the service was subject to a DoLS authorisation.

People were positive about the food. One person told us, "The food is very nice". Another person said, "Oh the food is terribly good here". People were offered a choice of meals three times a day from the menu. Staff advised us that if people did not like the choices available an alternative would be provided. At lunch time we observed that a person had changed their mind and asked for something different. Care staff responded to this and brought the person a meal of their choosing. We spoke with the chef who told us, "Nutrition is very important. It's what keeps people's strength up".

People were supported to maintain good health. Various professionals were involved in assessing, planning and evaluating people's care and treatment. These included the GP, care home support service (CHSS) and speech and language therapist (SALT). Visits by healthcare professionals, assessments and referrals were all recorded in people's care records.

Is the service caring?

Our findings

The home continued to provide a caring service. People told us they benefited from caring relationships with the staff. Comments included: "The staff here are very good", "I rate my care here very highly", "Staff are very polite and courteous with us" and "The staff are very friendly and helpful".

People were involved in their care. We saw documents in care plans evidencing that people and their relatives had been involved in developing their care plans. Throughout our inspection we observed staff involving people in their care. One staff member said, "We want people to feel at home and not in an institution. We pride ourselves on really good quality care and making people feel like part of a family".

People were treated with dignity and respect. When staff spoke about people to us or amongst themselves they were respectful and they displayed genuine affection. Language used in care plans was respectful. People were addressed by their preferred name and staff knocked on people's doors before entering. One person said, "I have no complaints when it comes to dignity and respect. I could not wish for a better place". Another person said, "They treat me kindly and with respect".

People were supported to remain independent. One staff member described how they had recently supported a person to maintain their independence in carryout personal care tasks for themselves. The staff member told us, "We must promote people's independence for as long as we can. It's a basic human right". One person we spoke with told us, "They encourage me to do what I can for myself".

People's wishes relating to 'end of life' care were recorded and respected. Advanced care plans recorded people's preferences and wishes. For example, whether people wished to be buried or cremated, funeral and family arrangements.

The service ensured people's care plans and other personal information was kept confidential. People's information was stored securely.

Is the service responsive?

Our findings

The service continued to be responsive. People's needs were assessed prior to admission to the service to ensure their needs could be met. Care records contained details of people's personal histories, likes, dislikes and preferences.

The service was responsive to people's changing needs. For example, following a medical diagnosis and a change in a person's medication the service had worked closely with the person's G.P. to ensure the person received effective treatment. As a result the person's condition improved.

Staff we spoke with were knowledgeable about the person centred information with people's care records. For example, one member of staff we spoke with told us about a person's favourite pastimes and the person's dislikes. The information shared with us by the staff member matched the information within the person's care plan. One staff member said, "Everyone here is an individual and we need to respect that".

People told us they engaged with and enjoyed activities. It was clear that the activities were based on people avoiding social isolation. One person told us "Sometimes we have a quiz sometimes we might have a game of scrabble. I love it".

People's opinions were sought through regular surveys. We saw the results of the last survey which were very positive. One person said, "Someone comes around once a week and asks us for feedback or if we have any complaints. I never have any complaints but if I did I would go straight to [registered manager]. She would certainly listen and do something about it". This demonstrated that people knew how to complain and were confident action would be taken. There had been no complaints since the last inspection.

Is the service well-led?

Our findings

There was 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.

The registered manager and deputy manager promoted a culture that ensured people were seen as individuals. This culture was encouraged through all interactions with people and staff. One person said, "It's the leadership and sheer determination of [registered manager] that makes me feel safe. If something is not right, then she is on it straight away to make it right" Another person told us, "[Registered manager] and [deputy manager] are such a wonderful pair". A staff member said, "[Registered manager] is lovely. She is very open and honest. She is a great manager that genuinely cares about the residents".

The registered manager told us their visions and values for the home were. "Firstly to keep people safe and secondly we need to ensure that staff have the support they need in order to provide good quality and the best person centred care we can for our residents". Throughout our inspection we observed staff displaying these visions and values.

Regular audits were conducted to monitor the quality of service. These were carried out by the registered manager and the deputy manager. Audits covered all aspects of care including, care plans, risk assessments, infection control, environmental audits and medication. Information was analysed and action plans created to allow the registered manager to improve the service. For example, following a medication audit the deputy manager had identified that some people's MAR charts still contained historic medicines. The deputy manager then liaised with the local pharmacy to have these removed from the MAR charts. We spoke with the deputy manager about this and they told us, "If you have chaotic MAR charts then things can become unsafe. MAR charts need to be clear and concise".

The service worked in partnership with GPs, the care home support service and district nurses. One visiting professional we told us "The management team are very approachable and friendly".