

Townfield and Coach House Care Limited

Townfield and Coach House

Inspection report

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Date of inspection visit:
15 November 2018

Date of publication:
13 December 2018

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

This inspection took place on 14 November 2018 and was unannounced. Townfield and Coach House is a residential care home that provides accommodation 28 older people, who are living with dementia. At the time of this inspection 25 people were living in the home. People in care homes receive accommodation and personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

At our last inspection in June 2016 the service was rated 'Good'. At the present inspection the service remained 'Good'. At this inspection we found the evidence continued to support the overall rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

The home had 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.

People remained safe at the home. People were protected from the risk of abuse because there were clear procedures in place to recognise and respond to abuse. Staff had been trained in how to follow these procedures. Risk assessments were conducted and risk management plans were in place which enabled people to receive care with minimum risk to themselves and others.

The registered manager monitored accidents and falls in order that preventative measures were put in place to avoid reoccurrence and promote the safety of people who use the service, the staff and anyone visiting the home.

Staff had been supported to deliver care in line with current best practice guidance. People were able to eat and drink enough to maintain a healthy weight whilst being provided with a balanced diet. People had access to healthcare services so that they received on-going healthcare support.

People were protected from the risk and spread of infection because staff consistently followed the provider's infection control procedures. The home was clean and free of unpleasant odours. Equipment used to support people was clean, in a good state of repair and was regularly serviced.

Staff had been safely recruited and there were sufficient numbers of staff on duty to meet people's needs in a way which met their preferences and promoted their independence. People told us they felt safe in Townfield and Coach House. Staff had received training in the protection of adults and knew what action they should take if they suspected or witnessed abuse.

Staff knew people well and understood how to meet their needs. People's rights were protected. The registered manager and staff had a good understanding of the Mental Capacity Act 2005 and acted according to this legislation. People and their relatives where possible had been consulted about their care and support needs which were assessed before they moved into the home. Care plans and risk assessments included information and guidance for staff about people's needs and how they preferred their needs to be met.

People were enabled to maintain relationships with their family and friends; visitors were made to feel welcome. People were encouraged to participate in organised activities and to go out on trips.

People's medicines were safely managed. We observed that people received their medicines wherever they felt most comfortable.

People's records were kept safely to maintain confidentiality.

The layout and decoration of the home met people's needs. The environment was adapted in order that people could freely move around without restriction or risk to their safety. A great deal of thought had been given to upgrading the environment in order that it promoted wellbeing whilst being dementia friendly, homely and attractive to people living there.

The home was well-managed. The registered manager communicated effectively with staff and relatives. They sought the views of people using the service, their relatives and friends through residents' meetings, relative's forums and satisfaction surveys.

The provider had a complaints procedure in place and people said they were confident their complaints would be listened to and acted on. The registered manager had effective systems in place to regularly assess and monitor the quality of the service provided to people.

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 remains Good	Good ●
Is the service effective? The service remains Good	Good ●
Is the service caring? The service remains Good	Good ●
Is the service responsive? The service remains Good	Good ●
Is the service well-led? The service remains Good	Good ●

Townfield and Coach 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 was a comprehensive inspection. This inspection took place on 14 November 2018 and was unannounced and was carried out by one adult social care inspector.

Before the inspection we looked at information the registered persons sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also examined other information we held about the service. This included notifications of incidents that the registered persons had sent us since our last inspection. These are events that happened in the service that the registered persons are required to tell us about.

The registered manager and both providers were available at the time of the inspection and provided all the information we needed. During the inspection we spoke with three visitors, three members of care staff. People using the service were living with dementia and in the main were unable to communicate their views as to the service they receive. Therefore we observed the care and interaction between the staff and the people using the service.

We looked at records in relation to the managing of the service these included records of care planning, managing risk, administration of medicines and the recruitment of staff.

Is the service safe?

Our findings

The providers and the registered manager continued to ensure people were living in a safe environment. We saw people using the service felt comfortable with the staff assisting them and there were lots of positive interactions. A relative we spoke with told us it was such a relief knowing their loved one was in a safe environment. They said "The home is always secure but it never feels like people are locked up, the staff are marvellous and there is always a calm atmosphere."

We reviewed the recruitment records for three people. We saw all required pre-employment checks had been completed which included a check with the Disclosure and Barring Service (DBS). These help employers to make safer recruitment decisions and prevent unsuitable staff being employed. Systems were in place to keep people who lived in the home safe from abuse or poor practice. Staff had completed training in safeguarding. Policies and procedures were in place to guide staff. Staff demonstrated they understood the importance of keeping people safe and reporting any concerns they might have. Staff told us they were confident the registered manager and provider would listen and act should they raise any concerns about the care people received.

Staffing levels were reviewed on a daily basis to ensure that the changing needs of the people using the service consistently receive the care they need. The registered manager explained, "We would be mortified if someone thought our residents were not safe. The people we care for can be very demanding and require constant monitoring. Their needs and moods can change on an hour by hour basis, we pride ourselves on the quality of care our residents receive so we are always in a position to respond accordingly."

Risk assessments were carried out to identify any risks to people and appropriate management plans were in place. For example, how staff should support people when using equipment to reduce the risks of falls and reducing the risk of pressure sores. Staff were aware of the content of people's risk management plans. This helped ensure staff provided care and assistance for people in a consistently safe way.

A log was maintained of any accidents that had occurred and each accident would be investigated to ensure lessons were learnt from each investigation. For example, the cause of the accident would be logged, safeguards implemented and a chart to fully map the person's injury, treatment and subsequent recovery.

We observed medicines being administered to two people. Medicines were administered using good practice guidelines and staff were respectful of people's needs when administering them. We saw that medicines were stored safely. The registered manager told us she was in the process of changing the supplying pharmacy in order that she got the best possible service.

During the course of the inspection we undertook a visual inspection of the home. We did this to ensure it was adequately clean and appropriately maintained. We noted the home was free from odours and was clean and tidy. Equipment was appropriately stored away from communal areas to prevent any risk of slips trips and falls.

We noted all sinks in communal areas and bathrooms had thermostatic valves on them to prevent people from scalding. Water temperatures were checked by the handyman on a weekly basis.

Staff completed training in infection control and food hygiene. This meant they could safely support people as required and understand the procedures in place for minimising the risk of infections. We observed staff wearing gloves and aprons when supporting people with their care.

Is the service effective?

Our findings

People's needs were assessed by the registered manager when a request for a placement was received. The assessment process had recently been developed further to make sure that all the relevant information was collected to ensure a successful placement was achieved. Adapting to a new environment and new carers for people that have complex needs can be an extremely anxious time. The registered manager said, "It is vital that we are sure that the staff would be able to care for and offer the appropriate support to the people." Staff support the relatives as well as the person moving into the service at this time. A relative told us, "The staff just seem to get it right they know the emotional roller coaster [family member] has been on and they did everything in their power to support them through the transition of [family member] moving into care."

The registered manager continued to ensure staff were trained to care for people. People were supported by staff that had the skills and knowledge they needed to support people safely and appropriately. The staff knew people's needs well. Records and discussions with staff and people showed the registered manager continued to be proactive in providing training for staff in areas such as caring for people who are living with dementia. The provider employs a designated trainer and all staff had achieved the care certificate. This ensures that all staff have reached a level of competence in caring for older people. The training matrix provided evidence that ongoing and refresher training is provided in all core subjects.

New staff had a minimum of twenty-eight hours of classroom induction, when they were shown all the policies and procedures and commenced their training on the skills required for caring for people living with dementia. Following that they then had shadowing training. This entailed working with an experienced member of staff learning the required skills and getting familiar with the people they were caring for. Only when the registered manager is satisfied they were competent were they 'signed off' to work unaccompanied.

All staff received supervision and appraisal when they can discuss their ongoing development with the registered manager. Staff told us that regular training is available and that they only need to mention that they feel they would benefit from some new learning, it will then be provided. The providers do invest in their staff and told us that they advocate face to face training as opposed to 'E Learning'. Staff spoken to confirmed that is their preferred way to learn and said, "This job is different to any other, you are dealing with people and no two days are the same."

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. 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 Act 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 MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We saw that people's ability to make decisions about their care and support was detailed in care plans. The registered manager told us that all of the people who used the service had a DoLS in place to ensure their safety. Best interest meetings had been held and consent gained for locks on doors and consent to care. This information was appropriately documented and recorded. All three care plans we looked at contained an assessment which showed this. The registered manager and staff we spoke with had an understanding of the MCA and their role in relation to this. This meant people without capacity to make decisions staff would know how to support the person under the MCA.

We saw people were supported to eat and drink enough. We observed two meals being served during the day. Meals were served in a calm way and at the pace of the person. Staff managed the different methods well. Some people did not want to sit and eat, some did not want to sit with others and a number of people needed help with eating. Whilst mealtimes took a while to complete it was impressive to observe staff knowing who had eaten and who still needed their meal, making sure everyone got their food hot and well presented. Food supplements and fortified food was provided for people requiring additional calories or nutrition.

The registered manager continued to ensure people were supported with their day to day healthcare and were assisted to attend routine health appointments and health checks. Everyone had their own GP, however the local practice visited every fortnight and did additional visits in between if needed. People continued to have access to health and social care professionals. These included opticians and chiropodists and physiotherapists.

Following the inspection a GP contacted us to express his satisfaction as to the service provided at Townfield and Coach House, he wrote, "We have several patients registered at the practice who are currently residing in Townfield. Myself and my GP colleagues here at the practice strongly feel that the care at Townfield is outstanding.

We conduct visits at least weekly but sometimes more often depending on clinical need. I find staff to be experienced and knowledgeable about their residents. This ensures that we are able to work well together and communicate effectively in the best interests of our patients".

Is the service caring?

Our findings

Relatives spoke positively about the caring environment and the kind and compassionate nature of all staff. One person told us, "The staff are lovely, they welcome us and look after us as well as Mum, I can't praise them enough, the care Mum receives is simply stunning." Two relatives we spoke with both commented that they knew this was the right home as soon as they entered the building. They both said, "It was just calm, yes people were moving around but you did not feel any stress from the residents or the staff, I have no regrets."

A health professional spoken with at the time of the inspection told us, "I never have any issues with this service, the staff know what they are doing and always follow my advice."

People were supported to use a range of accessible and personalised ways to express views and wishes in relation to their care. Throughout the day we observed many examples of friendly, caring and good-natured interaction between staff and the people they supported. Staff spoke with people in a calm, considerate and respectful manner, providing explanation or reassurance as necessary.

Staff were respectful when they spoke about people and spoke enthusiastically about people in very positive terms. For instance, describing how rewarding they found their job.

We observed that people were comfortable with staff and there was a relaxed atmosphere in the home. We saw many instances of staff providing compassionate care in a gentle manner and in a way which maintained people's dignity. For example, a staff member assisted a person evidently unaware of where the toilet was without drawing the attention of other people. The interactions we saw throughout the inspection were kind and respectful with staff giving people their full attention and not rushing them at all. People were well-dressed and well-groomed which helped to maintain their dignity and self-confidence.

Care plans stated the tasks people were able to do for themselves and the tasks that people needed support with. Staff encouraged people to do as much as they could for themselves according to their individual abilities and strengths. One staff member explained, "I encourage people to do what they can and retain as many life skills as possible." Most people were unable to be involved in planning their care but relatives are asked to be involved and life stories and memory boxes developed to help to get to know the person and what is important to them.

We observed staff had a good understanding of how to effectively support people with dementia. Staff were supportive and reacted sensitively to sudden changes in people's behaviour.

Is the service responsive?

Our findings

We looked at the care plans of three people who live at the home, these were comprehensive and informative and gave staff the information they needed to support people effectively. Care plans were written clearly, they described who the person was, their background, and wishes of how they would like to be supported. Care plans were tailored to a person's individual needs; they were up to date and reviewed regularly. Each care plan had a photo of the person, a life history which contained details of the person's background, where they were born, brought up, educated and employment. This gave staff good information about a person, including their likes and dislikes.

An activities organiser was employed who created meaningful activities. Recent ones included a poster made for Remembrance Day and a memory walk in aid of a dementia charity. All residents took part and walked 5k or were pushed in a wheelchair. It took a number of weeks to complete as most people could only do it in small stages. When completed everyone received a medal and had a sense of pride from the achievement.

There were a number of lounges and people could choose where to sit. The lounges had recently been refurbished. The refurbishment had been carried out sensitively and the registered manager and provider had taken advice from leading specialists in dementia care. This had helped with the colour scheme the themes of the room and the fabrics used. One lounge had the theme of the seaside, complete with a mural of the beach and Blackpool Tower. The dementia friendly environment helped people stay calm and connected to their surroundings which promotes wellbeing.

The registered manager had recently introduced quarterly residents forum meetings to discuss plans for the home, activities, staffing and meals. We saw the notes for the first meeting, unfortunately no one attended the second meeting, however a third meeting was planned for December.

We checked if the provider was following the Accessible Information Standard (AIS). The Standard was introduced in July 2016 and states that all organisations that provide NHS or adult social care must make sure people who have a disability, impairment or sensory loss get information that they can access and understand, and any communication support that they need. We noted care records included information about people's communication needs and staff told us they adapted the way they communicated with people in order to ensure they understood the information. There was also means of providing accessible information for people living with dementia such as pictorial menus and smiley or sad faces to express feelings.

The provider continued to have an appropriate procedure for recording, investigating and responding to complaints. Complaints were used to review current practice and where appropriate adjust people's care and support accordingly. Staff were aware of their responsibility to support people to make complaints and how to record and escalate complaints.

People's choices for their future care was recorded where they chose to do so. At the time of our inspection

a person was receiving end of life care. All staff had received training in end of life care and were observed supporting not only the resident but the family members also. The registered manager explained that she and her staff were keen to support people living in the home and their relatives through to end of life. A great deal of thought had been given to providing this support in a sensitive, unobtrusive way. When people were experiencing this difficult period additional staff were on shift so someone could stay with the person and offer support to relatives, the registered manager makes herself available day and night to provide an additional layer of emotional support and to take some of the pressure from the relative. A relative of a person at the time of the visit said, "I would not want Mum to be anywhere else, this place is amazing." The registered manager and the providers have also developed a booklet for relatives which helps with the formal and administrative requirements following a death.

Is the service well-led?

Our findings

There was a registered manager in post at the time of inspection who was registered with the Care Quality Commission. The registered manager told us of the improvements undertaken since our last inspection and that the provider had invested a lot of time and resources into improving the environment and reviewing the services policies and procedures. The registered manager said the provider provided whatever equipment was required to support the operation and management of the home.

All people we spoke with were very complementary about the leadership and management of the home. They told us, the registered manager and the provider were good and always available if you need to speak to them. A staff member said, "The manager is very supportive, she is passionate about people having a good quality of care."

The registered manager took overall responsibility for the day to day operation of the service. It was clear from our inspection that the registered manager had a good understanding of people's needs and was visible in all areas of the home.

Positive meaningful relationships were seen between people who used the service, staff and the leadership of the home. Throughout our inspection all members of the staff team demonstrated openness and supported a smooth inspection process.

The provider demonstrated their appreciation of the contribution of staff by holding an annual award ceremony. At this event they acknowledged a number of categories including long service awards as well as care attributes. From the discussion and pictures it was evident that staff enjoyed and appreciated this event.

We were provided with evidence of a detailed audit programme in place that ensured the home was monitored and safe for people to live in. Areas covered included, care plans, housekeeping, health and safety, hygiene, infection control, kitchen, laundry, mattress audit, personal care, staff supervision and weights. Audits seen included notes of their findings and the actions required as a result of them, we noted these had been signed when completed. This ensured any areas for improvement were acted upon.

Certificates of registration and the ratings from the last inspection were on display in the public areas of the home

Records we looked at confirmed the registered manager submitted relevant statutory notifications to the Care Quality Commission as required by law. A variety of policies and procedures were in place that would provide staff with information and guidance to support them to deliver good care to people. These included, infection control, moving and handling, first aid, whistleblowing, accident and incidents, health and safety, fire safety, information governance, business continuity, recruitment and equal opportunities.

We saw evidence of feedback from a new questionnaire and surveys from people who used the service. This

had been developed with easy to understand symbols so people living with dementia could understand and comment on the questions asked. Feedback seen was positive and demonstrated people were happy with their care.

Regular team meetings were taking place which enabled staff to be involved in decisions and discuss changes in the home. Minutes seen included attendees to the meetings and the dates these took place. Topics covered included the refurbishment, staff, menu and food, trips, laundry, other issues and activities.