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# Tower House Residential Home

## Inspection report

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Date of inspection visit:  
22 June 2016

Date of publication:  
30 August 2016

## 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 Residential Home is a care home which provides accommodation and personal care for up to 24 older people with mental health or dementia care needs. At the time of our inspection 22 people were living at the home.

This inspection took place on 22 June 2016 and was unannounced.

There was a registered manager in post at the service. 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 and associated Regulations about how the service is run.

People who use the service were positive about the care they received and praised the quality of the staff and management. People told us they felt safe when receiving care and were involved in developing and reviewing their support plans. Comments from people included, "The staff are very good to me" and "Everything is very good. I have no problems at all". We observed people interacting with staff in a relaxed and confident manner.

Staff understood the needs of the people they were supporting. People told us staff provided support with kindness and compassion. Comments included, "They look after us very well and are very good to us" and "The staff are very good to me. They are caring and look after me well". We observed staff interacting with people in a friendly and respectful way. Staff respected people's choices and privacy and responded to requests for support. A mental health professional we received feedback from told us staff provided good support for people with complex mental health needs and said they had confidence in the service provided.

Staff were appropriately trained and skilled. They received a thorough induction when they started working for the service. They demonstrated a good understanding of their roles and responsibilities, as well as the values and philosophy of the service. The staff had completed training to ensure the care and support provided to people met their needs.

The service was responsive to people's needs and wishes. People had regular group and individual meetings to provide feedback and there were effective complaints procedures. One person told us, "I don't have any complaints but would speak to (the registered manager) if I did – she would sort any problems out".

The registered manager assessed and monitored the quality of care. The service encouraged feedback from people and their relatives, which they used to make improvements.

## 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 was safe.

People who use the service said they felt safe when receiving support. There were systems in place to assess and manage the risks people faced safely.

There were sufficient staff to meet people's needs. People felt safe because staff treated them well and responded promptly when they requested support.

### Is the service effective?

Good 

The service was effective.

Staff had suitable skills and received training to ensure they could meet the needs of the people they supported.

People's health needs were assessed and staff supported people to stay healthy.

Staff recognised when people's needs were changing and worked with other health and social care professionals to make changes to their care package.

### Is the service caring?

Good 

The service was caring.

People spoke positively about staff and the support they received. Support was delivered in a way that took account of people's individual needs and in ways that maximised their independence.

Staff provided care in a way that maintained people's dignity and upheld their rights. People's privacy was protected and they were treated with respect.

### Is the service responsive?

Good 

The service was responsive.

People were involved in planning and reviewing the support they received

Staff had a good understanding of how to meet people's individual needs and supported people to maintain their skills.

People told us they knew how to raise any concerns or complaints and were confident that they would be taken seriously.

**Is the service well-led?**

**Good** ●

The service was well led.

There was strong leadership and direction, which was based on staff providing care in the way they would expect to receive themselves.

There were clear reporting lines through to senior management level and the provider was present in the home on a regular basis.

Systems were in place to review incidents and audit performance, to help identify any themes, trends or lessons to be learned. Quality assurance systems involved people who use the service, their representatives and staff and were used to improve the quality of the service.

# Tower House Residential Home

## **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 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 inspection took place on 22 June 2016 and was unannounced.

The inspection was completed by one inspector. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the notifications sent to us by the provider. Notifications are information about specific important events the service is legally required to send to us. We also received feedback from a mental health professional who had contact with the home.

During the visit we spoke with five people who use the service, three members of care staff, the registered manager and the provider. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spent time observing the way staff interacted with people who use the service and looked at the records relating to support and decision making for five people. We also looked at records about the management of the service.

# Is the service safe?

## Our findings

People who use the service said they felt safe living at Tower House. Comments included "The staff are very good to me" and "Everything is very good. I have no problems at all". We observed people interacting with staff in a relaxed and confident manner.

Staff had the knowledge and confidence to identify safeguarding concerns and act on them to protect people. Staff told us they had received safeguarding training and we confirmed this from training records. Staff were aware of different types of abuse people may experience and the action they needed to take if they suspected abuse was happening. They said they would report abuse if they were concerned and were confident the provider would act on their concerns. Staff were also aware they could take concerns to agencies outside the service if they felt they were not being dealt with. The provider and registered manager had participated in safeguarding investigations and had taken actions agreed as part of the safeguarding process.

Risk assessments were in place to support people to be as independent as possible. These balanced protecting people with supporting people to maintain their freedom. We saw assessments about how to support people in relation to deterioration in mental health, accessing the community independently and how to manage aggressive behaviours due to distress. The assessments included details about who was involved in the decision making process and how any risks were going to be managed. We saw that people had been involved in this process and their views were recorded on the risk assessments. Staff demonstrated a good understanding of these plans, and the actions they needed to take to keep people safe.

At the time of the inspection, one of the home's lifts was not working, which left some people unable to get downstairs due to their mobility. The registered manager had taken action to ensure people received additional support in their bedroom. Staff had supported other people who usually socialised with the people unable to go downstairs to visit them in their bedroom. This helped to ensure people were safe and did not become socially isolated. Although the home was taking action to support people, details of this support was not included in people's risk assessments. The registered manager took action during the inspection to update the assessments and set out the support people needed as a result of the lift issues. The provider reported replacement parts to fix the lift had been ordered and they were working with the contractor to ensure it was fixed as soon as possible.

Effective recruitment procedures ensured people were supported by staff with the appropriate experience and character. This included completing Disclosure and Barring Service (DBS) checks and contacting previous employers about the applicant's past performance and behaviour. A DBS check allows employers to check whether the applicant has any convictions and whether they have been barred from working with vulnerable people. We saw records to demonstrate these checks had been completed for three people employed by the service in the last year. Staff also confirmed these checks were completed for them before they were able to start work in the home.

Sufficient staff were available to support people. People told us there were enough staff available to provide support for them when they needed it. During the inspection we observed staff responding promptly to people's request for assistance and staff frequently checking on people who were alone in their bedroom. Staff told us they were able to provide the support people needed, with comments including, "There are sufficient staff and the team works well together" and "There are enough staff. We are able to provide the support that people need". Staff said they worked together to cover sickness to ensure people's needs were met.

Medicines held by the home were securely stored and people were supported to take the medicines they had been prescribed. A medicines administration record had been fully completed. This gave details of the medicines people had been supported to take, a record of any medicines people had refused and the reasons for this. There was a record of all medicines received into the home and returned to the pharmacist. Where people were prescribed 'as required' medicines, there were protocols in place setting out the reasons for the medicine and when staff should support people to take them. Staff received training before they were able to administer medicines and they were regularly assessed to ensure they were following safe medicines procedures.

## Is the service effective?

### Our findings

People told us staff understood their needs and provided the support they needed. We observed staff intervening to support a person who was distressed. Staff demonstrated a good understanding of the person's needs and how to provide support to them. The intervention of staff supported the person to deal with their distress and they became much calmer. The feedback we received from a mental health professional was positive about the support they observed. The professional told us staff provided good support for people with complex mental health needs and they had confidence in the service provided.

Staff told us they had regular meetings with their line manager to receive support and guidance about their work and to discuss training and development needs. We saw these supervision sessions were recorded and there were regular one to one meetings for all staff scheduled throughout the year. Staff said they received good support and were also able to raise concerns outside of the formal supervision process.

Staff said they received regular training to give them the skills to meet people's needs, including a thorough induction and training on meeting people's specific needs. Comments from staff included, "The training is helpful – we get lots of information" and "We get good training. I feel confident because we have the skills". The training records demonstrated there was a comprehensive training programme, with new staff completing the care certificate to give them a basic understanding of caring skills and further courses to develop those skills. Staff had completed, or were in the process of completing, the diploma in health and social care at level two or above.

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 legally authorised under the MCA. 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 are called the Deprivation of Liberty Safeguards (DoLS).

At the time of the inspection three people had authorisations to restrict their liberty under DoLS and a further 13 applications to authorise restrictions had been made and were being assessed by Wiltshire Council. Staff were aware who these people were and the registered manager completed regular reviews to ensure the terms of the authorisation were being followed and the least restrictive methods were being used to support people. Staff understood the importance of assessing whether a person had capacity to make a specific decision and the process they would follow if the person lacked capacity.

People told us they enjoyed the food provided by the home and were able to choose meals they liked. Comments included, "Food is excellent. There's a good choice and it is well cooked". People's care records showed they had been weighed monthly and their weights remained stable. Staff were aware of people's specific dietary needs.



People told us they were able to see health professionals where necessary, such as their GP, mental health nurse or psychiatrist. People's support plans described the support they needed to manage their health needs. There was information about monitoring for signs of a deterioration in people's mental health, details of support needed and health staff to be contacted.

## Is the service caring?

### Our findings

People told us they were treated well and staff were caring. Comments included, "They look after us very well and are very good to us" and "The staff are very good to me. They are caring and look after me well". We observed staff interacting with people in a friendly and respectful way. Staff respected people's choices and privacy and responded to requests for support. For example, we observed staff providing discreet support for people to go to the toilet and intervening to provide support and reassurance to a person who was distressed. Staff demonstrated a calm and supportive approach in all of the interactions we observed.

In addition to responding to people's requests for support, staff spent time chatting with people and interacting socially. People appeared comfortable in the company of staff and had developed positive relationships with them. We saw people chatting with staff in their rooms at various times during the visit. This helped to ensure that people who did not often use the communal areas did not become socially isolated.

Staff had recorded important information about people, for example, personal history, plans for the future and important relationships. People's preferences regarding their daily support were recorded. Staff demonstrated a good understanding of what was important to people and how they liked their support to be provided, for example people's preferences for the way staff supported them with their personal care. This information was used to ensure people received support in their preferred way.

People were involved in all decisions about their support. People had been involved in developing their support plans, including information about the coping strategies they used and how they recognised signs that they were becoming unwell. People had regular individual meetings with staff to review how their support was going and whether any changes were needed. Details of these reviews and any actions were recorded in people's support plans. The service had information about local advocacy services and had made sure advocacy was available to people. This ensured people were able to discuss issues or important decisions with people outside the service.

Staff received training to ensure they understood the values of the service and how to respect people's privacy, dignity and rights. People told us staff put this training into practice and treated them with respect. Staff described how they would ensure people had privacy, for example ensuring care was provided discreetly and personal discussions took place in private.

## Is the service responsive?

### Our findings

People had a support plans which were personal to them. The plans included information on maintaining people's health, their daily routines and goals to develop skills to maximise their independence. The support plans set out what their needs were and how they wanted them to be met. This gave staff access to information which enabled them to provide support in line with people's individual wishes and preferences. People told us they had regular meetings with staff to review their support plans and make changes where necessary. These reviews were recorded and we saw changes had been made following people's feedback.

People told us they were able to keep in contact with friends and relatives and take part in activities they enjoyed. The home supported people to take part in a range of social and leisure activities, which were tailored to people's individual wishes. These included group activities, such as games, films, craft activities and fitness sessions. The home organised trips to local events and celebrations, such as Christmas markets, an arts festival and theatre productions. People were also supported to take part in one to one activities with staff, for example attending their church or a local pub to meet friends.

People were confident any concerns or complaints they raised would be responded to and action would be taken to address their problem. People told us they knew how to complain and would speak to staff if there was anything they were not happy about. One person told us, "I don't have any complaints but would speak to (the registered manager) if I did – she would sort any problems out". The registered manager reported the service had a complaints procedure, which was provided to people when they moved in and also displayed in the service. Staff were aware of the complaints procedure and how they would address any issues people raised in line with them. No complaints had been recorded since the last inspection of the service.

The service had regular house meetings in which people could discuss any concerns or suggestions for the way the service was managed. We saw that the most recent meeting included discussions about activities that were organised, the menu and planned improvement / re-decoration of the home. People were reminded about how they could raise any concerns or complaints or what they could do if they felt unsafe.

## Is the service well-led?

### Our findings

There was a registered manager in post at Tower House. In addition to the registered manager, the provider was based nearby and visited the home on a regular basis, several times each week. The registered manager had clear values about the way care and support should be provided and the service people should receive. These values were based on ensuring people received the care they need in a personalised way. The registered manager said she was very aware of being a role model to the staff team and said she wouldn't ask staff to do anything she wasn't prepared to do as well. Staff told us the registered manager put these values into practice. The registered manager had worked to develop links to support groups and professional bodies to ensure she kept her skills and knowledge up to date.

Staff had clearly defined roles and understood their responsibilities in ensuring the service met people's needs. There was a clear leadership structure and staff told us the registered manager and provider gave them good support and direction. Comments from staff included, "(The registered manager) is a good manager. You can talk to her and she will sort things out" and "(The registered manager) is very approachable. She sets the values of the home and makes sure everything runs smoothly".

The management team completed regular audits and reviews of the service. These reviews included assessments of incidents, accidents, complaints, training, staff supervision and the environment. The audits were used to develop action plans to address any shortfalls and plan improvements to the service. We saw these action plans were regularly reviewed and updated, to ensure they had been implemented effectively.

Satisfaction questionnaires were sent out regularly asking people, their relatives, staff and professionals their views of the service. The results of the most recent survey had been received and had been collated by the provider. No concerns had been raised about the support people received. In response to the surveys, the provider had provided information to people about the planned refurbishment of the home.

There were regular staff meetings, which were used to keep staff up to date and to reinforce the values of the organisation and how they expected staff to work. Examples from recent staff meetings included a briefing on changes to the regulations under the Health and Social Care Act and how the service would be inspected, details of changes in people's support needs and plans to develop the activities offered for people. The management team attended a number of conferences and events to keep themselves up to date with changes within the care sector.