Townfield and Coach House Care Limited

Townfield and Coach House

Inspection report

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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

We carried out an inspection of Townfield and Coach House on 1 and 2 June 2016. The first day was unannounced.

Townfield and Coach House is registered to provide accommodation and personal care for up to 28 people. At the time of the inspection there were 23 people living in the home. The service specialises in providing care for people living with dementia. People required a range of help and support in relation to their dementia and care needs. The home is located close to Great Harwood town centre and all local amenities. Accommodation is provided on two floors linked by a passenger lift, stair lifts and stairs. Communal space is available on the ground and first floor.

The service was managed by a registered manager. 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.

At the last inspection on 6 December 2013, we found the service was meeting the regulations which were applicable at the time. During this inspection we found the service was meeting the current regulations. However, we made a recommendation about further developing the environment to help people living with dementia to find their way around the home.

People living in the home said they felt safe and staff treated them well. Care delivery was supported by clear up to date care documentation which was personalised and regularly reviewed. Staff felt that training provided was effective and ensured they were able to provide the best care for people. Care plans and risk assessments had been completed to ensure people received appropriate care. These had been written using information sought from the person or their relatives if appropriate. This meant plans and assessments were person centred and reflected people's personal choices and preferences.

Medicine documentation and relevant policies were in place. These followed best practice guidelines to ensure people received their medicines safely. Regular auditing, checks and staff competencies were carried out to ensure high standards were maintained.

Staff received training which equipped them for their roles and supported them in providing safe care for people. Robust recruitment checks were completed before staff began work. Staff demonstrated a clear understanding on how to recognise and report abuse and treated people with respect and dignity.

People's mental health and capacity were assessed and reviewed with pertinent information in care files to inform staff of people's individual needs. People were encouraged to remain as independent as possible and were supported to participate in daily activities. People were given choices and involved in day to day decisions about how they spent their time. People were asked for their consent before care was provided

and had their privacy and dignity respected. People's nutritional needs were monitored and reviewed. People were given a choice of meals and staff knew people's likes and dislikes. Healthcare referrals were made appropriately to outside agencies when required.

The registered manager took into account the views of people and their relatives about the quality of care provided through daily conversations, meetings and satisfaction surveys. The registered manager used the feedback to make improvements. Notifications had been completed to inform CQC and other outside organisations when events occurred.

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.
There were appropriate arrangements in place to manage people's medicines.

There were sufficient staff to meet people's needs. Recruitment processes were safe and ensured only suitable staff were employed.

Staff were trained in the safeguarding of vulnerable adults and were knowledgeable about the procedures to follow to help keep people safe.

Risks to people's health and well-being were appropriately assessed and managed.

Is the service effective?

Good

The service was effective.

Staff were appropriately supported to carry out their roles effectively through induction and relevant training.

Staff understood the main provisions of the Mental Capacity Act 2005 and how it applied to people in their care.

People were supported to have a sufficient amount to eat and drink. People received care and support which assisted them to maintain their health.

Whilst many areas of the home had been redecorated and refurbished, we made a recommendation to further develop the environment in line with the needs of people living with dementia.

Is the service caring?

Good

The service was caring.

People were involved in day to day decisions and given support when needed.

Staff knew people well and displayed kindness and compassion when providing care.

Staff respected people's rights to privacy, dignity and independence.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed and care was planned and delivered in line with their individual support plan.

People were provided with a range of appropriate social activities.

People had access to information about how to complain and were confident that any complaints would be listened to and acted upon.

Is the service well-led?

Good

The service was well led.

The registered manager had developed positive working relationships with the staff team, relatives and people living in the home.

There were systems in place to monitor the quality of the service, which included regular audits and feedback from people living in the home and their relatives. Appropriate action plans had been devised to address any shortfalls and areas of development.

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 checked whether the provider was 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 1 and 2 June 2016 and the first day was unannounced. The inspection was carried out by one adult social care inspector.

Before the inspection, we considered the information which had been shared with us by the local authority and other people, and looked at notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law. The provider sent us a Provider Information Return (PIR). This is a form that asks the provider to give some key information to us about the service, what the service does well and any improvements they plan to make.

During the inspection, we used a number of different methods to help us understand the experiences of people who lived in the home. 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 verbally communicate with us. We also spoke with the registered manager, three care staff, ten people living in the home and three relatives. We spoke with a healthcare professional and discussed our findings with the nominated individual and a director of the company.

We looked at four people's care files, two staff record files, the staff training records, the staff rota, medicine records, meeting minutes, complaints records, a sample of the policies and procedures and quality assurance records.

Good

Is the service safe?

Our findings

People spoken with told us they felt safe and secure in the home. One person said, "The staff are kind and look after me well. I have no complaints" and another person commented, "I think the staff are good. They treat me nicely." These comments were supported by relatives visiting the home. One relative told us, "I'm really happy with the home. I feel my [family member] is well looked after."

People told us they were satisfied with the management of their medicines. We saw staff administer medicines safely, by checking each person's medicines with their individual records before administering them. This ensured the right person got the right medicine. We observed people were given time to take their medicines without being rushed. Staff designated to administer medicines had completed a safe handling of medicines course and undertook competency tests to ensure they were proficient at this task. Staff had access to a full set of policies and procedures which were readily available for reference in the policy and procedure file. The registered manager had also obtained a copy of the NICE (National Institute for Health and Care Excellence) guidelines for the management of medicines in care homes.

Medicines were stored securely in a locked trolley and there were appropriate processes in place to ensure medicines were ordered, administered, stored and disposed of safely. The management team had picked up any shortfalls as part of their regular checks and audits. The medicine administration records were mostly pre-printed by the supplying pharmacist and were well organised and presented. Although hand written entries had been counter signed to check for accuracy we noted one person's records were incomplete. The registered manager immediately investigated the matter and assured us a complete record had been put in place.

We found suitable arrangements were in place for the storage, recording, administering and disposing of controlled drugs. Controlled medicines are more liable to misuse and therefore need close monitoring. A random check of stocks corresponded accurately with the controlled drugs register.

The provider had taken suitable steps to ensure staff knew how to keep people safe and protect them from abuse. We found the staff understood their role in safeguarding people from harm. They were able to describe the different types of abuse and actions they would take if they became aware of any incidents. All staff spoken with said they would not hesitate to report any concerns to the registered manager and / or the local authority. Staff said they had completed safeguarding training and records of training confirmed this. Staff told us they had also received additional training on how to keep people safe which included moving and handling, fire safety and basic life support.

The provider had a whistleblowing policy. Staff knew they had a responsibility to report poor practice and were aware of who to contact if they had concerns about the management or operation of the service.

The risks involved in delivering people's care had been assessed to help keep people safe. We found individual risks had been assessed and recorded in people's care plans and management strategies had been drawn up to provide staff with guidance on how to manage risks in a consistent manner. Examples of

risk assessments relating to personal care included moving and handling, tissue viability and falls. Records showed that risk assessments were reviewed and updated on a monthly basis or in line with changing needs. Staff were observed supporting people to move safely, for instance we saw staff assisting a person to move using a hoist and noted they gave the person reassurance throughout the manoeuvre.

Environmental risk assessments had been undertaken by the provider in areas such as fire safety, the use of key pads and the management of hazardous substances. These were updated on an annual basis unless there was a change of circumstances.

We saw records were kept in relation to any accidents or incidents that had occurred at the service, including falls. All accident and incident records were checked and investigated by the registered manager to make sure that responses were effective and to see if any changes could be made to prevent incidents happening again. The registered manager had made referrals as appropriate for example, to the falls team. A detailed analysis of the records was carried out on a monthly basis in order to identify any patterns or trends.

People told us there were sufficient staff available to help them when they needed assistance. One person told us, "There's always plenty of staff. I don't have to wait long if I need any help." The home had a rota which indicated which staff were on duty during the day and night. We noted this was updated and changed in response to staff absence. Staff spoken with confirmed they usually had time to spend with people living in the home. During the inspection, we observed staff responded promptly to people's needs. The registered manager told us the staffing levels were flexible depending on people's needs.

Staff recruitment records provided assurance that appropriate pre-employment checks had been satisfactorily completed. These checks included a record of staffs' previous employment history, references from previous employment, their fitness to do the job safely and an enhanced criminal records check. Staff told us about their recruitment and the documents they had to supply. This meant the registered manager only employed staff after all the required and essential recruitment checks had been completed. We noted from the interview records that staff were asked a series of questions which included the importance of maintaining people's well-being and safety.

The premises and equipment were appropriately maintained to keep people safe. We saw regular checks and audits had been completed in relation to fire, health and safety and infection control. The provider had arrangements in place for on-going maintenance and repairs to the building.

Good

Is the service effective?

Our findings

People and their relatives told us they felt staff were appropriately trained and had the necessary skills and abilities to meet their needs. One person told us, "I think they are well trained. They do a good job and look after us properly." Similarly a relative said, "I think the staff do a lot of training. They seem well organised and efficient."

From the staff training records and discussions with staff we noted staff received training and support which equipped them for the roles. All staff completed induction training when they commenced work in the home. This included an initial orientation induction, training in the organisation's policies and procedures, the Care Certificate and mandatory training. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. New staff were given the opportunity to shadow experienced staff. This helped the staff to learn and understand the expectations of their role.

The provider had established a staff training academy and appointed a trainer to organise and deliver the training. We found there was a programme of training, available for all staff, which included safeguarding vulnerable adults, the role of a care worker, medication awareness and administration, fluids and nutrition, health and safety, fire safety and equality and diversity. Staff also completed specialist training on dementia awareness. We were given a copy of the training records and noted staff completed their training in a timely manner. The variety of training offered meant that staff were supported to have the correct knowledge to provide effective care to the people. All staff spoken with told us their training was beneficial to their role.

Staff spoken with told us they were provided with regular supervision and they were well supported by the registered manager. The supervision sessions enabled staff to discuss their performance and provided an opportunity to plan their training and development needs. We saw records of supervision during the inspection and noted a range of topics had been discussed including safeguarding people living in the home. Staff also had an annual appraisal of their work performance and were invited to attend meetings. Staff told us they could add to the agenda items for the meetings and were able discuss any issues relating to people's care and the operation of the home.

The Mental Capacity Act (MCA) 2005 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. Where people had been assessed as lacking capacity to make specific decisions about their care the provider had complied with the requirements of the MCA 2005.

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 2005. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA 2005, and whether any

conditions on authorisations to deprive a person of their liberty were being met. We found the registered manager understood when an application for a DoLS should be made and how to submit one. At the time of the inspection, she had submitted 23 applications to the local authority, three of the applications had been authorised. We noted there was information in people's care plans to provide guidance for staff on least restrictive practice in order to protect people's rights.

People's capacity was considered in care assessments so staff knew the level of support they required while making decisions for themselves. If people did not have the capacity to make specific decisions around their care, staff involved their family or other healthcare professionals as required to make a decision in their 'best interest' in line with the Mental Capacity Act 2005.

We found that staff understood the relevant requirements of the MCA and put what they had learned into practice. Staff said they always asked for people's consent before providing care, explaining the reasons behind this and giving people enough time to think about their decision before taking action. We observed staff spoke with people and gained their consent before providing support or assistance. One member of staff told us, "I always talk through what I'm going to do and offer people options so they can make their own choices."

We looked at how people living at the service were supported with eating and drinking. People told us they enjoyed the food and were given a choice of meals and drinks. One person said, "The food is delicious. If there is something you don't like they are always happy to get you something different" and another person commented "The food is very nice and plenty of it." Refreshments and snacks were observed being offered throughout the day. These consisted of a mixture of hot and cold drinks and a variety of biscuits and cakes.

Weekly menus were planned and rotated every four weeks. We observed lunch and saw that the dining tables were set with place settings and condiments. The meals looked appetising and hot and the portions were ample. Staff interacted with people throughout the meal and we saw them supporting people sensitively. Where people were reluctant to eat, staff provided gentle encouragement and asked if they would prefer something different.

People's weight and nutritional intake was monitored in line with their assessed level of risk and referrals had been made to the GP and dietician as needed. We noted risk assessments had been carried out to assess and identify people at risk of malnutrition and dehydration. Food and fluid charts had been maintained where a nutritional and hydration risk had been identified. However, the amount of food and drink had not been totalled at the end of a 24 hour period. This meant it was difficult to determine if people had received sufficient food and drink. The provider formatted a new chart during the inspection and the registered manager assured this would be introduced with immediate effect.

We looked at how people were supported to maintain good health. Where there were concerns people were referred to appropriate health professionals. We spoke with a healthcare professional during the inspection who told us staff were knowledgeable about people's needs and they made prompt medical referrals as necessary. Records looked at showed us people were registered with a GP and received care and support from other professionals, such the district nursing team, chiropodists and the speech and language therapists. People's healthcare needs were considered within the care planning process. We noted assessments had been completed on physical and mental health. This helped staff to recognise any signs of deteriorating health. From our discussions and review of records we found the staff had developed good links with other health care professionals and specialists to help make sure people received prompt, co-ordinated and effective care. A passport to hospital had been completed for all people. This was used in the event of an admission to hospital and included all essential details about each person.

Since the last inspection, the home had been extended and the total number of people accommodated had been increased. Many areas had been refurbished and redecorated including the majority of people's bedrooms. The provider had also installed a screen and projector in one of the lounges. This enabled the lounge to be used as a cinema room. However, there was limited signage, which may have posed difficulties for people living with dementia to navigate around the home.

We recommend the service seeks advice and guidance from a reputable source in order to further develop the environment in line with the needs of people living with dementia.

Good

Is the service caring?

Our findings

People and their relatives told us staff were kind and caring. One person told us, "All the staff are as caring as each other. They are all lovely" and another person commented, "I find the staff are very good. They really do their best." Relatives were also complimentary about the approach taken by staff, for instance one relative said, "The home has a nice atmosphere. The staff put themselves out and go the extra mile."

Relatives spoken with confirmed there were no restrictions placed on visiting and they were made welcome in the home. One relative told us, "The staff are always welcoming whenever I visit the home." We observed relatives visiting throughout the days of our inspection and noted they were offered refreshments.

Wherever possible, people had been involved in the planning of care. Relatives felt involved and had been consulted about their family member's likes and dislikes and personal history. People said they made choices throughout the day regarding the time they got up, went to bed, whether they stayed in their rooms, where they ate and what they ate. One person told us, "I don't stick to any specific times. I just do things when I am ready. It doesn't feel like I'm living in a home."

Staff spoken with understood their role in providing people with compassionate care and support. One member of staff told us, "I really enjoy my job. I treat people like I would treat my own family." There was a 'keyworker' system in place. This linked people using the service to a named staff member who had responsibilities for overseeing aspects of their care and support. Staff spoken with were knowledgeable about people's individual needs, backgrounds and personalities.

We observed the home had a friendly and welcoming atmosphere and throughout the inspection, we saw people were treated with respect and dignity. For example, staff addressed people with their preferred name and spoke in a kind way. 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. At lunch time we saw that staff sat and spoke with people. Staff assisted people and ensured they were using their mobility aids safely. People were orientated to time by staff so that they knew what was about to happen, for example when lunch was due, or activities about to start. Discussions were heard when staff helped people to the dining room around what was for lunch. Staff constantly spoke to people to ensure they were comfortable, that chairs were close enough to the table and they had everything they needed.

People's privacy was respected. Each person had a single room which was fitted with an appropriate lock. People told us they could spend time alone if they wished. We observed staff knocking on doors and waiting to enter during the inspection. There were policies and procedures for staff about caring for people in a dignified way. This helped to make sure staff understood how they should respect people's privacy, dignity and confidentiality in a care setting. There was also information on these issues in the service user's guide. The guide was given to all people before or on admission to the home. This presented an overview of the home and the services and facilities provided. There was information about advocacy services in the entrance to the home.

We observed staff supporting people in a manner that encouraged them to maintain and build their independence skills. For instance people were supported to maintain their mobility. Staff talked with us about the importance of people maintaining their independence, for instance one member of staff said, "I offer help to people but never take over. It's really important people carry on doing what they can for themselves."

People were supported to be comfortable in their surroundings. People told us they were happy with their bedrooms, which they were able to personalise with their own belongings and possessions. This helped to ensure and promote a sense of comfort and familiarity.

People were encouraged to express their views by means of daily conversations, residents meetings, care plan reviews and customer satisfaction surveys. The residents' meetings helped keep people informed of proposed events and gave them the opportunity to be consulted and make shared decisions. We saw records of the meetings during the inspection and noted a variety of topics had been discussed.

Compliments received by the home highlighted the caring approach taken by staff and the positive relationships staff had established to enable people's needs to be met. We saw several messages of thanks from people or their families.

Good

Is the service responsive?

Our findings

People told us they received the care and support they needed and that staff responded well to any requests made for assistance. One person told us, "The staff are very obliging and will do what they can to help you" and another person commented, "The staff are very thoughtful and do the best they can." Relatives felt that staff were approachable and had a good understanding of people's individual needs. One relative said, "The staff understand my [family member's] needs very well and will always let me know if there are any problems."

We looked at the arrangements in place to ensure people received care that had been appropriately assessed, planned and reviewed. We examined four people's support plans and other associated documentation. We noted an assessment of needs had been carried out before people moved into the home. We found the completed assessments covered all aspects of the person's needs. Wherever possible, people had been involved in their assessment of needs and information had been gathered from relatives and health and social care staff as appropriate. This process helped to ensure the person's needs could be met within the home.

We noted all people had an individual care plan which was underpinned by a series of risk assessments. The care plans were split into sections according to specific areas of need, for instance healthcare needs, memory, social interests and cultural needs, personal care and diet and nutrition. The care plan documentation also included a one page profile and a "This is me" form. The profile set out what was important to each person and how they could best be supported. The "This is me" form provided staff with guidance and information on people's needs, preferences, likes, dislikes and interests. We saw documentary evidence to demonstrate people's care plans were reviewed on a monthly basis or in line with changing needs.

The provider had systems in place to ensure they could respond quickly to people's changing needs. For example staff told us there was a handover meeting at the start and end of each shift. During the meeting, staff discussed people's well-being and any concerns they had. This helped to ensure staff were kept well informed about the care of people living in the home. Staff told us they read people's care plans on a regular basis and felt confident the information was accurate and up to date.

We saw charts were completed as necessary for people who required any aspect of their care monitoring, for example, personal hygiene, falls and behaviour. Records were maintained of the contact people had with other services and any recommendations and guidance from healthcare professionals was included in people's care plans. Staff also completed daily records of people's care which provided information about changing needs and any recurring difficulties. We noted the records were detailed and people's needs were described in respectful and sensitive terms.

People had access to various activities and told us there were things to do to occupy their time. The provider employed an activities co-ordinator for 16 hours a week. Activities arranged inside the home included, games, dominoes, bingo, movement to music, hand massage and arts and crafts. We observed people

participated in gardening during the inspection and watched a film on the cinema screen. People also enjoyed activities outside the home, for instance several people visited a local centre for "Tea and Chat." This gave them the opportunity to meet other people living in the community. The provider and registered manager had established links with the local community. For instance children from the nearby primary school had visited the home to sing songs and plans were in place to start a joint gardening venture.

We looked at how the service managed complaints. People spoken with told us they had not needed to complain and that any minor issues were dealt with informally and promptly. Relatives spoken with told us they would be happy to approach the provider, the registered manager or the staff in the event of a concern. Staff confirmed they knew what action to take should someone in their care want to make a complaint and were confident the registered manager would deal with any given situation in an appropriate manner.

The home had a policy and procedure for dealing with any complaints or concerns, which included the relevant time scales. We noted there was a complaints procedure displayed in the home and information about the procedure in the service user guide. We looked at the complaints records and found the registered manager had received four complaints during the last 12 months. We noted the complaints had been acknowledged and responded to appropriately. We saw that a key theme of the complaints was missing items of clothing. Whilst many items had been found, the provider had invested in a tagging system which enabled staff to attach a name tag to each person's clothes. This minimised the risk of items being misplaced. One relative told us, "The tags have really helped to sort problems out with the laundry."

Good

Is the service well-led?

Our findings

People, relatives and staff spoken with told us they were satisfied with the service provided at the home and the way it was managed. One person told us, "Everyone works very well together and I can speak to [the provider] and [registered manager] if I have any worries." A relative commented, "I have been impressed with the home. They have been on the ball and I would recommend it to other people."

There was a manager in post who was registered with the commission. The registered manager had responsibility for the day to day operation of the service. The registered manager was visible and active within the home. She was regularly seen around the home, and was observed to interact warmly and professionally with people, relatives and staff. People were relaxed in the company of the registered manager and it was clear she had built a rapport with them.

The registered manager told us she was committed to continuously improving the service. She was supported in this by the directors of the company. She described her achievements over the last 12 months as the implementation of the principles of Mental Capacity Act 2005 within the care planning process and the development of staff training and her skills as a manager. She told us her key challenges and plans for improvement over the next 12 months included introducing volunteers to the home, developing staff training and knowledge on dementia and providing more information for families on dementia. The registered manager understood her responsibilities in relation to her registration with the Care Quality Commission. Statutory notifications had been submitted to us in a timely manner.

During the inspection we spoke with the registered manager about people living in the home. She was able to answer all of our questions about the care provided to people showing that she had a good overview of what was happening with staff and people who used the service. She told us she was proactive in developing good working relationships with partner agencies in health and social care.

There was an 'open door' policy which meant that people and members of staff were welcome to speak with the registered manager at any time. Members of staff told us they felt confident in the management of the home. One member of staff commented, "The manager is really understanding and will always help with problems." The registered manager carried out regular supervision checks and observations of staff at work to ensure good standards of practice were maintained. Staff achievements were recognised by the provider at an annual awards evening. One member of staff told us about an award they had received for promoting people's dignity and self-esteem. We noted the provider had been nominated for Employer of the Year 2016 at the forthcoming Hyndburn Business Awards.

Staff members spoken with said communication with the registered manager was good and they felt supported to carry out their roles in caring for people. Staff said they felt they could raise any concerns or discuss people's care. There was a clear management structure. Staff were aware of the lines of accountability and who to contact in the event of any emergency or concerns. If the registered manager was not present, there was always a senior member of staff on duty with designated responsibilities.

People and their relatives were regularly asked for their views on the service. This was achieved by means of meetings and biannual customer satisfaction surveys. We saw minutes of the meetings during the visit and noted a range of topics had been discussed. The last annual satisfaction questionnaire had been distributed in January 2016. We were given a copy of the results and noted people had indicated they were satisfied with the service. Several people had also made positive comments about the home, for instance one person had written, "Excellent care provided all needs are met. I have recommended your home to several people." A letter had been sent to people with the results of the survey. The letter also contained information about action taken in response to suggestions for improvement.

The registered manager used various ways to monitor the quality of the service. These included audits of the systems to manage medicines, staff training, infection control, the environment and checks on the call systems and fire systems. The audits and checks were designed to ensure different aspects of the service were meeting the required standards. Action plans were drawn up to address any shortfalls. The plans were reviewed to ensure appropriate action had been taken and the necessary improvements had been made.