

Mrs Barbara Karen Shillito and Mr Stephen Shillito

Towneley House

Inspection report




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Ratings

Overall rating for this service	Requires Improvement 
Is the service safe?	Requires Improvement 
Is the service effective?	Requires Improvement 
Is the service caring?	Good 
Is the service responsive?	Requires Improvement 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

About the service

Towneley House is a residential care home providing personal care to 14 people at the time of the inspection. The service can support up to 22 older people. Accommodation is provided over three floors in 12 single bedrooms and four shared bedrooms.

People's experience of using this service and what we found

The service was not safe. We found infection control processes were not adequate in relation to one person's room and placed people at risk of infection through cross contamination. We made a safeguarding referral and a referral to infection prevention and control team during the inspection. The service was supporting a complex individual and the service was not meeting their needs effectively. The home was not always appropriately maintained and we found a number of maintenance and safety issues. These were addressed during and after the inspection. Call bells were not always working and one call bell was missing from a person's room. Improvements had been made around the management of medicines.

Confidential information was not stored securely and complaints were not always being dealt with appropriately. Staff told us they understood how to protect people from abuse or unfair treatment. However, some people told us that they had been hurt by other residents. We raised this as an issue and saw that such incidents were taken seriously and were documented appropriately. People had access to good quality food. People told us there were sufficient numbers of suitably trained staff and staff told us they received appropriate training. Records showed people were referred to health care specialists. However, we were aware that several people would benefit from accessing a dentist. People's care records were detailed and reviews were taking place. Staff told us they had enough information to guide them in supporting people well.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People told us they were supported by kind and respectful staff. Staff engaged with people in a caring way and had built good relationships with people. Staff told us they had regular supervisions and that morale was good. Relatives told us they were happy with the care and support people received. People's end of life needs and preferences were addressed. However we noted that staff did not receive training in supporting people at end of life.

The service was not well-led. The service had previously been rated as requires improvement 4 times and there were still improvements required at this inspection. The rating of the service was still not displayed in the home, despite reassurances from last inspection. Quality audits did not pick up on the issues that we found on inspection.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 12 December 2018) and there were multiple breaches of regulation. The service remains rated requires improvement. This service has been rated as requires improvement for the last five consecutive inspections.

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified breaches in relation to medicines, infection control and good governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 was not always safe.
Details are in our safe section below.

Requires Improvement ●

Is the service effective?

The service was not always effective.
Details are in our effective section below.

Requires Improvement ●

Is the service caring?

The service was caring.
Details are in our caring section below.

Good ●

Is the service responsive?

The service was not always responsive.
Details are in our responsive section below.

Requires Improvement ●

Is the service well-led?

The service was not well-led.
Details are in our well-led section below.

Requires Improvement ●

Towneley House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Towneley House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

Before the inspection, we reviewed all the information we held about the service, such as notifications. These are events that happen in the service that the provider is required to tell us about. We also sought information from the local authority's contract monitoring team and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

The provider did not complete the required Provider Information Return. This is information providers are required to send us with key information about the service, what it does well and improvements they plan to

make. We took this into account in making our judgements in this report.

During the inspection

We spoke with five people who used the service and four relatives about their experience of the care provided. We spoke with four members of staff including the deputy manager and the care staff.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training information that was not available during inspection.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Preventing and controlling infection

- Infection control was not being managed effectively.
- At the last inspection we recommended that the service acted in accordance with best practice guidance regarding infection prevention.
- We had concerns about the cleanliness of one person's bedroom which was insanitary and made a safeguarding referral during the inspection. There were issues of cross contamination. For example, the same mop and bucket was used to clean the rest of the home.
- There was no system in place for deep cleaning. Contingency plans for the cleaning of the room in the absence of the domestic were not in place.
- We made a referral to the infection prevention and control team for advice. Foot operated pedal bins were still not in place, from a previous recommendation. We raised this with the deputy manager, who ensured that they were on order.

The provider failed to ensure infections control risks were prevented, detected or controlled. This was a breach of regulation 15 Premises and Equipment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff wore personal protective equipment, such as gloves and aprons and ensured communal areas were clean.

Using medicines safely

At our last inspection the provider had failed to ensure people's medicines were managed safely. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Medicines were mainly managed safely. Medication management had improved. Procedures were in place for covert medication. Staff had received medication training and allergies were clearly recorded. The medicines cabinet was now secured to the wall.
- We found some isolated issues relating to the recording of creams, but these were dealt with appropriately following our inspection. We received evidence after the inspection to show appropriate action had been taken.

Assessing risk, safety monitoring and management

At the last inspection there was a lack of care plans and risk assessments for one person. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act (Regulated Activities) 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12

- Risk assessments were now in place.
- Risks were documented and strategies around managing people's behaviours were now in place. Staff were aware of risk assessments and these were updated and reviewed.
- Equipment was stored safely and we saw records to indicate that regular safety checks were carried out. People had personal evacuation plans in place. We recommended that service arrange a fire safety check to ensure that the current key coded locks are compatible with the fire alarm.

Staffing and recruitment

- Recruitment systems were mainly robust.
- We reviewed two staff recruitment files. Appropriate checks were being made and a full history of employment was being sought. However, one person did not have a risk assessment in place for a criminal conviction. We raised this as a concern with the deputy manager and this was actioned during inspection. This is discussed further in the well led section under regulation 17.
- People generally told us they thought staffing levels were adequate. Staff told us staffing levels were usually fine, although one person told us that more staff in the mornings would be helpful.

Systems and processes to safeguard people from the risk of abuse

- People were not always protected from the risk of harm.
- We raised a safeguarding with the local authority as one individual was at risk of self-neglect. We were told this person was known to social services and had regular input. The complex needs of the individual were not being met in this setting and several safeguarding's had previously been raised in relation to this and associated behaviours.
- Whilst most people told us they felt safe at the home, two individuals raised issues about incidents where they had been hurt by other people in the home. We raised this as an immediate concern with the deputy manager who demonstrated that all incidents were recorded and investigated appropriately. We made it clear that every incident and allegation should be documented and reported to safeguarding accordingly.
- Staff records indicated staff had received safeguarding training.

Learning lessons when things go wrong

- The deputy manager was able to give examples of a situation where they had learned from previous mistakes. They told us they had revised the missing person's guidance for one person to ensure it was more effective.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement.

Adapting service, design, decoration to meet people's needs

- The premises were not always well maintained.
- Most people's bedrooms were stark and not personalised. The walls in one person's room was chipped in several places and unsightly expanding foam was hanging from the ceiling. One resident told us, "I think the actual property is actually falling apart, I feel sorry for staff who have to put up with it. It's shabby in places, it wouldn't take long to touch it up."
- We found some corridors were dark and lighting was not working. We raised this with the deputy who spoke to the owner and ensured new lightbulbs were ordered. We also found several maintenance issues, such as a broken toilet, rubbish bags in the garden and sealant around the sink in the kitchen, which needed replacing. These issues were addressed during the inspection. Following on from inspection we were advised that a locked gate had been fitted to the additional stairs at the front of the home.
- Call bells were not working in some people's rooms when we tested them and we found one person did not have one. These rooms were on the third floor and quite isolated so people would not be able to call for assistance. The premises were not always well maintained.

This was a breach of Regulation 15, (Premises and Equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People's bedroom doors had photographs and there were signage to orientate people to bathrooms and toilets.
- The environment downstairs had been improved upon and new carpet had been replaced in the communal areas.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to maintain a balanced diet.
- The menu was not displayed so people did not know what they were having for lunch. We raised this with the provider during the inspection and on the second day we noted that the menu had been displayed.
- On the first day of inspection we observed lunch was delayed and two people who required support with their meals did not receive this until 2.20pm.
- The service had only received a 1 star food hygiene rating. We had been advised that the improvements had been made and they were awaiting re-inspection. However, we were aware that silicone around the kitchen sink was being replaced during inspection and this had been identified during the food hygiene inspection.

- People told us they were happy with the variety and choice of meals provided. One person said, "It's nice that you get a choice of food for every meal. Because there's always something you don't want or don't like, they offer alternatives all the time, or if there's nothing you want they'll make you something nice. They'll bring me something in and cook it for me." Another person said, "It's beautiful you know when [name] is cooking."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff supported people to access appropriate support.
- The deputy manager worked with healthcare professionals to ensure people were supported to maintain good health and told us they had access to healthcare services when required. However, we noted two people's oral health care needs had been overlooked. One person we spoke with had been struggling without dentures for six weeks and was complaining of having to eat a soft diet. No appointment had been made for this individual. Another person had longstanding issues with their oral hygiene. We raised this with the deputy manager and recommended that the service ensure oral health needs are prioritised. We also advised that the service make a referral to the learning disability services to seek specialised support.
- Care records confirmed visits to and from GPs and other healthcare professionals had been recorded. We spoke with two visiting health and social care workers during the inspection who raised no concerns about people's health.

Staff support: induction, training, skills and experience

- Discussion with staff and observation of training records confirmed that staff had received appropriate training.
- Staff confirmed that they received supervision and we saw evidence of basic supervision records.
- New staff had received an induction to ensure they had the appropriate skills to support people with their care.
- Staff were competent and knowledgeable. One person said, "Let's face it, a lot have brought up their own children and they bring their own experience to the place."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- We looked at assessments and care plans and saw that they were detailed and included people's personal, social and medical histories.
- Staff reviewed care and support where people's needs had changed. This ensured people received the level of care and support they required.

Ensuring consent to care and treatment in line with law and guidance

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

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 had the appropriate legal authority and were being

met.

- The provider was working within the principles of the MCA. Where needed, mental capacity assessments and best interest meetings had been completed. The correct procedures for applying for DoLS had been followed.
- Records contained evidence to demonstrate care planning was discussed and agreed with people and their representatives. Throughout the inspection we observed staff sought peoples consent before supporting them with personal care needs.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

At the last inspection we found that the provider had failed to ensure appropriate arrangements were in place to protect the dignity and privacy of people who used the service. This was a breach of regulation 10 of the Health and Social Care Act (Regulated Activities) 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 10.

- People in shared rooms had privacy curtains in place. We observed people being taken into the medicines room to have their eye drops administered privately.
- People told us staff respected their privacy and dignity and consent was sought before staff carried out any support tasks. People told us staff treated them with respect.
- Staff respected people's wish to remain as independent as possible. One person told us, "Oh yes, they support me to be independent. I try and get around with my trolley but not upstairs. I use the stair lift."

Ensuring people are well treated and supported; respecting equality and diversity

- People were supported by caring and respectful staff.
- People told us staff were kind and our observations confirmed this. We observed one resident approached the deputy manager who had just returned from leave and hugged her and said: "I've missed you."
- We saw staff showed compassion to people. We saw one staff arriving for her shift and people pointed her out to us, saying "Here's a lovely girl, oh she is so nice." Another person said, "Yes. I have a keyworker, I forget their names, but she's very nice."
- Care records seen had documented people's preferences and there was information about their backgrounds. Relatives told us they felt welcome and there were no restrictions on visiting, "Yes we can come when we want, they've never said to us we can't come, they've always said come whenever you want."

Supporting people to express their views and be involved in making decisions about their care

- Staff supported people with decision making.
- People and their relatives had been encouraged to express their views about the care provided. We saw evidence of surveys and people being involved in resident meetings. One person told us they were consulted and said, "The manager asks us and we give our feelings in a meeting."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

At the last inspection there were no care plans or risk assessments in place for one person. This meant there was a continuing breach of Regulation 17 as the provider had failed to maintain a complete and contemporaneous record in relation to this person's care.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17 in relation to care plans.

- Care files contained documents reflecting each person's assessment of needs. The information provided staff with guidance about people's specific needs and how these were to be met. These included people's personal care needs and social interests.
- People told us how they were supported by staff to express their views. This enabled them to make decisions about their care. Care plans were reviewed by the manager.

Improving care quality in response to complaints or concerns

- Complaints were not always managed effectively.
- The service had a complaints file and logged any complaints received. We saw that there had been 8 complaints received since the last inspection. We looked at how these complaints were managed and did not feel they were always investigated professionally and had not always provided an outcome in line with the providers complaints policy. We discussed this with the deputy manager. We recommend that the provider fosters good relationships.
- A resident confirmed that written responses were not forthcoming. They told us, "The only thing is if you ever make a complaint, you never get a result of the investigation, nor a written response, well it's not made it's way to me. Sometimes things change you can see that. I am in a position where I can ask why it hasn't changed and ask people to commit themselves to doing something."
- People knew how to raise any concern or complaints. People told us they were happy with the service they received. Records from a recent residents' meeting showed people had been reminded how to use the complaints procedure.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The deputy manager told us the service would provide large print information for people with visual

impairment and they would seek information in a range of different formats as necessary to meet people's needs.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them.

- People were supported to maintain relationships and take part in activities.
- We were told that people had trips out. We saw people engaging in some activities and they said they were happy with them. Records indicated that activities such as bingo, painting, pamper day, baking, arts and crafts were taking place.
- Relatives felt welcome and we were told the home had links with schools, which the residents enjoyed. People had formed friendships at the home and we observed one couple walked around together and supported each other.

End of life care and support

- Staff had not completed end of life training. We recommend that the provider source end of life training to ensure that people are afforded dignity and appropriate support at the end of their life.
- There was no one on end of life support at the home but the staff said they had cared for people previously and had received positive feedback. We saw thank you cards, confirming this.
- People's end of life wishes had been recorded so staff were aware of these.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was sometimes inconsistent. Leaders and the systems they created did not always support the delivery of high-quality, person-centred care

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements, Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The service has been rated as requires improvement for a total of five times. Although the provider generally addressed the issues found at each inspection, we have identified additional concerns during each of our inspections since May 2015. This means the service has not been consistently well-led and the provider has failed to sustain continuous improvements.
- The registered manager was not available during the last two inspections. We were unaware how long the registered manager had been away from the service. The provider has a legal duty to notify us if the registered manager is absent from the service for longer than a 28 day period.

At our last inspection the provider had failed to ensure systems in place to monitor the quality and safety of the service were operated effectively This was a breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17

- This was a repeated breach of good governance. We also found further breaches around confidentiality, infection control, and poor maintenance of premises and equipment. The service was not clear about understanding quality performance and risks. They had continued to fail to sustain improvements.
- Although audits were taking place, governance arrangements were not robust enough to pick up the issues we found on inspection
- We found that the rating from the last inspection had not been prominently displayed. At the last inspection this was also an issue. Following inspection, we received photographic confirmation to state that this had finally been actioned.
- Information was not stored securely. We saw people's personal files were displayed on a shelf in an open office. Lockable filing cabinets were not being used to ensure that people's personal information was stored confidentially.
- On a tour of the building, we found confidential information relating to previous staff members left out in the staff room. We addressed this with the deputy who told us they would ensure that all confidential

information would be stored in a secure manner.

We found that people's personal information had not been managed confidentially. This was a further breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Continuous learning and improving care

- There was little evidence of improving care. The provider was not proactive, in identifying issues within the service.

Working in partnership with others

- The service worked in partnership with a variety of other agencies.
- These included, GPs, opticians, police, dietitians and social workers. This helped to ensure that people had support from appropriate services.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was not available during the inspection to discuss the duty of candour. We discussed this briefly with the deputy who was aware of the need to be open and honest.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People told us they were involved in their care and we observed a residents meeting during inspection. We saw from records that these took place regularly. People told us the management were approachable, "Oh she's alright [Manager's name] and [Deputy] they're alright." Another person said, "Oh yes, no problem if we need to ask for anything."
- Records showed that senior meetings were taking place. Staff told us that morale was good at the service. One staff said, "The management are really supportive, I always approach them. They also give you recognition for doing a good job."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 15 HSCA RA Regulations 2014 Premises and equipment</p> <p>The provider failed to ensure the premises had been maintained effectively.</p> <p>Risks around preventing, detecting and controlling the spread of infection had not been managed safely</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider failed to ensure that audits were robust enough to have identified the issues found on inspection.</p> <p>The provider failed to ensure that people's personal information had been stored securely.</p>