Care Quality Commission

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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?	Good
Is the service well-led?	Requires improvement

Overall summary

We carried out an inspection of Towneley House on 14 and 15 April 2015. The first day of the inspection was unannounced.

We last inspected this home 26 February 2014 and found the service was meeting the regulations in force at that time.

Towneley House is registered to provide accommodation and personal care for up to 22 older people. It specialises in providing care for older people living with dementia. The home is situated in a residential area in Burnley near Towneley park. Accommodation is currently provided in 13 single bedrooms and three shared bedrooms, 13 of the bedrooms have an ensuite facility. Communal space is provided in two lounges, one dining room and a conservatory.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Summary of findings

During this inspection we made recommendations about the implementation and use of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards, the development of cleaning schedules and cleaning records and the development of the quality assurance systems.

People told us they felt safe and were well cared for in the home. Staff knew about safeguarding people from harm and we saw they had received appropriate training on these issues.

We found the arrangements for managing people's medicines were safe. People had their medicines when they needed them. We found accurate records and appropriate processes were in place for the storage, receipt, administration and disposal of medicines.

We found staff recruitment checks had been completed before a member of staff started to work in the home. Staff had completed relevant training for their role and they were well supported by the management team. There were a sufficient number of staff on duty to meet people's needs.

Staff were aware of people's nutritional needs and made sure they supported people to have a healthy diet, with choices of a good variety of food and drink.

All people spoken with told us the staff were caring, compassionate and kind. We saw that staff were respectful and made sure people's privacy and dignity were maintained. People were given the opportunity to participate in a range of activities.

Each person had an individual care plan and risks to their health and well-being had been assessed. Referrals had been made to the relevant health professionals for advice and support when people's needs had changed. This meant people received safe and effective care.

People told us they were confident to raise any issue of concern and that it would be taken seriously. There were opportunities for people to give feedback about the service in quality monitoring surveys and residents' meetings.

People told us the management of the service was good. Staff, relatives and people using the service told us they had confidence in the registered manager who was described as approachable and supportive.

Summary of findings

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 consistently safe.

Whilst we found the premises had a satisfactory standard of cleanliness, there were no cleaning schedules or cleaning records. These are important to prevent and control the risk of infection.

The provider had systems in place to manage risks, safeguarding matters and medication and this helped to ensure people's safety. People and their relatives told us it was a safe place to live.

The way staff were recruited was safe, as pre-employment checks were carried out before they started work. Staff were trained to recognise any abuse and knew how to report it. There were sufficient staff to meet people's needs.

Requires improvement

Is the service effective?
The service was not consistently effective.

We found people's mental capacity to make decisions for themselves had not been considered and staff limited knowledge of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

All staff received a range of appropriate training and support to give them the necessary skills and knowledge to help them look after people properly and support people's changing needs.

People were supported to have sufficient to eat and drink and maintain a balanced diet. Food served was nutritious and plentiful and people told us they enjoyed their meals.

Requires improvement

Is the service caring?
The service was caring.

We found staff were respectful to people, attentive to their needs and treated people with kindness in their day to day care. People told us staff were kind and caring.

People were able to make choices and were involved in decisions about their day to day care. The staff we spoke with had a good understanding of people's needs and preferences and we saw they encouraged people to be independent as possible.

Good

Is the service responsive?
The service was responsive.

Good

Summary of findings

People were satisfied with the care provided. Each person had an individual care plan which informed staff about their needs and preferences. People had opportunities for involvement in regular activities both inside and outside the home.

Processes were in place to manage and respond to complaints and concerns. People were aware of how to make a complaint should they need to.

Is the service well-led?

The home was not consistently well led.

We found there were limited systems in place to assess and monitor the quality of the service and we have made recommendation in respect of this.

People made positive comments about the management of the home. Staff were aware of their roles and responsibilities.

There were effective systems in place to seek people's views and opinions about the running of the home.

Requires improvement

Care Quality Commission

Towneley 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 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 14 and 15 April 2015 and was unannounced. The inspection was carried out by one inspector.

Before the inspection we reviewed the information we held about the service, including notifications and adult safeguarding information. We also received information from Lancashire County Council's adult social care contracts department .

During the inspection, we used a number of different methods to help us understand the experiences of people who lived in the home. We spoke with eight people who used the service and one relative. We spoke with the provider, registered manager, four members of the care team and the cook. The registered manager was unavailable on the second day due to previously planned training; we therefore discussed the findings of the inspection with the provider.

We looked at a sample of records including four people's care plans and other associated documentation, ten people's medication records, two recruitment files and four staff records, policies and procedures and audits.

Throughout the inspection we spent time in all areas of the home observing the interaction between people living in the home and staff. Some people could not verbally communicate their view to us. We therefore used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us to understand the experiences of people using the service who could not talk with us.

Requires improvement

Is the service safe?

Our findings

All people spoken with told us they felt safe and secure in the home. One person said, "I definitely feel safe here, there are always plenty of staff who keep an eye open in case I need any help." Similarly a relative spoken with told us, "They are just brilliant staff, I would describe them as 110%." People also told us the home was kept clean and they were satisfied with the standards of hygiene.

We conducted a tour of the building during the inspection and noted all bedrooms, communal areas and bathrooms seen had a satisfactory standard of cleanliness. We spoke with a member of staff employed to carry out domestic tasks. They explained their usual routine of cleaning all areas of the home on a daily basis. However, on discussion with the provider we found there were no cleaning schedules and no records of what cleaning had been carried out in the home. This meant it was not possible to determine how frequently the home was cleaned. This is important to control the risks of infection and cross contamination.

We looked at how the service protected people from abuse and the risk of abuse. We discussed the safeguarding procedures with the provider and the staff. Safeguarding procedures are designed to direct staff on the action they should take in the event of any allegation or suspicion of abuse. Staff spoken with understood their role in safeguarding people from harm. They were all 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. They said they had read the safeguarding and whistle blowing policies and would use them, if they felt there was a need. The staff informed us they had received safeguarding training within the last 12 months and we saw a sample of certificates to confirm this. We noted staff also had access to internal policies and procedures and information leaflets. The contact details for the local authority were displayed in the office. The local authority are the lead organisation for managing safeguarding investigations.

During the visit, we noted there was a potential safeguarding incident reported by staff in one person's file. The registered manager was not aware of the incident and immediately instigated an investigation. We received an update on the investigation following the inspection and noted the registered manager had taken appropriate action to keep the person safe. Whilst we were on the premises a care coordinator from Lancashire Care NHS Foundation Trust visited the home to carry out a safeguarding investigation. Following their investigation, we discussed the issues with the care coordinator, who told us they had no concerns about the person's care or safety.

We looked at how the service managed risk. We found individual and environmental risks had been assessed and recorded in people's care plans. Examples of risk assessments relating to personal care included moving and handling, nutrition and hydration and falls. Other areas of risk included fire safety and the use of equipment. There was documentary evidence of control measures being in place and any shortfalls had been identified and addressed. This meant staff were provided with information about how to manage individual and service level risks in a safe and consistent manner.

Following an accident or incident, a form was completed and checked by the registered manager. Details of the accident were entered onto a log in the person's personal file along with any action taken to minimise a reoccurrence.

We looked at how the service managed staffing and recruitment. 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. The registered manager explained the staffing levels were flexible and adjusted as necessary in line with the needs of people living in the home, for instance additional staff were placed on duty twice a week to support people going out on trips. All staff spoken with confirmed they had time to spend with people living in the home and people told us staff were readily available whenever they required assistance. We observed call bells were answered promptly and we saw people's needs were being met. One person told us, "We have as many staff as we need; they are always there for you."

We looked at recruitment records of two members of staff. Checks had been completed before staff commenced work in the home and these were clearly recorded. The checks included taking up written references and a Disclosure and Barring Service (DBS) check. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with vulnerable adults, to help employers make safer recruitment decisions.

Requires improvement

Is the service safe?

The recruitment process included applicants completing a written application form and attending a face to face interview to make sure the potential staff were suitable to work with vulnerable people. New staff completed a probationary period of three months depending on their performance and level of experience.

We looked at how medication was managed in the home. All people spoken with told us they were happy with the support they received to take their medicines. We observed a member of staff administering medication during the inspection and noted they took time to explain the medicines being administered. The staff member also offered people pain relief medication.

Staff designated to administer medication had completed a safe handling of medicines course and undertook competency assessments to ensure they were competent at this task. Staff had access to a set of policies and procedures which were readily available for reference in medication room. A senior member of staff had implemented a medication handover book, which included pertinent information about people's medication that could be communicated to other staff. The senior staff member also told us the handover information helped when carrying out audits of the medication systems.

As part of the inspection we checked the procedures and records for the storage, receipt, administration and disposal of medicines. We noted all medication records seen were complete and up to date. We found suitable arrangements were in place for the storage, recording, administering and disposing of controlled drugs. A random check of stocks corresponded accurately to the controlled drugs register.

We looked at how the provider managed the safety of the premises. We found regular health and safety checks had been carried out on all aspects of the environment. For instance, water temperatures, emergency lighting and the fire systems. We also noted appropriate documentation was available to demonstrate equipment had been serviced at regular intervals. Staff spoken with confirmed the equipment was in full working order. The provider carried out all routine maintenance and repairs. Since the last inspection, a new call system had been installed along with a new wet room and a new bedroom. We noted a detailed audit of the environment had been carried out and all repairs carried out as necessary.

We recommend that the service seek advice and guidance from a reputable source, in order to implement appropriate cleaning schedules and records.

Requires improvement

Is the service effective?

Our findings

People spoken with told us they felt able to follow their preferred routines and there were no restrictions on their lifestyle. One person told us, “I feel I have total freedom.” The person added, “They don’t interfere, but if things are not right they step in very quickly to help”.

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. We discussed the requirements of the Mental Capacity Act (MCA) 2005 and the associated Deprivation of Liberty Safeguards (DoLS), with the manager. The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people’s best interests. Deprivation of Liberty Safeguards (DoLS) are part of this legislation and ensures where someone may be deprived of their liberty, the least restrictive option is taken.

Whilst there were policies and procedures available, staff spoken with found the concepts associated with the MCA 2005 and DoLS difficult to understand. The registered manager explained all staff were due to receive training on these topics. We noted people’s mental capacity to make decisions for themselves was not routinely considered during the preadmission and care planning process. These are important to assess people’s capacity to make decisions for themselves and their ability to consent to care and treatment. We saw the provider had obtained the appropriate documentation from the Local Authority DoLS team and was in the process of completing two urgent applications.

We looked at how the provider trained and supported their staff. We found staff were trained to help them meet people’s needs effectively. One person living in the home told us, “I like it here the staff are thoughtful and kind.”

All staff had undergone an induction programme when they started work in the home and had received regular mandatory training. Training defined as mandatory by the provider included moving and handling, health and safety, fire safety, infection control and safeguarding vulnerable adults. In addition, staff undertook specialist training on caring for people with a dementia. The latter was a six week course which was accredited by Sterling University. The staff training was delivered in a mixture of different ways including face to face and DVDs with accompanying questionnaires. We saw certificates on staff files as evidence of the training. There was also a staff training matrix, however, this had not been updated. This made it difficult to track the staff training.

The induction training covered the Skills for Care common induction standards. These are recognised standards new staff need to meet to enable them to care for people in a safe and appropriate way. The provider explained there were plans in place to bring the induction training in line with the new Care Certificate, launched in March 2015. This sets out the expected competencies and standards for all new staff working in health and social care settings. Staff spoken with told us the induction and ongoing training was useful and helped them feel confident to support people who used the service. They confirmed there was always on-going training available. They all said they felt they worked in a supportive team and the registered manager was accessible and approachable.

Staff spoken with told us they were provided with regular supervision and they were well supported by the registered manager and provider. Supervision provided staff with the opportunity to discuss their responsibilities and to develop their role. We saw records of staff supervision during the inspection and noted a wide range of topics had been discussed. Staff were also invited to attend regular meetings. Staff told us they could add to the agenda items to the meetings and discuss any issues relating to people’s care and the operation of the home. Staff confirmed handovers meetings were held at the start and end of every shift during which information was passed on between staff. This ensured staff were kept well informed about the care of the people who lived in the home.

We looked at how people were supported with eating and drinking. All people spoken with made complimentary comments about the food provided. One person told us, “The food is fine, you always get a choice” and another person said, “I eat the food and enjoy it.”

We observed lunchtime on the first day and noted people were given appropriate support and assistance to eat their food. The meal looked well-presented and plentiful. We observed people were offered second servings if they wanted more to eat. The tables in the dining areas were dressed with place settings, tablecloths and condiments.

Care records included information about people’s dietary preferences and of any risks associated with their

Requires improvement

Is the service effective?

nutritional needs. People's weight was checked at regular intervals and we saw appropriate professional advice and support had been sought when needed. This helped staff to support people to maintain a healthy diet.

People were offered a choice of food every meal time and could request alternatives if they wanted something different to eat. The cook spoken with was aware of people's dietary needs and personal preferences. We noted food and fluid charts had been maintained for people who had been assessed as having a nutritional or hydration risk, however, the amount of food and fluid identified on the records had not been added up at the end of each day. This meant it was difficult to determine if people had received sufficient food and fluid on a daily basis.

We looked at how people were supported to maintain good health. Records we looked at showed us people were registered with a GP and received care and support from other professionals. People's healthcare needs were considered within the care planning process. From our discussions and a 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. We received feedback from a healthcare professional during the inspection who told us, they worked closely with the staff and the registered manager in order to monitor and maintain people's health. They also informed us that they had a monthly review with the manager to discuss all people visited by the district nursing service. We saw detailed notes of the meetings during the visit.

We recommend the service consider the relevant guidance and principles associated with the implementation and use of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

Good

Is the service caring?

Our findings

Our observations of the staff told us they were kind and compassionate towards the people who used the service. All people spoken with expressed satisfaction with the care provided. One person told us, “The staff are very kind, we all get on well” and another person told us, “The staff are really thoughtful, when it’s your birthday they really make a fuss.” Similarly a relative spoken with was happy with the care their family member was receiving. They told us, “The staff are the best in town, they can’t do enough for everyone.” The relative also confirmed there were no restrictions placed on visiting and they were made welcome in the home. We observed relatives visiting throughout the days of our inspection and noted they were offered refreshments.

People said the routines were flexible and they could make choices about how they spent their time. We noted breakfast was served throughout the morning so people could stay in bed if they wished to. One person told us they liked to get up mid-morning and another person said they liked to watch films late at night.

Staff spoken with understood their role in providing people with effective, caring and compassionate care and support. 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. One relative told us “My (family member’s) keyworker is wonderful, she always has time for a chat and we sit and discuss the care plan every month.”

Staff were knowledgeable about people’s individual needs, backgrounds and personalities. They explained how they consulted with people and involved them in making decisions. We observed people being asked for their opinions on various matters and they were routinely involved in day to day decisions. We noted calls for assistance were responded to promptly and staff communicated well with people. Where people required one to one support such as with eating and personal care this was given in a dignified manner.

People were encouraged to express their views as part of daily conversations, residents and relatives’ meetings and customer satisfaction surveys. We saw records of the meetings during the inspection and noted a wide variety of topics had been discussed. We also saw evidence to demonstrate people were involved in the care planning process. This meant they were able to influence the delivery of their care.

People said their privacy and dignity were respected. We saw people being assisted considerately and noted they were politely reassured by staff. We observed people spending time in different areas of the home. There were policies and procedures for staff about the operation of the service. This helped to make sure staff understood how they should respect people’s privacy, dignity and confidentiality in the care setting.

On a tour of the premises, we noted people had chosen what they wanted to bring into the home to furnish their bedrooms. We saw that people had brought their ornaments and photographs of family and friends or other pictures for their walls. This personalised their space and supported people to orientate themselves.

We observed staff encouraged people to maintain and build their independence skills, for instance one person was supported to make themselves and their friends a hot drink. Throughout the inspection we observed staff interacting with people in a kind, pleasant and friendly manner and being respectful of people's choices and opinions.

People were provided with information about the service in the form of a service user guide. The provider had also taken photographs of the home and took these to show people before they moved into the home. A copy of the service user guide and statement of purpose were available for reference in the home. The provider explained both documents were due to be updated in line with current legislation. They also planned to add information about the local advocacy service. This service could be used when people wanted support and advice from someone other than staff, friends or family members. At the time of the inspection none of the people living in the home needed an independent advocate.

Good

Is the service responsive?

Our findings

People told us they were happy with the care and support they received from staff. One person told us, “The staff look after me very well. I have no worries at all” and another person commented, “The staff are very thoughtful and kind.”

We looked at four people’s personal files and from this we could see each person had an individual care plan which was underpinned by a series of risk assessments. The care plans were well presented and easy to follow. Staff spoken with told us they were useful and informative documents. The care plans were set out as a grid with a list of people’s needs in the first column and how people wished their care to be delivered in the second column. This meant staff could navigate the plans quickly and access information as necessary. The files contained information about people’s preferences and past life experiences. The latter helped staff to stimulate meaningful conversations.

We noted an assessment of people’s needs had been carried out before people were admitted to the home. We looked at completed assessments and found they covered all aspects of the person’s needs. Whilst people’s involvement in the assessment process was not documented, the provider told us people had been involved in their assessment of needs and information had been gathered from relatives and health and social care staff as appropriate. We saw social work assessments on some people’s files. People were invited to visit the home before they moved in. This process helped to ensure the person’s needs could be met within the home and enabled people to meet the residents of the home and the staff.

We looked at how frequently people’s care plans were reviewed and noted the majority of plans had been reviewed on a monthly basis. We noted one plan had not been reviewed since the person’s admission to the home in January 2015. The provider explained she had arrangements in place to address this issue. The care plans were supported by daily records, which provided staff information about changing needs and any recurring difficulties. The records were detailed and we noted people’s needs were described in respectful and sensitive terms.

People had access to a range of activities and they told us there were things to do to occupy your time. Throughout the inspection we saw staff engaged in conversation and activities with people. On the second day of the inspection a professional entertainer visited the home and people told us they had enjoyed singing along to the songs. Trips out of the home were arranged twice a week to places of local interest. The home had minibus and extra staff were placed on duty to support people out on the trips. We noted there was a planned trip to Hollingworth Lake the day after the inspection.

There was a white board in the dining room which informed people of the staff on duty and the day and date. There was a sign on each bedroom door, with a picture of a bed and each person’s name. The signs helped people to navigate round the building.

We looked at how the service managed complaints. People told us they would feel confident talking to a member of staff or the registered manager or provider if they had a concern or wished to raise a complaint. Relatives spoken with told us they would be happy to approach the registered manager in the event of a concern. Staff spoken with said they knew what action to take should someone in their care want to make a complaint and were sure the registered manager would deal with any given situation in an appropriate manner.

There was a complaints policy in place which set out how complaints were managed and investigated. The purpose of the policy was to ensure that all complaints were handled fairly, consistently and wherever possible resolved to the complainant’s satisfaction. A complaints procedure was displayed in the hallway and informed people how they could make a complaint and to whom they should address their concerns. The procedure also included the timescales for the process.

We looked at the complaints record and noted the registered manager had received one complaint in the last 12 months. We found the service had systems in place for the recording, investigating and taking action in response to complaints. Records seen indicated the matters had been investigated and resolved. This meant people could be confident in raising concerns and having these acknowledged and addressed.

Requires improvement

Is the service well-led?

Our findings

All people, a relative and staff spoken with told us the home ran smoothly and was well organised. One person told us, "The manager is there if we want her and she always has time to talk" and a staff member commented, "The manager is really good, very approachable and supportive."

People living in the home and their relatives had been given the opportunity to complete and submit a satisfaction questionnaire in September 2014. We were sent the collated results by the registered manager following the inspection. We were also sent an analysis of people's responses and an account of actions taken in response to any suggestions for improvement. Whilst staff had the opportunity to attend meetings, there had been no survey carried out to gain their views about the quality of the service.

We looked at how the registered manager carried out checks on the quality of the service. We noted audits had been carried out of the medication systems and action plans had been drawn up to address any shortfalls. We also saw that the fire systems, water temperatures and emergency lighting was checked on a regular basis. However, there was no schedule of audits so it was unclear when checks were carried out. We noted there were no formal checks of infection control measures and the level of cleanliness. The care plan and environmental audit had not been carried out on a regular basis. Regular checks are important to ensure all aspects of the service are monitored and areas for improvement are readily identified and addressed.

There was a management structure in the home which provided clear lines of responsibility and accountability. The manager at Towneley House was registered with the Care Quality Commission to manage the service. She was closely supported and monitored by the provider who visited the service on a regular basis. The provider undertook some responsibilities for the operation of the service alongside the registered manager. She told us she was committed to the continuous development of the service and wanted to ensure all people received a good quality service. The provider described her key challenges as embedding the Mental Capacity Act principles within the care planning process and the development of the quality assurance systems.

The 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. They said they were confident to raise any concerns or discuss people's care at any time. All staff spoken with told us they were part of a strong team, who supported each other. The registered manager operated an "open door" policy, which meant arrangements were in place to promote ongoing communication and discussion.

Staff received regular supervision with their line manager and told us any feedback on their work performance was constructive and useful. Staff were designated specific tasks on a daily basis. This approach meant staff were aware of what was expected of them and they were clear on their responsibilities for the day. There were clear lines of accountability and responsibility. If the manager was not in the home there was always a senior member of staff on duty.

The provider had achieved the Investors in People award. This is an external accreditation scheme that focuses on the provider's commitment to good business and excellence in people management.

We recommend the service seek advice and guidance from a reputable source about the development of the quality monitoring systems.