

## Anchor Hanover Group

# Townend Close

### Inspection report

Victoria Road  
Crosshills  
Keighley  
West Yorkshire  
BD20 8SZ

Tel: 01535634639  
Website: [www.anchor.org.uk](http://www.anchor.org.uk)

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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

### About the service

Townend Close provides support for up to 39 older people and people who may be living with dementia in one adapted building. There were 35 people receiving a service at the time of this inspection.

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

We received very positive feedback from people about the support provided to them. People felt safe and well cared for and said staff were kind and respectful. Relatives were positive about the leadership and management of the service. They praised the team for the good standard of care their family member received.

Care and support were tailored to each person's needs and preferences. People and their relatives were involved in developing and reviewing their planned care. Staff had developed positive links with health care professionals, which promoted people's wellbeing.

Staff received appropriate training and support to enable them to carry out their role. Robust recruitment procedures were in place to ensure staff were suitable to work in the service.

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 interest; the policies and systems in the service supported this practice.

The registered manager led by example to ensure people received a good service. People and staff told us the registered manager was approachable and listened to any concerns they may have. All feedback received was used to make continuous improvements to the service.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was Good (published 9 March 2017).

### Why we inspected

This was a planned inspection based on the previous rating.

### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection 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 safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

# Townend Close

## 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

The inspection was carried out by one inspector.

#### Service and service type

Townend Close is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with CQC. 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

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who worked with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with three people and two relatives about their experience of the service. We also spoke with five members of staff including the registered manager. A visiting healthcare professional provided feedback

about the service.

We reviewed a range of records. This included three people's care records in full and multiple medication records. We looked at four 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.

# 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 improved to Good. This meant people were safe and protected from avoidable harm.

### Using medicines safely

- Medicines were safely received, stored, administered and returned to the pharmacy when no longer required.
- Errors with recording of medicines were found on the second day of the inspection. The registered manager and deputy manager took immediate action to address these.
- Protocols were in place to guide staff on when to administer 'as and when required' medicines.
- Information on topical medicines, such as creams was recorded in line with best practice guidance to support the safe use of these medicines for people.

### Assessing risk, safety monitoring and management

- People felt safe, confident and happy when supported by staff. One person told us, "I know I am safe here; I have never worried about my safety. I would report anything unsafe to the staff."
- The environment and equipment used to support people had been checked for health and safety.
- Staff understood how to support people safely to reduce the risk of avoidable harm. Care plans contained clear guidance for staff to follow to keep people safe.

### Staffing and recruitment

- There were enough staff available to meet people's needs.
- Staff were recruited safely; appropriate checks were carried out to protect people.
- People received care in a timely way. One person told us, "Staff are always around and you only have to ask if you need anything." One relative told us, "I think there are plenty of staff; the communal areas are always supervised too."

### Systems and processes to safeguard people from the risk of abuse

- Staff demonstrated a good awareness of safeguarding procedures; they knew who to inform if they witnessed or had an allegation of abuse reported to them.
- The registered manager knew to liaise with the local authority if they needed to and any incidents had been managed well.
- Policies in relation to safeguarding and whistleblowing reflected local procedures and relevant contact information.

### Learning lessons when things go wrong; Preventing and controlling infection

- When incidents occurred lessons were learnt to prevent them reoccurring.
- The provider monitored accidents and incidents across their services to identify any trends or patterns.

- Staff followed good infection control practices and used personal protective equipment to help prevent the spread of infections.

# 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 remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Staff worked with other health and social care agencies to provide effective care.
- Guidance and support from healthcare professionals was sought and followed. Information was shared with other agencies if people needed to access services such as hospitals and district nurses.
- The registered manager had followed best practice guidance regarding oral healthcare. People were supported to access a dentist and visits to the service were arranged for those who could not attend appointments in the community.

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

- Assessments of people's needs were comprehensive, and care and support was regularly reviewed.
- Care and support was planned, delivered and monitored in line with current best practice and evidence based guidance.

Staff support: induction, training, skills and experience

- Staff had appropriate skills and knowledge to meet people's individual needs.
- Staff received regular supervision and annual appraisal of their performance. Staff told us they felt supported and able to share any concerns with the management team.
- A robust staff induction and training programme was in place. Competency assessments checked that learning had been embedded in practice.

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

- People were involved in meal choices and supported to maintain a balanced diet.
- People were supported to maintain their independence with eating and drinking.
- People were protected from risks of poor nutrition and dehydration.

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

- The home environment was welcoming, and people had been encouraged to personalise their rooms with furniture and ornaments.
- Some dementia friendly signage was used within the environment to help orientate people.
- Relatives told us they were happy with the presentation of the home and felt it was comfortable and homely for their family member.



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.

- People's capacity was assessed in line with best practice guidelines.
- Staff involved people in decisions about their care.
- Staff told us they made sure decisions were taken in people's best interests.
- People could make individual choices and decisions about their daily lives.

# 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 Good. At this inspection, this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were comfortable and appeared well looked after. Staff were kind, caring and respectful.
- People and relatives said staff were very helpful. One person said, "Staff are brilliant; they have taken the time to get to know me and how I liked to be supported." A relative told us, "I immediately felt at ease when my family member moved in. They have been so well supported; we are very grateful."
- Staff communicated with people with compassion and warmth. They gave people time to respond and were supportive in their approach.
- People were treated fairly and equally; information about their diverse needs was recorded in care records and available to staff.

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

- Staff supported people to make decisions about their care and knew when people wanted help and support from their relatives.
- Staff directed people and their relatives to sources of advice and support or advocacy. One relative told us, "The staff are very knowledgeable about other support services in the area."

Respecting and promoting people's privacy, dignity and independence

- People were treated with compassion, dignity and respect.
- People were comfortable and their personal care needs were met. They told us staff were friendly and caring in their approach. We observed good relationships between people and staff; there was a lot of laughter and banter between them.
- People were supported to be independent by staff. One person said, "The staff know what I can and can't do for myself. That means I get the help I need and get on with the rest myself; that's the way I like it."

# 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 Good. At this inspection, this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- People's care records contained up to date information on how best to meet their needs and preferences.
- Staff were knowledgeable about how people liked to be supported.

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.

- Information shared with people met their communication 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

- There was range of activities and entertainment for people to access. Communal areas of the service displayed information about activities, which people could participate in.
- Relatives and visitors were not restricted to times when they could visit the service.
- A relative told us, "We can turn up at any time and are always made to feel welcome. There is a nice, calm atmosphere every time we visit."

Improving care quality in response to complaints or concerns

- People had access to the complaints procedure, which was displayed in the home.
- The registered manager had followed the policy when investigating and resolving complaints.
- People and relatives knew how to provide feedback about their experiences of care and the home.

End of life care and support

- The service was not supporting people with end of life care when we visited.
- The registered manager and staff understood the importance of anticipating people's needs and told us they would work closely with other professionals where necessary.
- People were supported to make decisions about their preferences for end of life care. Relatives told us they had been included in discussions about their family members wishes.

# 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 Good. At this inspection, this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The service benefited from having a registered manager who was committed to providing good quality care to people. Everyone we spoke with gave positive feedback about the leadership and management of the service. They praised the management team and told us everyone worked hard to achieve good outcomes for people.
- Staff told us they felt listened to and included in the running of the service. They described the registered manager as 'caring', 'thoughtful' and 'approachable'.

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; Continuous learning and improving care

- Systems were in place to ensure the service was consistently monitored and quality assurance was maintained.
- Reflective practice was used to encourage staff to be open and honest and learn from experiences.
- Duty of candour was evidenced.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager understood their legal responsibilities They acted promptly to address any concerns identified during the inspection.
- The culture of the service was open, honest and caring.
- The service was organised and well-run; people were treated with respect and in a professional manner.
- Regular checks ensured people were safe and happy with the service they received.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The service involved people and their relatives in day to day discussions about their care in a meaningful way.
- Links with outside services and key organisations in the local community were well maintained. Events were well attended by the local community.