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Tower View Residential Home

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

Tower View is a care home which provides accommodation and personal care for up to three people with mental health needs. At the time of our inspection three people were living at the home.

This inspection took place on 25 July 2016 and was unannounced.

The provider was an individual who was in day to day charge of the service. The service does not have a condition of registration that they need to have a registered manager in place, because the provider was undertaking that role.

People who use the service were positive about the support they received and praised the quality of the staff and management. People told us they felt safe and were involved in developing and reviewing their support plans. Comments from people included, "I feel safe here. I could talk to any of the staff if I had any concerns and they would help me" and "The staff are good. I can't think of anything I could criticise". We observed people interacting with staff in a relaxed and confident manner.

Staff understood the needs of the people they were supporting. People told us staff provided support with kindness and compassion. Comments included, "There are enough staff around and we can get hold of them when we need to" and "I'm able to speak with staff whenever I need to". We observed staff interacting with people in a friendly and respectful way. Staff respected people's choices and privacy and responded to requests for support. A mental health professional we received feedback from told us staff provided good support for people and said the service had a good reputation with the mental health team.

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

The service was responsive to people's needs and wishes. People had regular group and individual meetings to provide feedback and there were effective complaints procedures. Comments included, "I can talk to any of the staff if I have any concerns. They help to resolve any problems" and "If I had any concerns I would speak to my keyworker or (the provider). They would sort anything out".

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

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

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

Is the service effective?

Good ●

The service was effective.

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

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

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

Is the service caring?

Good ●

The service was caring.

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

Staff provided support to people to maintain their dignity and uphold their rights. People's privacy was protected and they were treated with respect.

Is the service responsive?

Good ●

The service was responsive.

People were involved in planning and reviewing the support they received.

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

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

Is the service well-led?

Good ●

The service was well led.

There was a strong management team, which provided clear leadership and direction.

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

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

Tower View Residential Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 25 July 2016 and was unannounced.

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

During the visit we spoke with all three people who use the service, three members of care staff and the provider. We spent time observing the way staff interacted with people and looked at the records relating to support and decision making for three people. We also received feedback from a mental health professional who had contact with the home. We looked at records about the management of the service.

Is the service safe?

Our findings

People who use the service said they felt safe living at Tower View. Comments included "I feel safe here. I could talk to any of the staff if I had any concerns and they would help me" and "I feel safe. I'm able to speak with staff whenever I need to". We observed people interacting with staff in a relaxed and confident manner.

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

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

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

Sufficient staff were available to support people. People told us there were enough staff available to provide support for them when they needed it. One person told us, "There are enough staff around and we can get hold of them when we need to". The home shared a staff team with a neighbouring service which was also operated by the provider. This meant it was easier to cover any staff absences as there was a larger group of staff to draw on. Staff told us they were able to provide the support people needed, with comments including, "Staffing levels are good" and "Staffing levels are sufficient. We are able to provide the support people need". Staff said they worked together to cover sickness to ensure people's needs were met.

Medicines held by the home were securely stored and people were supported to take the medicines they had been prescribed. Each person had a medicines cabinet in their bedroom, which staff held the key for. A medicines administration record had been fully completed. This gave details of the medicines people had been supported to take, a record of any medicines people had refused and the reasons for this. One person

was supported to manage their own medicines. There were clear support plans in place and plans to manage the risks the person faced. There was a record of all medicines received into the home and returned to the pharmacist. Where people were prescribed 'as required' medicines, there were protocols in place setting out the reasons for the medicine and when staff should support people to take them. Staff received training before they were able to administer medicines and they were regularly assessed to ensure they were following safe medicines procedures.

Is the service effective?

Our findings

People told us staff understood their needs and provided the support they needed. The feedback we received from a mental health professional was positive about the support they observed. The professional told us staff provided good support for people and said the service had a good reputation with the mental health team.

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

Staff said they received regular training to give them the skills to meet people's needs, including a thorough induction and training on meeting people's specific needs. Comments from staff included, "The training is good and it is relevant to our role" and "We have regular supervision and training". The training records demonstrated there was a comprehensive training programme. New staff completed the care certificate, which give them a basic understanding of caring skills. Further courses were then provided for staff to develop those skills. Staff had completed, or were in the process of completing, the diploma in health and social care at level two or above.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be legally authorised under the MCA. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

At the time of the inspection none of the three people using the service had authorisations to restrict their liberty under DoLS. Staff had assessed that people had capacity to decide whether to live at the service and make other decisions about their lives. These mental capacity assessments had been recorded in people's care plans and were kept under review. Staff understood the importance of assessing whether a person had capacity to make a specific decision and the process they would follow if the person lacked capacity.

People told us they enjoyed the food provided by the home and were able to choose meals they liked. Comments included, "I always have a choice of food. They provide some very nice vegetarian meals". One person often chose to eat at another service operated by the provider as this enabled them to socialise with friends. People's care records showed they had been weighed monthly. One person had decided they wanted to lose some weight and staff supported them to do this by maintaining a balanced and varied diet. Staff were aware of people's specific dietary needs.

People told us they were able to see health professionals where necessary, such as their GP, mental health

nurse or psychiatrist. People's support plans described the support they needed to manage their health needs. There was information about monitoring for signs of mental health deterioration, details of support needed and health staff to be contacted.

Is the service caring?

Our findings

People told us they were treated well and staff were caring. Comments included, "The staff are good. I can't think of anything I could criticise". We observed staff interacting with people in a friendly and respectful way. Staff respected people's choices and privacy and responded to requests for support. Staff demonstrated a calm and supportive approach in all of the interactions we observed. In addition to responding to people's requests for support, staff spent time chatting with people and interacting socially. People appeared comfortable in the company of staff and had developed positive relationships with them.

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

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

Staff received training to ensure they understood the values of the service and how to respect people's privacy, dignity and rights. People told us staff treated them with respect. Staff described how they would ensure people had privacy, for example ensuring personal discussions took place in private. The provider told us the recruitment of new staff focussed on the applicant's values, to make sure they employed people who demonstrated a kind, caring and friendly approach and were respectful of people. We observed staff working in ways which demonstrated these values.

Is the service responsive?

Our findings

People had support plans which were personal to them. The plans included information on maintaining people's health, their daily routines and goals to develop skills to maximise their independence. The support plans set out what their needs were and how they wanted them to be met. This gave staff access to information which enabled them to provide support in line with people's individual wishes and preferences. People told us they had regular meetings with staff to review their support plans and make changes where necessary. These reviews were recorded and we saw changes had been made following people's feedback. The plans included goals people had set and the support they needed to achieve their goals. People had been supported to complete a recovery star. This is designed to support people to identify their needs in relation to their recovery from mental illness. The plans were completed by people with input from staff in the service and other mental health professionals.

People told us they were able to keep in contact with friends and relatives and take part in activities they enjoyed. The home supported people to take part in a range of social and leisure activities, which were tailored to people's individual wishes. One person told us they liked to visit friends in one of the provider's nearby services and help out with the garden maintenance. Another person told us they liked to go into town and visit people they knew in the area. People were able to use the provider's activity centre, which is located a short walk away from the service. People used the centre on an ad hoc basis, and could choose to attend activities or groups that interested them. Each person was able to access social and leisure opportunities independently.

People were confident any concerns or complaints they raised would be responded to and action would be taken to address their problem. People told us they knew how to complain and would speak to staff if there was anything they were not happy about. Comments included, "I can talk to any of the staff if I have any concerns. They help to resolve any problems" and "If I had any concerns I would speak to my keyworker or (the provider). They would sort anything out". The provider said the service had a complaints procedure, which was provided to people when they moved in and also displayed in the service. Staff were aware of the complaints procedure and how they would address any issues people raised in line with them. The provider reported no complaints had been received in the last year.

The service had regular house meetings in which people could discuss any concerns or suggestions for the way the service was managed. Issues discussed in the most recent meeting included, changes to menus, planned activities, the refurbishment of the home and details of new staff. People were reminded about how they could raise any concerns or complaints or what they could do if they felt unsafe.

Is the service well-led?

Our findings

In addition to the provider, the service had a manager who was also responsible for a neighbouring service. The provider visited the home regularly and had clear values about the way care and support should be provided and the service people should receive. These values were based on ensuring people received the support they needed in a personalised way. The provider's values were shared by senior staff in the service. Staff told us the provider put these values into practice. The provider had worked to develop links to support groups and professional bodies to ensure they kept their skills and knowledge up to date.

Staff had clearly defined roles and understood their responsibilities in ensuring the service met people's needs. There was a clear leadership structure and staff told us the provider and manager gave them good support and direction. Comments from staff included, "(The provider) is very supportive. She is a friend to the clients and always looks out for them" and There is good support for staff. (The provider) runs the service very well".

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

Satisfaction questionnaires were sent out regularly asking people, their relatives, staff and professionals their views of the service. The results of the most recent survey had been received and had been collated by the provider. No concerns had been raised about the support people received and there were a number of positive comments, including "Staff are helpful and kind and spend quality time with people" and "The service provides good care and support". In response to the surveys, the provider had provided information to people about a review of activities provided, the purchase of art equipment and the planned refurbishment of the home.

There were regular staff meetings, which were used to keep staff up to date and to reinforce the values of the organisation and how staff were expected to work. Examples from recent staff meetings included reviews of the mental capacity assessments, details of changes in people's support needs and plans to develop the activities offered to people. The management team attended a number of conferences and events to keep themselves up to date with changes within the care sector.