

## The Tower Project

# Tower Project

### Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	<b>Requires Improvement</b> 
Is the service effective?	<b>Good</b> 
Is the service caring?	<b>Good</b> 
Is the service responsive?	<b>Good</b> 
Is the service well-led?	<b>Requires Improvement</b> 

# Summary of findings

## Overall summary

### About the service

The Tower Projects is a 'supported living' service that provides personal care to people living with a learning disability and/or autism. Each person has their own room with shared lounge, garden, kitchen and dining area. The service provides 24-hour support.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of our inspection one person was receiving personal care.

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

We found there were not always enough staff to safely support people at night. Where a waking night staff member was required, records showed this had not been provided. This may have put one person at risk of harm as staffing levels were not in line with funded one to one care at night. Systems for monitoring the service were not always effective in identifying the issues found during our inspection. Audits were not always recorded. This meant we could not identify where learning had taken place to drive improvements.

People received their medicines from trained and competent staff. However, guidelines were not always in place for the use of 'as required' medicines. We have made a recommendation about medication management.

People using the service received care and support from staff who knew them well. Relatives and staff were complimentary about the way the registered manager ran the service, and how approachable they were. Relatives told us they felt safe with care staff who treated people with dignity and respect. People were involved in decisions about their care.

People received care from staff who understood their needs and knew them well.

People's nutritional needs were met and people were given choice of what to eat and drink. Staff worked with other healthcare professionals to meet people's health needs. Staff followed good infection control practices to keep people safe from the risk of the spread of infection.

Staff received training and supervision to assist them to carry out their role. Effectively.

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.

We expect health and social care providers to guarantee autistic people and people with a learning disability

the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture. The registered manager and staff demonstrated a commitment to people and strong person-centred values. Peoples choices were respected and staff supported them to achieve good outcomes. The environment promoted choice, control and independence in a respected and dignified setting.

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

This service was registered with us on 2 March 2020 and this is the first inspection.

Why we inspected

This was a planned comprehensive inspection.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service.

We have identified two breaches of the Health and Social Care Act 2008 (Regulated Activities) 2014 in relation to staffing levels and quality assurance systems.

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

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 findings below.

**Requires Improvement** ●

### 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 not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Tower Project

## 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.

#### Service and service type

This service provides care and support to people living in a 'supported living' setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

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

We gave the service 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

#### What we did before inspection

We reviewed information we had received about the service. We sought feedback from the local authority and professionals who work 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

People using the service had complex needs, some of whom were non-verbal. We spoke with relatives about their experience of the care provided. We spoke with two members of staff including the, registered manager and support worker.

We reviewed a range of records. This included one person's care records, including care plan, associated risk assessments and medicine records. We looked at two staff files in relation to recruitment and staff supervision.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We reviewed policies and procedures and records related to the running of the service. We contacted additional staff and professionals but we were not able to obtain feedback

# Is the service safe?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement. 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.

### Staffing and recruitment

- There were not always enough staff to meet people's needs. Rosters reviewed showed staffing levels were not in line with funded care hours. For example, rosters for September and October 2021 showed one staff member provided sleep in at night. However, according to records provided by the registered manager there should be two staff members on duty at night, one sleeping and one awake, to ensure one person could receive their funded one to one care due to health needs.
- The registered manager told us although staff sleep in, they were aware of the person's health needs at night and was able to respond to these. Protective bumpers were in place to reduce the risks of injury to the person. We observed the protective equipment in place during our visit. However, we could not be assured that staffing levels were always sufficient to meet this person's needs.

We found no evidence people were put at risk of harm; however, staffing levels were not always sufficient to meet people's needs. This was a breach of regulation 18 (staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager told us staffing levels were determined by how many people were in the house at any one time and whether people were attending appointments or activities in the community. They also told us, "As long as there is at least three [staff members], [we] are able to provide one to one. If people want to do anything different, I don't want to stop anyone from doing something else."
- During our inspection we observed day-time staffing levels were sufficient to meet the person's needs. The registered manager was on the rota and worked shifts, where necessary they provided cover and additional out of hours support to staff. On the day of our visit we observed the registered manager assisted another staff member with one person who required one to one care.
- A relative told us staff were dedicated and there was continuity in terms of the staff employed, "I think we are so fortunate they [staff] are extremely dedicated, [person] has continuity and a lovely relationship with staff, but often worry if someone is sick do they have enough."
- Pre-employment checks were carried out to ensure staff were safe to work with people.
- The registered manager told us recruitment records were managed and kept within the provider's human resources department.
- Records sent following our inspection showed improvements were needed to ensure all recruitment records were up to date. We found the application form for one of the two staff records reviewed was incomplete. The registered manager told us the staff member had transferred from another service within the organisation and the provider was in the process of reviewing how recruitment records were maintained

### Using medicines safely

- Details of 'as and when required' medicines were documented in people's care plans, however guidelines were not in place for the use of 'as required' medicines.

We recommend the provider seeks from a reputable source good practice guidance in relation to managing medicines in the community.

- Systems were in place for the safe management of medicines. Medicine administration records reviewed were accurate and up to date. There was a medicine policy and procedure in place, this provided guidance for staff.
- Staff received training on how to administer people's medicines safely. Records confirmed this.
- The registered manager told us they had recently purchased individual lockable medicine cabinets located in people's rooms and in the process of transferring medicines to these. We observed this during our visit.

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

- People were protected against the risk of avoidable harm and abuse.
- A relative told us they felt their family member was safe, "Yes, I would know if [relative] was unhappy."
- Staff we spoke with received safeguarding training and knew how to recognise abuse and how to respond to it.
- Staff and records confirmed they had received training in safeguarding.
- The registered manager told us staff were encouraged to report any concerns of abuse to them. This was confirmed by staff.
- Staff were aware of the whistleblowing policy, including the external authorities to report concerns to outside the organisation if required. The registered manager told us it was important to act on any allegations of abuse to ensure people remained safe and had their voice heard.

### Assessing risk, safety monitoring and management

- People were protected from the risk of harm. Risks to people were assessed and reviewed, including details of how to manage these. These covered areas such as, epilepsy, choking, falls and personal care.
- Staff had knowledge of the risks posed to people, including how they should work with people to take positive risks, such as allowing one person at risk of regular seizures to walk around their home independently with staff walking close by to ensure they were safe. We were assured risks related to people were managed well. This was confirmed by a relative who told us they welcomed the idea that the service encouraged positive risk taking.

### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the



premises.

- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong

- The registered manager told us there had not been any incidents in the last 12 months, however, the provider had a procedure in place should an accident or incident occur.

# 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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed in line with national guidelines. Assessments highlighted people's needs and their desired outcomes. These assessments detailed specific areas of care, such as, dietary requirements, communication needs, how people liked to spend their time and how staff should care for them.
- The registered manager gave us an example of an assessment they carried out, this involved visiting the person in their previous home and speaking with relatives to understand the person's needs in order to mirror it in their new surroundings. This was confirmed by a relative who told us, "They have always updated [person's] needs assessment... Initially [person] visited the service before agreeing to move in. We were involved in what we wanted it to be like and wanted for [person]... A lot of thought went into this, what the room looked like, what they needed..., [person] brought things from home so [they] felt secure, such as their own duvet and toys."

Staff support: induction, training, skills and experience

- Staff received training in a range of subjects to help them to effectively carry out their role.
- The registered manager told us staff received mandatory training which covered topics such as health and safety, food safety, infection control, administering medication and food safety. Specialist training in epilepsy awareness was also completed.
- A relative told us, "I don't know [staff] qualifications but the way they looked after [person] and their interactions are good."
- Although the registered manager and staff told us they had completed training, records of training completed were not always up to date, such as specialist training in learning disabilities and autism. The registered manager told us due to the COVID-19 pandemic some areas of training was overdue.

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

- People had their nutritional and hydration needs met. People made decisions on what they wanted to eat each day. The registered manager told us, "[Person] who is non-verbal went to the cupboard to pick what they wanted at mealtimes, including their preferred snacks." During our visit we observed staff assisting people to prepare meals of their choice.
- People's food preferences were recorded in their support plan, for example, in one person's plan it stated they liked banana, we observed the person eating a banana during our visit
- Staff used a pictorial aid to assist people when making a choice on what they wanted to eat.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live

healthier lives, access healthcare services and support

- People were supported to maintain their health and access health care services as required. Records confirmed this. A relative told us they were notified of health visits, "Yes, we would get notified, when [relative] is poorly we are told when they go to the GP."
- The registered manager gave us an example of how they had worked with the dentist to ensure one person's dental care needs could be appropriately met.
- The registered manager told us they continued to work with the local authority and GP to ensure people's needs could be met, such as specialist input from the learning disabilities team.

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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- Where people were restricted or required close supervision to keep them safe, this was done lawfully and in the least restrictive way.
- People were asked for their consent before providing care. The registered manager told us, "You explain things to [person] and [relatives]. If [person] doesn't want to, [they're] not forced, they are given choices." A relative told us staff asked permission before assisting their relative with care.
- During our inspection we observed people were asked by staff before providing care or support.

# 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.

This is the first inspection for this newly registered service. This key question has been rated Good. 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 treated with respect and kindness by staff. During our inspection visit we observed staff interacting with people in a caring and kind manner. We saw people were comfortable in the presence of staff and approached them confidently.
- A relative told us staff treated people with dignity and respect. They told us, "Yes, they [staff] talks to [relative] with respect."
- Staff completed equality and diversity training and understood people's diverse needs. The registered manager told us, they would not discriminate against anyone, for example, they would treat people from the lesbian, gay, bio sexual and transgender (LGBT) community, "On the same basis", they added, "to me there is no difference."

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

- People were encouraged to give their views and make decisions about their care. For example, the registered manager told us they used a leaflet to support people to vote in the local elections, one person voted in this way and would pick the leaflet for the person they liked.
- A relative told us they were fully involved in their family member's care, "We have seen a care plan, I looked at it, we been asked to add anything to it. Prior to Covid-19 everything was good, we look after [relative's finances] we are very much involved."

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's need for privacy and accommodated this as much as possible. We observed people being given their space to freely walk around and engage with each other.
- People's independence was encouraged as much as possible. For example, in one person's plan of care it stated, "[Person is able to feed [themselves] at times so please encourage when able." This was confirmed by a relative who told us staff encouraged their relative's independence, "[Relative] has maintained their ability, they are allowed to do things they are able to do, does small tasks like, get their shoes and put their bag up [away]."

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. 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 received care personalised to them and their individual needs. Care plans provided details of people's care needs, including preferences, likes and dislikes.
- Staff knew people well and had cared for them prior to joining the service. This helped staff to provide the care people wanted and needed.
- People's care and support was positive and consistent, and improved their quality of life. A relative told us, "They [staff] understand [person's] needs."

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.

- People were cared for by staff who understood their communication needs.
- We observed one person who was non-verbal communicating with staff according to what was written in their care plan, using pictures, hand gestures and Makaton (a unique language programme that uses, symbols, signs and speech to help people communicate). This was confirmed by a relative who told us, "[Relative's] Makaton signs are quite small, but [staff] do understand them."
- The registered manager was aware of the importance of having information in an accessible format to meet people communication needs, including the need to make improvements to care documents, such as having pictorial care plans and easy read policies and procedures.

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 with those who were important to them. A relative told us they had a good relationship with the registered manager and support staff.
- Events were planned around dates which were important to people. For example, one person attended a family wedding with the support of staff. This was confirmed by a relative who told us, "...I was grateful [relative] could be included."
- The registered manager told us due to COVID-19 activities in the community had ceased and this had been challenging. Since the end of lockdown, they have been taking people out for walks and to the local shops. We also observed activities available for people in their service, including a sensory area for people with sensory needs and an activity area.
- A relative who visits often told us staff often took their relative out for walks, told us, "They [staff] have

accommodated us coming and going.

#### Improving care quality in response to complaints or concerns

- Systems in place for dealing with and acting on complaints were effective.
- A relative told us, "If we weren't happy, we would go straight to head of Tower Project, in the first instance [registered manager]. This has never been an issue."
- The registered manager told us the service had not received any complaints in the last 12 months. They told us, "most people using the service were able to express their views if they were not happy about something. One person who was non-verbal will use hand gestures or body language to show they are not happy with something. As staff knew them well, they were able to appropriately respond."
- The provider had a complaints procedure in place, this provided guidance on how to make a complaint.
- The registered manager was aware of the need to update the policy to include details of the social care government ombudsman.

#### End of life care and support

- The registered manager told us no one using the service was currently receiving end of life care. People's wishes were discussed with their family members.

# 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.

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture 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; Continuous learning and improving care

- Systems and processes for managing the service were not robust in ensuring issues found during our inspection had been identified and addressed. The registered manager told us audits such as medicines were not always recorded, where any issues were found this would be addressed directly with staff. Staffing levels were not always sufficient to meet people's needs. Records of expected staffing levels were not in line with actual staffing levels delivered and audits failed to identify that funded one to one care hours were not being delivered. Protocols for 'as required' PRN medicines were not in place. These issues put people at risk of harm.

We found no evidence that people had been harmed, however the provider's governance framework failed to identify shortfalls or address how improvements could be made. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The provider's empowering culture achieved good outcomes for people. Such as, positive risk-taking maintained people's independence, for example, despite one person's health condition, they were encouraged to do tasks alone with minimal support. This was confirmed by a relative who provided positive feedback on how their relative had benefitted from this approach. They commented, "Life is a risk, an environment that allows freedom, they offer [person] that through positive risk taking."
- Staff we spoke with told us they felt supported by the registered manager who was approachable. A staff member told us they liked working for the service and felt supported, "Yes, I feel supported all the time."
- The registered manager told us, "I try to be as open as possible, never raise my voice or shout."

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 understood the importance of duty of candour, they told us, "It's that were open if any mistakes let [relative] know, everybody makes mistakes, so we can improve and work on them, you shouldn't be afraid to work on this."

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

- A relative told us they were asked their views about the service, they commented, "Verbally talk to us, it's not forms and filling. They ring us up and ask us or when visiting." They also said they wished there were more services like this one, "We know we are so lucky. They [the service] individualise and offer a secure loving homely environment."
- Staff were able to give their views and encouraged to be involved in the running of the service. The registered manager told us, "Staff meetings is a time for a staff have a voice, suggestions are welcomed." Records and staff confirmed this.
- The registered manager understood the importance of equality and providing a service that met the needs of people using the service. Records showed the service had looked at building the right support and home for one person with high support needs.

#### Working in partnership with others

- The registered manager worked with other healthcare professionals and had access to support where needed.



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
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider's governance framework failed to identify shortfalls. Auditing systems had not effectively assessed and monitored the quality and safety of the services provided and ensured compliance with regulations.</p> <p>Regulation 17</p>
Regulated activity	Regulation
Personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>The provider did not always ensure staffing levels were sufficient at night to ensure people's needs were met. This put people at risk.</p> <p>Regulation 18</p>