

Anchor Trust

# Townend Close

## Inspection report

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Date of inspection visit:  
04 January 2017  
20 January 2017

Date of publication:  
09 March 2017

## Ratings

Overall rating for this service	Good ●
Is the service safe?	Requires Improvement ●
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

Townend Close is a care home without nursing for up to 39 older people, some of whom maybe living with dementia. The home is arranged over two floors which can be accessed via a lift. Each person had an individual flat which consisted of a private bathroom and open plan bedroom, lounge and kitchen area. The home has a garden which people can access and it is close to local amenities. At the time of our inspection 35 people lived at the service.

At the last inspection, the service was rated 'Good'. At this inspection we found the service remained 'Good'.

We identified some areas for improvement to further develop systems which keep people safe from avoidable harm. This included the development of health care plans for people, so staff know how to support people better, also the development of guidance to help staff understand when to administer 'as and when required' medicines.

We saw that on some occasions people's care plans did not always reflect their current care needs, the registered manager explained how they would improve systems to ensure care plans were up to date. The registered provider updated their recruitment policy following our inspection to ensure the process gathered a full work history from candidates.

People received support from staff who had received training, were regularly supported by their managers and who had the skills to perform their roles effectively. We saw good practice around supporting people with dementia in relation to the environment and the development of activities.

People were supported to have maximum choice and control of their lives and staff supported people in the least restrictive way possible; the policies and systems in the service supported this practice. We recommended that the registered provider review their policy with regards to the Mental Capacity Act 2005 to make clear when formal assessments and best interest decisions were required for people who lacked capacity.

People were happy with the choice of food they received and we observed a positive mealtime experience. People were supported to have access to healthcare support and their health needs were monitored well by staff.

People and their relatives told us they found staff to be caring and compassionate. We observed positive and warm interactions between staff and the people who used the service. People were offered choices and were supported to maintain their independence.

People told us the service was responsive to their needs and we saw this was the case. People's preferences were recorded in their care plans and staff were aware of them when delivering support. People had access to a wide range of activities, which included maintaining contact with groups in the community and

pursuing their own hobbies and interests.

Quality assurance systems were effective in assessing the quality and safety of the service. Where areas for improvement were identified we saw actions plans were in place to ensure improvements were made. People, their families and members of staff had opportunities to provide feedback on the service and their views were listened to and acted upon. This meant the service was run in the best interests of the people who lived there.

People and their families were positive about the leadership of the service and told us it was well run.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

<b>Is the service safe?</b> The service was not always safe	<b>Requires Improvement</b> ●
<b>Is the service effective?</b> The service remains Good	<b>Good</b> ●
<b>Is the service caring?</b> The service remains Good	<b>Good</b> ●
<b>Is the service responsive?</b> The service remains Good	<b>Good</b> ●
<b>Is the service well-led?</b> The service remains Good	<b>Good</b> ●

# Townend Close

## 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.

We inspected the service on 4 and 20 January 2017. Day one was unannounced and we told the registered provider we would be visiting on day two. The inspection team consisted of one adult social care inspector on both days and an expert by experience on day one. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed all of the information we held about the service. This included information we received from statutory notifications since the last inspection. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales. We sought feedback from the commissioners of the service and Healthwatch prior to our visit. Healthwatch is an independent consumer champion which gathers and represents the views of the public about health and social care services in England.

The registered 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.

At the time of our inspection there were 35 people who used the service. We spent time and spoke with seven people and three of their relatives. We spent time in the communal areas and observed how staff interacted with people and some people showed us their flats. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

During the visit we spoke with the registered manager, deputy manager, district manager and quality manager. We spoke with seven members of staff including care workers, team leaders and the cook. We had opportunity to speak with two professionals who frequently visited the service for feedback.

During the inspection we reviewed a range of records. This included four people's care records, including care planning documentation and medication records. We looked at four staff files, including staff recruitment and training records, records relating to the management of the home and a variety of policies and procedures developed and implemented by the registered provider.

# Is the service safe?

## Our findings

People we spoke with and their relatives told us they felt the home was a very safe environment. One person told us, "Any problems or concerns will be sorted out for you."

Members of staff and the registered manager understood their responsibilities around keeping people safe from avoidable harm. All members of staff we spoke with were able to describe each person's needs and any associated risks. Care plans in the main contained risk assessments which highlighted what staff should do to keep people safe.

We saw following accidents or changes in need, risk assessments were not always fully updated. Staff were aware of the changes and delivered the correct support but records did not always reflect the correct information. For example; a person's needs had changed recently and they required full support with a hoist to transfer from a bed to a chair. Some of the care plan reflected this but other documents still stated the person used a walking frame to mobilise. This meant there was a risk staff would not have the correct information to deliver support safely.

The issues we highlighted were updated before the end of day one of the inspection. The registered manager and deputy manager explained they would build into their audit and accident management process, additional checks to ensure records were up to date.

On one occasion we saw there was no emergency protocol for staff to follow if a person who was epileptic experienced a seizure. We discussed this with the registered manager and district manager who explained the registered provider did not have specific health care and risk management plans for staff to complete. On day two an emergency protocol was in place and we recommended that the registered provider review their care plan system to incorporate care and risk management plans for people's specific health needs.

We saw records to confirm staff had received training around safeguarding people from abuse. All staff were able to describe what they would do if they suspected or witnessed concerns. We saw records to confirm the registered manager had reported concerns to the Care Quality Commission (CQC) and local authority as they were required, on all but one occasion. We discussed the reason for this and determined it was an oversight. The registered manager ensured this matter was reported to us on the day of inspection and we were confident they knew their reporting responsibilities.

We looked at the systems in place to manage people's medicines safely. We saw the ordering, stock control and storage of medicines was completed efficiently. We looked at the medication administration records (MARs) and saw people received their medicines as prescribed. We observed a medicine administration round which was completed effectively. Staff who administered medicines had been trained and their competency had been observed.

People were prescribed 'as and when required' medicines such as pain relief for a head ache. Protocols were not in place for all 'as and when required' medicines which meant staff did not have the correct details

around how and when to administer the medicine. We spoke with a member of staff who was delegated to be in charge of the medicines process. They told us they had already started working with the GP to seek effective instructions to enable them to write the protocols. This issue had already been identified as part of the registered provider's audit.

We saw some people were prescribed medicines to be taken 'as and when required' for anxiety. The care plans did not fully describe the person's anxiety and when staff should administer the medicine. Staff had recently completed training around behaviours which may challenge the service and the quality manager told us they were developing the care plan format to include at what point medicine should be used to support a person with their anxiety.

People told us they were happy with the support they received with their medicines. One relative said, "Medicines are given as they should be and the GP visits to review them, staff always let us know if there has been a change, so we know what is going on."

The registered provider's recruitment process did not include all of the steps required. We looked at four staff files and saw the staff recruitment process included completion of an application form, a formal interview, references and a Disclosure and Barring Service check (DBS) all of which were carried out before staff started work at the home. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with vulnerable adults.

Part of safe recruitment must include a full work history from all candidates where all gaps in employment are explained satisfactorily. We saw the application process did not seek to ask the candidates their full work history. We could not determine from the information held in the four staff files we viewed what the full work history was for the members of staff.

We discussed this with the district manager and they confirmed following the inspection the registered provider's policy had been changed. The rest of safe recruitment practices were completed accurately and this meant the risk of unsuitable members of staff being recruited had been reduced.

We saw staffing levels were safe. We looked at the registered provider's system which recorded each person's needs and levels of dependency. This information was used to determine the number of staff required on duty to ensure people's needs were met. We saw from the rota document and staffing labour tool more hours than was required were deployed each week.

On occasions where staff were sick at short notice the registered manager and deputy often covered if care workers were unable to cover. We observed people's needs were met by the number of staff on duty and we saw the managers responded to call bells during the lunchtime period to support the team.

People and their relatives told us they felt there was sufficient staff on duty. People also confirmed staff were prompt to respond to their needs. One person told us, "I use my buzzer if I need a cup of tea or anything in between lunch and tea. Staff come quickly I do not have to wait long."

We saw health and safety was well managed in the home to keep people safe from avoidable harm. We saw records to confirm regular checks and servicing of equipment was completed. Fire evacuation processes were appropriate and regular practices to ensure staff were confident were evidenced.



## Is the service effective?

### Our findings

People and their relatives told us they felt confident in the abilities of the staff team. They were pleased with how the staff team worked together to ensure they received the correct support in the right way. One person said, "The staff know what they are doing, I feel happy here."

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 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.

We saw staff worked within the principles of the mental capacity act when they delivered support to people. They demonstrated this by offering choice and listening to the person's consent before they acted. Staff also respected when people refused their offer of support, which is the person's right to do so. This meant staff were working to provide care and support in people's best interests.

We saw that mental capacity assessments and best interest decisions were not always recorded in people's care plans. This was an issue the registered provider's audit process had identified. We recommended that the registered provider review their policy to reflect the Mental Capacity Act Code of Practice to ensure they had appropriate records of consent or decisions in place for all of the care they delivered to people.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

At the time of our inspection three people were authorised to be deprived of their liberty at the service. Some people had applications pending and the registered manager was waiting for a decision. This meant the service worked to ensure people who may be deprived of their liberty had appropriate applications made for this to be assessed.

All of the people and their families felt that the staff were able to use all equipment confidently and skilfully. People told us they felt safe with staff. Records confirmed training was well managed and staff had received up to date training as well as specialist training required to fulfil their role. For example, team leaders had received training around being a line manager and all staff had received training in dementia care.

A member of staff told us, "We have enough training and we pick up skills when we shadow other staff at the start. I feel confident and I learn more all the time from working with staff 'on the job'." The deputy manager told us and staff confirmed that, during induction, staff shadowed colleagues until they felt confident and were competent to fulfil their role.

We saw records to confirm staff were supported well by their line managers and the registered provider.

Staff had regular supervision and annual appraisals which they told us gave them opportunity to discuss their role and progress. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to staff. The registered provider had a 'behaviours framework' which outlined to staff the behaviours they would like to see which were positive and behaviours they found unacceptable. The tool was used to understand where a member of staff's performance was and how they could develop.

We saw the registered manager looked at all supervision and appraisal documents completed by those delegated to complete the task, so they understood the performance of their team. This meant the process was effective in ensuring staff received appropriate support to fulfil their role.

Some staff had been supported to complete enhanced dementia training and were part of the registered provider's initiative 'Inspires project'. This initiative aimed to provide better, more focused support to people living with dementia. We saw a newsletter which was circulated to share good practice around the registered provider's services. We saw the environment was adapted to support people living with dementia to be independent, for example signage to help people find their way and pictures on each person's flat door to help them recognise their own flat. The registered manager told us a refurbishment of the building was expected to start in February 2017 which would include further 'dementia friendly' adaptations.

People we spoke with were positive about the food at the service and they felt there was ample choice and variety. They confirmed they could have drinks and food at any time of the day or night. One person told us they required a specific diet and that this had been catered for by the service.

Menus were displayed and people had opportunity to discuss them with the cook who attended the residents meetings every month. We saw staff showed people the options on plates to support people living with dementia to choose the food they would like to eat.

A drinks and snack station was available in the lounge area which contained fruit and biscuits for people. Staff regularly offered people drinks throughout the day and when people asked drinks and snacks were promptly provided. We spoke with the cook who was knowledgeable about people's needs and they worked well with the care team to understand those people who required for example; specialist diets or had allergies.

We saw the dining experience was positive and tables were laid with condiments and people were provided vegetables in side plates so they could self-serve the quantity they wanted. People who chose to eat in their own flat were supported to do so and there was enough staff to cater for all people's needs during the meal service. Nobody was observed to be rushed and support was dignified and at people's own pace. Where people required adapted equipment this was catered for to ensure people maintained their independence.

People and their relatives confirmed if they requested to see a GP or health professional this would be arranged by the staff. They also confirmed this was arranged promptly and with their consent. One relative told us, "If my family member needed a GP the staff always act quickly and arrange this." We saw people's health was monitored in areas such as nutrition and pressure area care. We saw professionals were referred to whenever staff needed advice and support. The service also used Telehealth systems to communicate with doctors and nurses to seek advice. This initiative was supported by the NHS to prevent hospital admissions. It involved the service using technology to seek advice from professionals at the local hospital through video link. This meant people's healthcare needs were managed well.

## Is the service caring?

### Our findings

People and their relatives indicated that the staff listened to their needs and acted upon their requests. They all confirmed that the staff were kind and caring and went out of their way to make them comfortable.

One person told us, "I like to stay in my room but staff are always popping in to see me and have a chat and I know they must be very busy. They are always asking if I need anything and if I am comfortable." A relative told us, "They arranged a wonderful party for [person's name]. All her family and friends could be here to celebrate and the staff couldn't have made it more special." We were told by another person that a fellow person had lost their family member and staff supported them to hold the wake at the care home so they could be part of this.

Staff were able to describe what they felt being caring meant to them, they told us it meant being cared for, for example having your hair brushed, being clean and tidy. Also being respectful of people's preferences such as 'not wearing too much perfume' or being supported to have a bath independently to provide privacy. We saw staff ensured that people maintained their independence and people were well cared for by the team.

People confirmed they were encouraged to maintain their independence and manage as much for themselves as they were comfortable with. We saw the environment had been altered to support a person with physical disabilities to access their own flat without staff support. One person told us, "I do as much as I can for myself. I talk with the staff and decide what is best."

People were treated with dignity and respect. For example, we saw staff knocking on people's doors before entering their flat. One member of staff explained how they had ensured a person who recently passed away had their favourite belongings with them during the end of their life to support them to feel at home and comfortable. We observed staff respond when a person had a fall and they ensured a 'dignity screen' was placed around the person whilst they supported them in privacy.

A visiting professional told us, "It is a wonderful place, I have worked in many care homes and it is the nicest environment and the care is exceptional. It is like a little family up there." Another told us, "You can come anytime and the atmosphere is always good and they are very helpful."

People were supported through technology to keep in touch with their relatives. The registered manager told us how Wi-Fi and an I-Pad were used to Skype families. This meant people received dignified and compassionate care from the staff team.

## Is the service responsive?

### Our findings

We saw the service was responsive to people's needs. People and their families told us they felt their needs were met very well and that they had lots of opportunities to join in activities, take part in their own hobbies and interests and be involved in their support. One person told us, "The staff talk to me about what care I would like and how I want that to be". Another person said, "I have my own routines, which I like and staff fit around this and know what I like and how I prefer to spend my time." A visiting professional told us, "It is not just the care they do it is the activities as well, baking, people coming to entertain them, they (staff) treat people well. I see people are able to speak up."

There was strong community involvement with the local primary school visiting regularly. People kept links in the community; one person attended a weekly luncheon club to maintain previous friendships. Another person was an active church member and was supported to attend church regularly.

There was a member of staff who was responsible for ensuring people had a plentiful supply of interesting activities to join. We saw this included exercise class, pat dog sessions, quizzes, coffee mornings, gardening and movies. Each person had a recorded assessment of their interests and dislikes. The staff explained this helped them to tailor activities specifically for individuals. Staff gave us examples where people were supported with reading, crosswords and crafts. One care worker told us, "We do activities with people, one person I am key worker for does not like to join the main group but likes to chat and we may tidy her drawers together."

People were able to express their views on the activities available each month at the 'residents meeting'. The activities member of staff spoke to each person individually before the meeting to seek feedback which ensured all views were discussed.

We saw staff had laid out games, crosswords, jigsaws and magazines in small seating areas and around the home. We saw people took the opportunity to sit and use them; this helped to ensure people were not socially isolated or bored. This also encouraged people to be more mobile.

People gave us example of trips which had been organised to Harrogate flower show, garden centres and the seaside. We were also told by a person about how staff organised for experts to come and talk to people about their interests, one such talk had been around 'bees'.

People and their families told us they were involved in developing the care plans in place and were invited when reviews occurred. Two people we spoke with confirmed staff had discussed their care and choices in areas such as personal care and activities.

We looked at four care plans and saw they contained person centred detail about how people liked their support to be delivered. People's preferences were included such as the food a person liked, when they liked to be supported to bed, where their favourite place to sit was. They included information about people's life histories which supported staff to understand each person and build meaningful relationships. Where

people were living with dementia their care plans contained details about how a person communicated their needs and also expressed pain. This helped to ensure people received responsive support.

Care plans were reviewed monthly. People and their relatives told us they were often asked to join in the reviews. We saw people's views were sometimes recorded on the monthly review sheets. A family member told us, "I am often invited to discuss [name of person] care plan. The staff call us which keeps us up to date about how she is doing."

We looked at complaints records. All day to day concerns and formal complaints were recorded with the outcome and response letter where required. The registered manager explained all staff were aware that everything must be recorded which ensured people felt listened to. The registered manager logged complaints under 'type' which helped them understand patterns and trends. Trends were discussed at staff meetings. This meant the service was committed to continuous improvement and learning from feedback received.

People agreed that their concerns were always listened to. All felt they would be able to take concerns and complaints to the managers and they would take appropriate actions. One person told us, "I feel that I can talk with the staff and would be happy to say if I had any concerns."

## Is the service well-led?

### Our findings

A registered manager was in post at the time of the inspection. 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.

The management team was well thought of by all the people and their relatives we spoke with. All felt they were approachable and empathic. One person told us, "The staff are all very caring and the manager keeps everything in order." A relative told us, "The home is well managed and run."

Staff told us the best things about the service were the staff relationships, laughing and joking and team work. They told us the registered manager and deputy were firm about standards and we saw all staff understood their responsibilities. A member of staff told us, "Everyone gets on really well and it is a positive culture. I feel confident raising concerns and the manager is always there to listen. I come to work because I love it." Staff also told us there were some strong characters in the team and the registered manager confirmed they tried to balance everyone's views and respond to staff concerns, but with a strong focus on the people everyone was there to support.

We saw regular checks were completed by the registered manager and deputy manager alongside the staff team to ensure they provided a quality and safe service. For example, checks on medicines, care plans and health and safety. The registered provider also completed regular checks to confirm the registered manager's findings. Some of the issues we have highlighted regarding medicines and mental capacity had already been identified. We saw the registered manager had a master action plan which was monitored to ensure improvements were made. This meant the quality assurance system was effective.

Accidents and incidents were monitored and also people's well-being. We saw this helped to ensure individual people received the care and support they needed. The registered manager and registered provider did not always use the data to assess whether they could see any patterns for example around training and staffing. The district manager told us they would feed this back to the registered provider with a view to altering the procedure in place.

People and staff had opportunities to speak up via staff meetings, residents meetings, care plan reviews and staff supervisions. We saw a document called 'You said, We did' in the entrance hall which described what had changed in response to people's ideas and suggestions. One example for this was a new seating area had been organised to the front of the home where people wanted to sit in the nice weather. This meant the service was run for the best interests of the people who lived there. A relative told us, "They put the residents first."

The registered provider was proactive in seeking the views of people, their relatives and staff via annual surveys. A recent survey in 2016 had been completed and results were not yet communicated. We saw the previous results which showed high levels of satisfaction from people and their families, for example, "I am

kept well informed about my mother's needs and any changes in her care. I find staff approachable and helpful." The registered manager provided us with the action plan developed following the most recent staff survey which committed to making staff aware they could speak up and challenge how things were done

People and their families were satisfied with the leadership of the service. A relative told us, "People receive consistently good care and staff always make you feel like nothing is too much trouble."