

Ms Mary Mundy

Towerhouse Residential Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

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?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 26 April 2018 and was unannounced.

The last inspection was carried out in July 2017. The overall rating for the service was inadequate. We found the provider was in breach of Regulations 12 (safe care and treatment), 9 (person-centred care) and 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider was placed in Special Measures. Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. During our comprehensive inspection in April 2018 the service demonstrated to us that improvements had been made and no longer rated as inadequate overall or in any of the key questions. Therefore, this service is now out of Special Measures.

Towerhouse Residential Home is a care home situated in Willesden which is registered to provide care to up to eight older people. There were four people at the service, the majority of whom were living with dementia.

A registered manager was not in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The service had made some improvements. However, further improvements were required. This is because, the systems and processes for monitoring and improving the service were not consistently effective and had failed to identify some concerns about quality and safety of the service. We also found that peoples' risk assessments did not always contain detail required to support them. Risks had sometimes been assessed as higher than they were in practice. The mechanisms in place to monitor and improve the service had not been effective as they had failed to highlight this. Where improvements had been made, it was too early for the provider to be able to demonstrate that these processes were fully embedded and that these improvements could be sustained over time.

Overall there was a system to ensure that people were safe and protected from abuse. Staff knew how to recognise abuse and how to report allegations and incidents of abuse. There was evidence risks to people had been identified, assessed and reviewed. Recruitment of staff was safe and robust. We saw that pre-employment checks had been completed before staff could commence work. There were sufficient numbers of staff to support people to stay safe. Regular safety checks were carried out to ensure the premises and equipment were safe for people. We also saw there were systems in place to protect people and staff from infection. There were suitable arrangements for the recording, administration and disposal of medicines.

Improvements had been made to ensure people were supported to have choice and control of their lives. Their care records showed relevant health and social care professionals were involved in their care. The

service was working within the principles of the Mental Capacity Act 2005 (MCA). Care records held best interest decisions including details of people's relatives who were involved in the decision-making process. The service also followed the requirements of Deprivation of Liberty Safeguards (DoLS), which meant that people were not deprived of their liberty unlawfully.

There were arrangements to ensure that people's nutritional needs were met. We also saw that people's dietary requirements, likes and dislikes were assessed and known to staff.

People's privacy and dignity were respected. Staff understood the need to protect and respect people's human rights. We saw they had received training in equality and diversity. People's spiritual or cultural wishes were respected. Representatives of local churches visited the service regularly for prayers with people.

Improvements had also been made to ensure people received personalised care. Their care plans had been regularly reviewed and updated to ensure they reflected people's changing needs and wishes. Care plans also reflected their social needs. They were supported to take part in meaningful activities that were relevant and appropriate to them.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not consistently safe.

We found that although action had been taken to improve the safety to people, their risk assessments did not always contain detail required to support them. Risks had sometimes been assessed as higher than they were in practice.

People received medicines they were prescribed and staff had received relevant training to ensure they administered medicines safely.

There were sufficient numbers of staff to support people to stay safe. People at the service did not have to wait for support when they required it.

People were protected from abuse and avoidable harm. Staff had received training about safeguarding.

While improvements had been made, we could not improve the rating for Safe from Requires Improvement because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Is the service effective?

Good ●

The service was effective.

We found that action had been taken to improve the application of Mental Capacity Act 2005.

People were supported by external healthcare professionals who provided staff with guidance.

Staff now received training to meet the needs of people using the service and formal supervision arrangements were in place.

People had access to food and drinks. They could choose what they ate.

Is the service caring?

Good ●

The service had remained Good.

People were treated with dignity and respect.

People's privacy and dignity was respected. Staff were knowledgeable about the people they cared for and were aware of people's individual needs.

People were supported to be actively involved in choices around their care. Their religious and cultural needs were now supported.

Is the service responsive?

Good ●

The service was responsive.

We found that action had been taken to ensure people's care was person centred. Care plans provided sufficient detail about people's care and support needs and how this was to be delivered by staff.

People were involved in the development of their care plans. Their care plans had been regularly reviewed and updated to ensure they reflected their changing needs and wishes.

People were now engaged in meaningful social activities throughout the day.

Is the service well-led?

Requires Improvement ●

The service was not consistently well led.

Although, the service had started to make improvements, the systems and processes for monitoring and improving the service were not consistently effective and had failed to identify some concerns about the quality and safety of the service.

Also, where improvements had been made, we could not improve the rating for well-led from Requires Improvement because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Towerhouse 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 planned 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 unannounced inspection took place on 26 April 2018. The inspection was carried out by two inspectors.

Prior to the inspection we looked at information about the service including notifications and any other information received from other agencies. Notifications are information about specific important events the service is legally required to report to us. We reviewed the Provider Information Record (PIR). This is a form that asks the provider to give some key information about the service, tells us what the service does well and the improvements they plan to make.

During the inspection we spoke with four people using the service to obtain feedback about their experiences of the service. We also spoke with relatives of two people. We spoke with the owner, and two care workers. We examined four people's care records. We also looked at personnel records of four care workers, including details of their recruitment, training and supervision. We reviewed further records relating to the management of the service, including quality assurance processes, to see how the service was run.

Is the service safe?

Our findings

At our inspection in July 2017 we found the service was not safe and we rated the provider as 'Inadequate' in this key question. We found that a fire exit door was in breach of fire regulations. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that this door was no longer a fire exit. There were two fire exits to the front and back of the building. These were appropriately signed and free from obstructions. However, we could not improve the rating from 'Requires Improvement' because to do so requires consistent good practice over time.

People said they felt safe. Everyone we spoke with said they had no concern around safety. We also spoke with people's relatives and their comments included, "I am happy with the care that is provided for my relative" and "I feel my relative is well looked after and safe."

Environmental risk assessments to ensure people and staff's safety and wellbeing were in place. The owner demonstrated an awareness of their legal duties with respect to fire safety. Regular fire safety checks had taken place. Records showed that a weekly test of the fire alarm system had taken place. Monthly checks of fire doors, emergency lighting and fire extinguishers were also recorded. The service's fire safety equipment had been serviced in March 2018. Monthly fire drills had taken place and people receiving care were involved in these. People's ability to evacuate the building in the event of a fire had been considered and where required each person had an individual personal emergency evacuation plan (PEEP).

Health and safety checks had been undertaken to ensure safe management of utilities, food hygiene, COSHH (control of substances hazardous to health), moving and handling equipment. These had been reviewed and updated in October 2017. However, checks of the service's first aid equipment had not taken place and there was no guidance on the items that should be available in the first aid kit for a service of this size. We discussed this with the owner who told us that they would seek guidance on the items that should be contained in the service's first aid kit and ensure that this was regularly checked in the future.

During the inspection we found that renovations of the service were underway. We saw that the extension of the home had been partially completed. We observed that there were two open spaces for windows in the extended part of the building. Although the owner reported that the doors inside were locked, we felt the open spaces posed a security risk. Following the inspection, the registered owner confirmed they had acted to have windows installed.

During our last inspection in July 2017 we found that risk assessments had not been regularly updated for people and that changes in needs in relation to risk had not led to a review or change of people's risk assessments. At this inspection we found that people's risk assessments were up to date and included information for staff members in relation to managing identified risks. Risk management plans included guidance on, for example, supporting people with walking, reducing the risk of falls, eating and drinking, continence and medicines.

However, we found that some risk assessments had not been completed effectively. The service used a 'tick

box' system for identifying the level of risk to people. For example, some risk assessments showed that there was a high risk to people because all boxes in relation to a specific risk had been ticked, rather than the most appropriate one. Therefore, we found that risk assessment outcomes were not always consistent with other information about risk that was included in people's files. We found that risks had sometimes been assessed as higher than they were in practice.

We discussed this with the owner so further improvements could be made. Following the inspection, we spoke with the owner and she told us that all risk assessments had been reviewed to ensure that they accurately recorded the level of risk to people.

There was a system to ensure that people were safe and protected from abuse. A safeguarding policy and procedure was in place. Staff had been provided with safeguarding training. They knew how to recognise abuse and how to report allegations and incidents of abuse. They were also aware they could notify other agencies such as the local authority, the Commission and the police when needed. A staff member described her role and responsibilities. She said, "If I had any concern I would report it immediately to the manager. If she isn't here I would contact social services."

There were effective recruitment and selection processes for new staff. This included carrying out checks to make sure new staff were safe to work with vulnerable adults. Staff were not allowed to start work until satisfactory checks and employment references had been obtained. Staff files included copies of satisfactory references, criminal records (DBS) checks and checks of eligibility to work in the UK.

There were sufficient numbers of staff to support people to stay safe. People receiving care did not have to wait for support when they required it. There was a minimum of two staff during the day. Where people required one to one care and support this was provided. When we reviewed previous rotas, we saw that this was generally the case.

The service had made suitable arrangements to ensure people were protected against the risks associated with the inappropriate use of medicines. We checked medicines audits, medicines administration record (MAR) charts, and medicines supplies. All prescribed medicines were available at the service and were stored securely in a locked medicines trolley. This assured us that medicines were available at the point of need. When the medicines trolley was not in use, this was secured to the wall in an appropriate manner. People could obtain their 'when required' (PRN) medicines at a time that was suitable for them. There were appropriate, up to date protocols in place which covered the reasons for giving the medicine. We saw that administration was clearly recorded. The service followed current and relevant professional guidance about the management and review of medicines. For example, we saw evidence of several recent audits. These included safe storage of medicines, room temperatures and stock quantities of non-blister packed medicines.

There were systems in place to protect people and staff from infection. Staff had completed infection prevention and control training and they understood the importance of infection control measures. They used personal protective equipment such as vinyl gloves and other protective measures when handling food or completing personal care tasks.

Is the service effective?

Our findings

At our last inspection in July 2017 we found the service was not always effective and we rated the provider as 'Requires Improvement' in this key question. We found that the principles of the Mental Capacity Act 2005 were not always understood and followed. Although capacity assessments were in place for people receiving care, these were generalised to all decisions and not developed in relation to specific decisions as required by the guidance. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that improvements had been made.

We asked people if they received effective care and they confirmed their individual needs were met. One relative told us, "My relative has received good care." Another relative said, "Staff do their best to look after my relative."

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. Care records held best interest decisions including details of people's circle of support who were involved in the decision-making process.

People's human rights were protected because the requirements of Deprivation of Liberty (DoLS) were being followed. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA 2005. The authorisation procedures for this in care homes and hospitals are called DoLS. For example, the care records for one person showed that an assessment of their capacity to make decisions had been recorded. An up to date Deprivation of Liberties Safeguards (DoLS) authorisation had been obtained from the local authority. A best interests decision involving the person's family and GP had taken place in relation to the use of bedrails to ensure that the person was safe. As a result of this the GP had requested that the district nursing team ordered a more suitable bed for the person.

As part of meeting people's needs, the service also worked with a range of health and social care professionals such as GPs, community nurses and social workers. Access was also provided to more specialist services, such as opticians and dentists if required. Records maintained by the service showed that people regularly received health checks. Staff kept records about the healthcare appointments people had attended and implemented the guidance provided by healthcare professionals. People were supported by staff if they had a hospital appointment or needed to visit their GP. In one example, a person complained of tooth pain and was supported to see a dentist. Another person had recently had a hospital stay and their care file included their discharge notes and information about follow up care and treatment.

People received care from staff who had received training to meet their needs. Newly recruited staff completed an induction programme which included mandatory topics such as safeguarding, moving and handling, fire safety and food safety. Staff members had received medicines training and competency

checks of safe medicines administration had taken place. We spoke with staff who confirmed that they had received training in various areas of care and that this was refreshed regularly to keep their knowledge up to date. We saw that the service had developed a training matrix which identified when training was due to be 'refreshed.' Where people had specific diagnoses, we saw that additional training was provided, including palliative care and dementia training. One staff member told us that they had recently attended safeguarding and dementia training sessions provided by the local authority.

Records and feedback from staff confirmed that formal systems of staff development including one to one supervision meetings were now in place. This ensured staff were supported to set personal goals for development and allowed the managers to monitor their competence. One staff member said, "The supervisions are really helpful but I can also go to my manager at any time for support and assistance."

We observed a lunchtime meal and saw that people were given a choice of beef mince stew with vegetables and rice or pizza. Three people ate well and one had helpings of both the meals on offer. People were also offered choices of drinks and snacks during the day. One person said, "I always enjoy my meal here." During the meal one person asked for fufu which is a West African starch based dish. They were told that there was no fufu that day and he was happy to eat pizza. We asked the owner if the service provided culturally specific meals to people. She told us that specialist foods were purchased locally so that the person was enabled to eat food from their country of origin as part of a mixed diet. We looked at the record of their food and drink intake and noted that they occasionally ate cultural foods of their choice.

Is the service caring?

Our findings

At our last inspection in July 2017 we found the service was caring and we rated the provider as 'Good' in this key question. At this inspection we found the service remained Good. People were treated with kindness and respect by staff. One person told us, "Yes, I am treated well." One relative told us, "Whenever I have visited I have observed my relative being treated with respect." Another relative said, "Staff are always courteous."

People's privacy and dignity were respected. When we spoke with staff they explained the importance of ensuring that people's privacy was protected. They told us that they would knock on doors before entering people's bedrooms, which we observed during the inspection. People could stay in their rooms if they preferred privacy.

Staff engaged with people positively. They spent time talking with people and listening to what people had to say. Staff spoke with people in a friendly way and gave people time to respond. We observed that people were assisted closely by staff. For example, people were given a choice of meals. We observed staff members trying to encourage one person who tended to refuse meals, to make a choice from the menu. When the person continued to refuse what was on offer, a suggestion to cook him chicken and chips was made and he accepted this. The registered manager told us that staff always offered alternative meals to tempt the person to eat and that, if this did not work, they would try again later.

The service had a policy on ensuring equality and valuing diversity. This instructed staff to ensure that the personal needs and preferences of all people were respected regardless of their background. Staff spoke knowledgeably about what they would do to ensure people had the care they needed for a variety of diverse needs, including spiritual and cultural differences. People were supported with their religious observances, including visits from representatives of local churches for prayers. One person received holy communion and had visits from a priest on Sundays.

The service ensured people received compassionate and supportive care when they were nearing the end of their lives. Peoples' end of life care was discussed and planned. We saw that people's wishes had been respected if they had refused to discuss this. Records showed that peoples' wishes, regarding their spiritual and religious beliefs and arrangements after their death had been respected. For example, one person's end of life assessment included the name of the church, the priest and where they wished the service to be held.

We observed that personal information was stored securely in locked cabinets. Relatives and people told us their permission was sought before their confidential information was shared with other healthcare professionals and we saw this documented in care files. This meant people could be assured their sensitive information was treated confidentially, carefully and in line with the Data Protection Act 1998.

Is the service responsive?

Our findings

At our last inspection in July 2017 we found the service was not always responsive and we rated the provider as 'Requires Improvement' in this key question. We found people's care plans did not always include information about how care should be provided by staff. Care notes did not always include information about, for example, behaviours and activities and appointments and other engagement with health professionals had not always been recorded. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that improvements had been made.

We saw that people received individualised care and support which met their needs. This was also confirmed by relatives we spoke with. One relative told us, "We are invited for meetings and we are asked for feedback." Another relative said, "I have no complaints. I am happy with the care. Nothing has gone wrong."

At this inspection we saw care was much more person centred compared to our previous inspection. People's care plans included information about a range of needs, such as health, personal care, food and nutrition, money management and medicines. Information about people's religious and cultural needs and preferences was recorded. The plans also included guidance for staff members on supporting people, including information about communication preferences and how to support choice and decision making about their care. We found that care plans had been regularly reviewed and updated to ensure they reflected people's changing needs and wishes.

Individual communication needs were assessed and met. The service had an Accessible Information Standard (AIS) policy in place. From 1 August 2016, providers of publicly-funded adult social care must follow the AIS in full. Services must record, flag, share and meet people's information and communication needs. Even though the service had not yet formalised the standard's assessment process, each person's file contained a personalised communication plan, which showed people's communication needs had been considered. For example, the service had put in place an alert system that was compatible with someone who was partially blind.

People's support plans reflected their social needs. The service's activities book described individual and group activities that people participated in. During this inspection we observed staff members engaging people in activities. For example, a person was supported to go for a walk before lunch. A music session where people sang and played percussion instruments also took place. A person told us, "I really enjoyed that." The record of activities maintained by the service showed that some activities were taking place on a regular basis. For example, a weekly keep fit session facilitated by an external provider had been introduced. People went out for walks and had music and pampering sessions, such as hand massages, at the service. A faith representative from a local place of worship visited regularly. This gave people an opportunity to mix with others socially and reduce the risk of social isolation.

There was a complaints procedure in place. This set out how people's complaints would be dealt with. There was a process for managers to log and investigate complaints including, recording actions taken to

resolve complaints.

Is the service well-led?

Our findings

At our last inspection in July 2017 we found the service was not well-led and we rated the provider as 'Inadequate' in this key question. We found shortfalls in the provider's systems to monitor and improve the quality of the service. There were concerns with the leadership of the service. The leadership did not consistently demonstrate they had the experience, capacity and capability to run the service to ensure high quality care. This was a breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014. At this inspection we found that although improvements had been made, further improvements were required. This is because, the systems and processes for monitoring and improving the service were not consistently effective and had failed to identify some concerns about quality and safety of the service.

The health and safety checks had failed to identify that the first aid equipment was not available and ready for use. There was no guidance on the items that should be available in the first aid kit for a service of this size.

We also found that the health and safety audits had failed to identify the risks posed by the renovations that were currently taking place during this inspection. We saw that the extension of the home had been partially completed. However, there were two open spaces, which potentially posed a security risk but had not been identified through the audits that were carried out by the service. Although the service had eventually acted to address this, the improvements made were as a direct result of our intervention rather than because of on-going and proactive quality monitoring.

Peoples' risk assessments did not always contain detail required to support them. The service used a 'tick box' system for identifying the level of risk to people. We found that risks had sometimes been assessed as higher than they were in practice. The mechanisms in place to monitor and improve the service had not been effective as they had failed to highlight this.

However, we also found that the service had made some improvements. This in part had been facilitated by the service employing a deputy manager in January 2017, whose responsibility was to offer managerial and governance support. At our previous inspection we had found this person to be well-informed about the issues at the service. Even though she had only been in post for a short period, she was familiar with important operational aspects of the service including the improvements that were required. During this inspection we were given reassurances by the owner that this person was staying in post for as long as feasible.

We found the owner, with support from the deputy, had implemented new ways of working which were providing some direction for the service. The service regularly sought feedback from people and their relatives to help them monitor the quality of care provided. There were also regular audits of care and safety issues, albeit these still required to be improved. There was evidence of regular audits on medicines and care records. Planned improvements included, structural adjustments of two bedrooms at the home. At this inspection we found on-going refurbishments to enlarge the two bedrooms.

The service had continued to be open and inclusive in its approach. The service organised several meetings to give people, their relatives and staff an opportunity to share opinions about how the service was delivered. People were given an opportunity to discuss issues that mattered to them and how the service was supporting them toward their goals. Equally, staff were asked for their views and opinions and were confident of raising concerns and making suggestions. They told us further opportunities to provide feedback were provided through supervisions and appraisals.

Staff spoke positively regarding the owner. They told us she was supportive. They described her as approachable and hardworking. They felt free to raise any concerns knowing these would be dealt with appropriately.