

Ms Mary Mundy

Towerhouse Residential Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Towerhouse Residential Home is a residential care home providing personal care to people aged 65 and over. The home can accommodate up to eight people in one adapted building. When we inspected seven people were living at the home.

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

The provider had acted to address failures that we had identified at our last inspection. People's risk assessments had been reviewed and these were accurate and up to date. Emergency first aid boxes were complete and their contents were regularly monitored. The home was secure with no potential unsecured entry points.

There was a system in place to ensure that people were safe and protected from abuse and harm. Staff knew how to recognise abuse and how to report allegations and incidents of abuse. Risks to people had been identified, assessed and reviewed. Regular safety checks were carried out to ensure the premises and equipment were safe for people. There were systems in place to protect people and staff from infection. Medicines were stored, administered, recorded and disposed of safely.

Recruitment of staff was safe and robust. Pre-employment checks had been carried before staff could commence work. There were sufficient numbers of staff to support people to stay safe.

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 at the home supported this practice.

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 were able to choose what they ate and drank.

Staff members received regular training and supervision to ensure that they were able to carry out their roles effectively. Observations of staff care practice had also been carried out.

People's privacy and dignity were respected. Staff understood the need to protect and respect people's human rights. People's spiritual or cultural wishes were respected. Faith representatives visited the home regularly to provide pastoral support.

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

People and family members told us that they had no complaints, but they knew who to speak to if they did.

People, family members and staff told us that the home was well managed. Quality assurance monitoring had taken place and this had been used to maintain improvements.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was requires improvement (published 25 September 2018).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Towerhouse Residential Home

Detailed findings

Background to this inspection

Start this section with the following heading:

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Towerhouse Residential Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The home is managed by the registered provider who is legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

Due to technical problems, the provider was not able to complete a Provider Information Return. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service

and made the judgements in this report. We reviewed other information we had received since the last inspection. We sought feedback from the local authority and other professionals who work with the home. We used all of this information to plan our inspection.

During the inspection

During the inspection we spoke with the manager, two care assistants, four people living at the home and two relatives.

We reviewed a variety of records which related to people's individual care and the running of the service. This included the care records for four people and six medicines records. We looked at four staff records in relation to recruitment, training and supervision. A number of records relating to the management of the service, including policies and procedures and quality assurance monitoring were also reviewed.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- At our previous inspection, we found that, although Individual risk assessments had been developed for people living at the home these not always accurate. At this inspection we found the provider had acted to improve people's risk assessments. These were regularly reviewed and updated when there were any changes in people's needs.
- People's risk assessments included guidance for staff on ensuring that identified risks were safely managed in the least restrictive way to minimise the risk of harm. Staff understood potential risks to people and knew what action they should take to manage these.
- At our previous inspection we found that first aid equipment had not been monitored. At this inspection we found the provider had acted to ensure that first aid kits were regularly monitored and replenished where required.
- Service checks of equipment, gas, electrical and fire safety systems were carried out as required by law. Regular checks of, for example, fire alarms, call bells, fridge/freezer and hot water temperatures had taken place.
- The provider had undertaken an annual fire safety risk assessment. Regular fire drills had taken place. People living at the home had personal emergency evacuation plans which included details of the support that they required should they need to be evacuated from the home in an emergency.
- At our previous inspection the provider was in the process of making improvements to the building. These had been completed. The home was in a good state of repair and we noted that essential maintenance had been carried out in a timely and safe manner.

Using medicines safely

- The provider had policies and procedures which covered the recording and safe administration of medicines. Staff received regular training in safe administration of medicines. Staff competency in administering medicines was checked and monitored to make sure their practice was safe.
- Medicines were securely stored and at a temperature that ensured they were effective and safe. Records of medicines administration (MARs) were recorded accurately.
- We observed staff administering medicines to people. They explained what they were doing and waited for people's consent. They offered water or another suitable drink to support people in taking their medicines. MARs were completed by staff when people had taken their medicines.

Preventing and controlling infection

- There were policies and procedures to minimise and control infection. Regular infection control audits had taken place. The home was clean and free from odour.

- Staff followed effective infection control procedures when supporting people with personal care. They washed their hands and wore gloves and aprons when necessary.
- Food hygiene practice was safe. We observed that staff preparing and serving food used aprons and gloves where appropriate. Following our inspection, the home had been given a five star food rating, the highest rating.

Systems and processes to safeguard people from the risk of abuse

- The provider had policies and procedures in place to safeguard people from the risk of harm or abuse. Information about safeguarding was provided to people, their family members and staff.
- Staff had received safeguarding adults training. They understood their responsibilities to protect people from abuse and neglect. They knew that they needed to report any concerns or suspicions to the registered manager, and if necessary, the local authority safeguarding team, police and CQC.
- People and their family members told us that they felt the home was safe.

Staffing and recruitment

- Staff records showed that recruitment and selection processes had been carried out to make sure that only suitable staff were employed to care for people. Staff were not appointed without evidence of identity and receipt of satisfactory references and criminal records checks.
- Discussions with people and staff, along with our observations, showed people received their care and support at times they wanted or needed it. One person said, "I think they are very good. They are always checking and if I call for them, they are there immediately."
- During our previous inspections we found that the home had relied on agency workers to cover staff shortages. At this inspection we noted that the home had recruited to permanent vacancies and there was less reliance on agency workers. Where agency staff were used, these were 'regular' agency workers who were familiar with people and their needs.

Learning lessons when things go wrong

- Accidents and incidents were fully recorded along with actions taken to reduce the likelihood of them happening again.
- The provider had acted on outcomes of previous inspections. We found that they had maintained improvements to the service provided at the home.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were fully assessed with their involvement before they moved to the home. This helped the provider and person to decide if the home was likely to meet their needs and preferences.
- People's care plans and risk assessments were linked to the information provided in their needs assessments.
- People told us that they made choices and received the care and support from staff that they needed and wanted.

Staff support: induction, training, skills and experience

- People were supported by skilled and competent staff. Staff received an induction when they first started work to learn about the home, the people who lived there, policies and procedures and their roles and responsibilities. The induction included training that met the outcomes of the Care Certificate. The Care Certificate provides a set of training standards for new staff working in health and social care services.
- Staff received the training and support that they needed to carry out their roles. There was evidence of ongoing staff training, which covered a range of areas, including, medicines management, safeguarding, health and safety, equality and diversity and infection control.
- Staff told us that they felt well supported. They received regular supervision and appraisal of their development and performance. In addition regular observations of care practice by staff had taken place.
- Staff demonstrated a good understanding of people's needs. They were knowledgeable about people's individual needs including their behaviour and communication needs.

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

- People using the service told us that they enjoyed the meals provided by the service. They told us, "The meals here are lovely," and, "We get plenty to eat and I can choose what I want. They are always asking me if I want a cup of tea."
- Details of people's nutritional and individual dietary needs were written in their care records. People were provided with a choice of food and drinks. People told us they could ask for alternative meals if they preferred. We observed lunch and saw that people were provided with alternatives according to their preferences.
- During lunch, staff provided encouragement and supported people to eat and drink at a pace that suited them. We saw that people were regularly offered drinks and snacks throughout the day.
- People's weights were monitored closely. Staff knew that they needed to report all changes in people's weight to management staff, and to healthcare professionals when there were concerns.

Staff working with other agencies to provide consistent, effective, timely care

- Information was shared appropriately with other professionals to help ensure people received consistent and effective care and support.
- People's care records showed that health professionals had been contacted immediately where there were any concerns about people's physical or mental health. Staff had updated people's care plans to reflect professional guidance or treatment where this had changed.

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

- The layout of the home was suitable for people's needs. The premises were well lit and decorated. Adaptations had been made to the home to enable two additional ground floor rooms for people with mobility needs.
- People had en-suite shower rooms, or shared shower rooms with one other person with direct access from their bedrooms. The shower rooms had been updated and refurbished within the past year.
- People's bedrooms were well decorated and personalised with items of their choice. The provider had purchased televisions for people's rooms.
- Outdoor space with seating was accessible to people and their visitors. There were covered areas for people who wished to smoke.

Supporting people to live healthier lives, access healthcare services and support

- People's health needs were regularly reviewed and updated in their care records. People had access to the healthcare services they needed. A local GP visited the home on request. One person said, "If I need to go to any hospital appointments staff come with me."
- Staff worked with healthcare professionals to ensure people were provided with the care and support that they needed.
- People were supported by staff to keep as mobile as possible. Regular exercise activities took place and we saw that these were suitable for people with physical impairments. Staff encouraged people to go for walks in the garden or within the local community.

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- People's care plans included information about their capacity to make decisions about their care and support. DoLS authorisations had been sought for people where there were risks in relation to their capacity and safety. People were supported by staff who had received MCA/DoLS training and understood their responsibilities around consent and mental capacity.
- Staff told us that they always asked for people's agreement before supporting them with personal care and other tasks. People using the service along with our observations confirmed that this was the case.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

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

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

- There was a friendly, welcoming atmosphere. People told us staff were kind and treated them well. Staff were respectful to people and provided them with assistance in a friendly and caring manner. People told us, "I Like living here. The staff are lovely. They are always checking if I am OK" and, "They are very kind and helpful."
- People's diversity needs were recognised and supported by the service. People's personal relationships, beliefs, likes and wishes were recorded in their care plans. People's cultural choices were respected. People who practiced a religious faith were supported to do so.

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

- People were involved with planning and review of their care. People's care records showed that they had provided detailed information about their needs, preferences and background.
- People told us that they made everyday decisions and choices including when they wanted to get up, what to eat and what they wanted to wear. One person said, "I can't go out at the moment, but I am able to choose what I want to do every day." A family member said, "They involve us when [relative] can't say what they want."
- Residents meetings took place where people were consulted about changes to the home, menus and activities. People had opportunities to discuss their individual care and support needs with staff.

Respecting and promoting people's privacy, dignity and independence

- People told us that staff were respectful of their privacy. During the inspection, we saw staff knocked on people's bedroom doors and wait for a response before entering. Staff supported people with their personal care in a manner that maintained their privacy and dignity. We observed, for example, a staff member encouraging a person discreetly to go to the bathroom.
- People's independence was supported. People told us that they were encouraged to be independent and to ask for help if required. A person said, "I can't get around so much at the moment, but the staff help me to do things. They don't take over when I want to do things for myself."
- People's private and personal information was stored securely, and staff understood the importance of confidentiality.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question remained the same. This meant people's needs were met through good organisation and delivery.

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

- People's care plans were personalised and included detailed up to date information about their individual needs, abilities and preferences. The care plans provided guidance for staff about how best to support people's needs and preferences. People's daily care records showed that staff were meeting their individual needs as recorded in their care plans.
- Staff were knowledgeable about each person's needs and knew how to provide them with the care and support that they needed and wanted.

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 told us that friends and family members were welcome to visit them at the home. A family member said, "We are able to come and visit [relative] at any time. The staff always make us feel welcome and comfortable."
- 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, we observed people engaging in a weekly keep fit session facilitated by an external provider. This was designed to enable people to take exercise when seated. People also went out for walks and had music and pampering sessions, such as hand massages. A faith representative from a local place of worship visited regularly.
- Some people were supported to attend a local day centre. This gave people an opportunity to mix with others socially and reduce the risk of social isolation.

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.

- The home had a policy on the AIS. Information about people's communication needs was included in their care plans. The provider told us that, although no-one currently living at the home required information in an accessible format or language, they would ensure accessible information was provided to people in the future should they require these.
- Some information was provided in easy to read formats. This included the provider's complaints procedure. Information about the menu of the day was displayed on a large notice board in the dining room. A board in the lounge area displayed the date and day to assist people with orientation about time. The provider said that staff would always explain any information that people did not understand.

Improving care quality in response to complaints or concerns

- The service had a complaints policy and procedure. People knew how to make a complaint. One person told us, "I'd tell the staff if I was unhappy about anything." A family member said, "We don't have any concerns but if we did we would speak to [provider]."
- Care staff knew that they needed to report any complaints about the service that were brought to their attention by people using the service, people's relatives or others.
- We looked at the home's complaints log and saw that there had been no formal complaints since our last inspection. The provider said, "We try to sort things out straight away. If we get a complaint we would act on it immediately."

End of life care and support

- At the end of their lives people were supported to remain at the service if they so wished, in familiar surroundings, supported by their family and staff who knew them well.
- The provider told us that people had been supported to spend their last days at the home in the past. They described how healthcare professionals including GPs, district nurses and palliative care nurses had provided the service with guidance and support when people were being supported at the end of life. Some staff members had received end of life care training provided by local palliative care team professionals.
- The quality of detail about people's end of life wishes and needs varied. The provider told us that some people and family members were not always willing to discuss this. They said that they would always try to revisit the discussion with people.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- At our previous inspection of the home we found that there were failures in the home's monitoring of quality and safety. People's risk assessments had not been completed accurately; emergency first aid kits were incomplete and had not been regularly checked; there were security risks in relation to building works taking place on the ground floor of the home.
- At this inspection we found that the provider had acted to address these failures. Risk assessments had been reviewed and contained accurate information about the level of risk to people. Emergency first aid kits contained the required items, and these were checked monthly. Actions were taken immediately following our last inspection to improve security to the ground floor. The building works had been completed and we found no further concerns about the security of the home.
- The provider was clear about their role and responsibilities. They were supported by a deputy manager who had significant experience and skills in relation to care and support services.
- There were systems in place to monitor the quality of the service and any risks to people's safety. A range of audits and checks were carried out. The provider used learning from these to develop and improve the quality of the service provided to people.
- Staff were familiar with the aims and objectives of the service, which promoted personalised care, dignity, privacy and independence. They were clear about their roles in supporting those goals

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility.

- The provider and deputy manager spent rostered time delivering care and support to people. People and staff told us they were available at any time. The provider lived next door to the home and provided 'on call' support when required.
- People spoke highly of the provider. One person told us "She is lovely. She is always here and helps me a lot."
- Staff members spoke positively of the management of the home. One said, "[Provider] has really helped me to become more confident in my role. I really enjoy coming to work here."
- The provider knew the importance of being open and transparent with relevant persons and of taking responsibility when things go wrong.

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

- The provider had regularly sought feedback from people and their relatives to improve the quality of care provided at the home. We noted that feedback indicated that people were satisfied with the care and support they received.
- Regular staff meetings had taken place. These were used to discuss quality issues, people's needs and to discuss best practice guidance. Staff were asked for their views and the staff we spoke with told us that they felt they were listened to.
- People's equality and diversity needs were understood by the service and supported. Details of these were reflected in people's care plans with guidance provided for staff to enable them to meet these needs.

Continuous learning and improving care

- Information gathered from quality assurance monitoring was acted on and addressed. For example, staff had received additional training and support following spot checks of care practice.

Working in partnership with others

- Staff and management worked in partnership with health and social care professionals to improve the service for people.
- People's care records showed that staff had liaised with family members and health and social care professionals to address any concerns.