

Mrs Eileen O'Connor-Marsh

Tower View Residential Home

Inspection report

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SP1 1JS

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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:

Tower View is a care home for people living with mental health needs. Three people were living in the home at the time of the inspection.

What life is like for people using this service:

- People were positive about the care they received and about the quality of staff.
- People were supported make choices and have as much control and independence as possible.
- People had been supported to develop care plans that were specific to them. These plans were regularly reviewed with people to keep them up to date.
- People received caring and compassionate support from kind and committed staff.
- Staff respected people's privacy and dignity.
- People felt safe and received support to take their medicines safely.
- Risks to people's well-being and safety were assessed, recorded and kept up to date. Staff supported people to manage these risks effectively.
- People's rights to make their own decisions were respected. People were supported to maintain a good diet and access the health services they needed.
- The registered manager provided good support for staff to be able to do their job effectively.
- The provider's quality assurance processes were effective and resulted in improvements to the service.

More information is in Detailed Findings below.

Rating at last inspection:

Good. Report published 9 August 2016.

Why we inspected:

This was a planned inspection based on the rating at the last inspection.

Follow up:

We will monitor all intelligence we receive about the service to inform when the next inspection should take place.

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 

Tower View Residential Home

Detailed findings

Background to this inspection

The 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.

Inspection team:

The inspection team consisted of one inspector.

Service and service type:

Tower View is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

This inspection was unannounced.

What we did:

Before the inspection we reviewed the information we held about the service and the service provider. The registered manager completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the notifications we had received for this service. Notifications are information about important events the service is required to send us by law.

We spoke with all three people who live at Tower View to gather their views about the care they received. We looked at all three people's care records. We checked recruitment, training and supervision records for staff and looked at a range of records about how the service was managed. We also spoke with the registered manager and two care staff.

Is the service safe?

Our findings

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

Good - People were safe and protected from avoidable harm. Legal requirements were met.

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

- The service had effective safeguarding systems in place. All the staff we spoke with understood what to do to make sure people were protected from harm. Staff were confident the provider and management team would act to keep people safe if they raised any concerns.
- The provider had responded well when concerns were raised and worked with the safeguarding team to ensure people were safe.
- People told us they felt safe in the home. Comments included, "I feel safe and staff help me sort out any problems."

Assessing risk, safety monitoring and management:

- Risk assessments were in place to support people to be as independent as possible. The assessments balanced supporting people to stay safe while helping them to maintain their independence. Examples included, assessments about support for people to access the community independently, support people need during periods of distress and support to stay safe alone in the home.
- People had been involved in assessing risks and their views were recorded. Staff demonstrated a good understanding of these plans and the actions they needed to take to keep people safe.
- The safety of the building was regularly assessed. There were systems in place to ensure gas, water, electrics and fire safety equipment were regularly checked.

Staffing and recruitment:

- There were enough staff to meet people's needs. People told us staff were available to provide the care and support they needed.
- Staff told us there were enough of them to be able to provide care in a way that was not rushed. Staff said they worked together well as a team and could always get support from one of the provider's other services that were nearby.
- Effective recruitment procedures ensured people were supported by staff with the appropriate experience and character. This included completing Disclosure and Barring Service (DBS) checks and contacting previous employers about the applicant's past performance and behaviour. A DBS check allows employers to check whether the applicant has any convictions or whether they have been barred from working with vulnerable people.

Using medicines safely:

- Medicines held by the home were securely stored and people were supported to take the medicines they had been prescribed.
- Medicines administration records had been fully completed. These gave details of the medicines people had been supported to take, a record of any medicines people had refused and the reasons for this. There

was a record of all medicines received into the home and disposed of.

- Staff had received training in safe administration of medicines and their practice had been assessed, to ensure they were following the correct procedures.
- People were supported to manage their own medicines where possible.

Preventing and controlling infection:

- Staff were trained in infection control and demonstrated a good understanding of the systems in place.
- The home was clean and staff were seen to follow good hygiene practices.

Learning lessons when things go wrong:

- Systems were in place for staff to report accidents and incidents. Staff were aware of the action they should take and their responsibilities to report events.
- The registered manager reviewed incident reports and recorded any actions that were necessary following them. This ensured lessons were learnt and reduced the risk of an incident happening again.

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.

Good - 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 told us staff understood and met their needs.
- Staff demonstrated a good understanding of people's mental health and the support they needed. This included specific information about signs of a deterioration in their mental health.
- People's needs had been assessed before they were provided with a service and had been regularly reviewed.

Staff skills, knowledge and experience:

- Staff told us they received regular training to give them the skills to meet people's needs. This included a thorough induction and training on meeting people's specific needs. New staff spent time shadowing experienced staff members and learning the support people needed.
- Staff completed assessments to demonstrate their understanding of training courses. Staff told us the training they attended was useful and relevant to their role in the service. The registered manager had a record of all training staff had completed and when refresher training was due. This was used to plan the training programme. Staff were supported to complete national qualifications in social care.
- Staff told us they had regular meetings with their line manager to receive support and guidance about their work. The registered manager kept a record of the supervision and support sessions staff had attended. Staff said they received good support.

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

- People told us they enjoyed the food provided. People were able to have meals in the home or in one of the provider's other services nearby. People said they enjoyed socialising and meeting up with friends to have meals.
- Staff supported people to follow specific diets where needed. One person told us they had recently started following a vegetarian diet. The person said they were happy with the meal choices that were available.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support:

- People could see health professionals where necessary, such as their GP, specialist nurse or attend hospital appointments. People's care plans described the support they needed to manage their health needs.
- Staff had worked with specialists where necessary to develop care plans. There was regular contact with the local mental health team and plans set out contact details for emergency support if needed.

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

- People were involved in decisions about the premises and environment. People had decorated their rooms to their individual taste.
- The registered manager had involved people in decisions about the décor and furniture of the shared areas of the home.

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.
- We observed staff gaining people's consent before providing any care or support. All people living at Tower View had capacity to consent to their care and treatment.

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.

Good - People were supported and treated with dignity and respect; and involved as partners in their care.

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

- People said the staff were kind to them and respected them. Comments from people included, "Staff are kind and I get on well with them."
- Staff interacted with people in a friendly and respectful way. People appeared comfortable in the company of staff and spent time chatting and laughing with them.

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

- Staff supported people to make decisions about their care. There were regular individual meetings with staff, where people expressed their views and set out what they wanted to happen. This information was used to support people to develop individual care plans.
- Staff supported people to express their views through completion of a 'Recovery Star'. This is a tool that helps people to identify their needs in relation to their mental health, what support they needed and to set goals to aid their recovery.
- Staff had recorded important information about people; for example, personal history, plans for the future and important relationships. Staff demonstrated a good understanding of what was important to people and how they liked their support to be provided.
- People's communication needs were assessed and recorded.

Respecting and promoting people's privacy, dignity and independence:

- People were supported to be as independent as possible, including support to manage medicine independently, go out alone and take part in voluntary work.
- People's diverse needs, such as their cultural or religious needs were reflected in their care plans. People said staff supported them to meet these needs.

Is the service responsive?

Our findings

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

Good - People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- People were supported to make choices and have as much control and independence as possible. Details of the support people needed were set out in their care plans.
- People were supported by regular staff that knew their needs well.
- People were supported to take part in a range of activities they enjoyed. One person told us they managed a darts team at a local social club and regularly watched the local football team. Another person said they enjoyed walking and watching wildlife. People were supported to look after pet cats. Staff had supported people to grow fruit and vegetables in the garden.

Improving care quality in response to complaints or concerns:

- People told us they knew how to make a complaint and were confident any concerns would be dealt with. Records showed one complaint had been received in the previous year. The issue had been investigated and the person was happy with the outcome. The registered manager kept a record of any concerns that people had raised and the action that had been taken to resolve them.
- Complaints were regularly discussed at house meetings and people were reminded how they could raise any concerns. The complaints procedure was available in the home and given to people when they moved in.

End of life care and support:

- People had been supported to think about their end of life wishes and record this in their care plans.
- Staff understood people's preferences and were aware of good practice and guidance in end of life care.

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.

Good -The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager maintained an open and transparent culture which contributed to staff work satisfaction. This supported staff to deliver good care and support for people.
- Staff we spoke with praised the management team and told us the service was well run. Comments included, "We get the support needed from management team, they have a good understanding of what is happening in the service" and "We are able to get hold of management at any time. They are very supportive."
- The registered manager had a good understanding of their responsibilities under the duty of candour.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care;

- There was a clear staffing structure and staff were aware of their roles and responsibilities. Staffing was shared with the provider's other services, which are located close by. Staff said the system worked well and meant there were always staff to help out if needed.
- The provider had effective quality assurance systems in place. These included, reviews of care records, medicine records, care plans, staff files and quality satisfaction surveys. In addition to checking records the management team completed observations of staff practice. This was to assess whether staff were putting the training and guidance they had received into practice. The results of the quality assurance checks were used to plan improvements to the service.
- The service had effective systems to manage risks to people using the service, staff and members of the public.

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

- The service involved people, their families, friends and others effectively in a meaningful way. The registered manager responded to issues raised in quality surveys and let people know what action they had taken. Examples included changes to the activities schedule and menu.
- Staff told us they felt listened to, valued and able to contribute to the running of the service.

Working in partnership with others:

- The provider worked well with the local health and social care professionals. They had established good links and working relationships.
- The provider was a member of relevant industry associations to ensure they were updated in relation to any changes in legislation or good practice guidance.