

# Mrs Barbara Karen Shillito and Mr Stephen Shillito

## Towneley House


### Inspection report

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### Ratings

#### Overall rating for this service

Requires improvement 

Is the service safe?

Requires improvement 

Is the service effective?

Requires improvement 

Is the service caring?

Good 

Is the service responsive?

Requires improvement 

Is the service well-led?

Good 

### Overall summary

We carried out an inspection of Towneley House on 8 and 9 September 2015. The first day of the inspection was unannounced.

Towneley House is registered to provide accommodation and personal care for up to 22 older people. It specialises in providing care for people living with a dementia. The home is situated in a residential area in Burnley near to Towneley Park. Accommodation is provided in 13 single

bedrooms and three shared bedrooms, 13 of the bedrooms have an ensuite facility. Communal space is provided in two lounges, one dining room and a conservatory.

The service had a registered manager 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.

# Summary of findings

However, the registered manager was due to leave the home the week following the inspection and was not present during our visit. The provider was planning to take full responsibility for the day to day management of the home until a new manager could be appointed.

We last inspected this home on 13 and 14 April 2015 and found the service was meeting the regulations in force at that time. However, we made three recommendations in respect of the development of cleaning schedules and quality monitoring systems as well as the implementation of the Mental Capacity Act 2005.

During this inspection we found progress had been made in respect of the recommendations. However, we found there were two breaches of the regulations related to people's care plans and the notification of incidents. You can see what action we told the provider to take at the back of the full version of the report. We also made a recommendation in respect of on going staff supervision.

People told us they felt safe and were well cared for in the home. Staff knew about safeguarding procedures and we saw concerns had been dealt with appropriately, which helped to keep people safe. However, the provider had not notified us of two incidents in the home and an allegation of abuse in line with the current regulations. We received the notifications following the inspection.

As Towneley House is registered as a care home, CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. We found appropriate applications had been had been made to the Local Authority for a DoLS. Staff had completed relevant training and had access to appropriate policies and procedures relating to DoLS.

Staff had been trained to handle medication and records seen gave detailed information about people's medication requirements. Records and audits were in place which ensured people received their medication in a safe manner.

A robust recruitment procedure was followed. Staff had completed relevant training for their role and told us they were well supported by the management team. However, we found the staff had not received a recorded supervision for many months.

Staff were aware of people's nutritional needs and made sure they supported people to have a healthy diet, with choices of a good variety of food.

People had opportunities to participate in a variety of activities and we observed staff actively interacting with people throughout our visit. All people spoken with told us the staff were caring and kind. We saw that staff were respectful and made sure people's privacy and dignity were maintained. People and a relative spoke positively about the home and the care they or their family member received.

Each person had an individual care plan and risks to their health and well-being had been assessed. However, we noted two people's plans and risk assessments had not been updated to reflect their current needs.

All people, their relatives and staff spoken with had confidence in the provider and felt the home was well managed. We found there were systems in place to assess and monitor the quality of the service, which included feedback from people living in the home.

# Summary of findings

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

We always ask the following five questions of services.

### Is the service safe?

The service was not consistently safe.

People felt safe in the home and staff were aware of the processes involved in safeguarding vulnerable adults from harm. However, the provider had not always notified the commission of incidents and allegations of abuse.

Systems were in place for staff to identify and manage risks and the premises and equipment were managed to keep people safe.

There were sufficient numbers of staff on duty to meet people's needs. Safe recruitment practices were followed.

People's medicines were managed safely and administered by trained staff.

Requires improvement



### Is the service effective?

The service was not consistently effective.

Whilst staff received regular training, they had not received a supervision or annual appraisal of their work performance for many months.

The provider had made appropriate applications for deprivation of liberty safeguards to the Local Authority and staff had access to appropriate policies and procedures on the Mental Capacity Act 2005.

People's health and wellbeing was monitored and they were supported to access healthcare services when necessary.

People were supported when required, to eat and drink.

Requires improvement



### Is the service caring?

The service was caring.

People made positive comments about the caring and kind approach of the staff.

People told us their rights to privacy and dignity were respected and upheld. People were supported to be as independent as possible.

Staff were aware of people's individual needs, backgrounds and personalities, which helped them provide personalised care.

Good



### Is the service responsive?

The service was not consistently responsive.

Whilst each person had a care plan, we noted two people's plans had not been updated to reflect their changing needs.

People were satisfied with the care provided and were given the opportunity to participate in a range of activities.

Requires improvement



# Summary of findings

People had access to information about how to complain and were confident that any complaints would be listened to and acted upon.

## Is the service well-led?

The service was well led.

The provider had positive working relationships with the staff team, relatives and people living at Towneley House.

The quality monitoring systems had been developed and additional audits and checks had been carried out. Appropriate action plans had been devised to address any shortfalls and areas of development.

There were effective systems in place to seek people's views and opinions about the running of the home.

Good



# Towneley House

## 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.

This inspection took place on 8 and 9 October 2015 and the first day was unannounced. The inspection was carried out by one adult social care inspector.

Before the inspection we were aware of a number of concerns about the service which were being investigated by the local authority safeguarding adults' team. We also received information from Lancashire County Council's adult social care contracts department.

During the inspection, we used a number of different methods to help us understand the experiences of people who lived in the home. We spoke with seven people who used the service and one relative. In addition we spoke with the provider, three members of the care team and the cook.

We spent time looking at a range of records including four people's care plans and other associated documentation, two staff recruitment files, the staff rota, ten medication administration records, a sample of policies and procedures and quality assurance records.

# Is the service safe?

## Our findings

All people spoken with told us they felt safe and secure in the home. One person said, “I feel happy living here” and another person commented, “Everything is spot on. I’ve got no complaints.” A relative spoken with expressed satisfaction with the service and told us they had no concerns about the safety of their family member.

At our last inspection on 14 April 2015, we recommended the provider implement appropriate cleaning schedules and records. On this inspection we found the provider had introduced the use of cleaning schedules and records had been maintained of the cleaning carried out. We conducted a tour of the building during the inspection and noted all bedrooms, communal areas and bathrooms seen had a satisfactory standard of cleanliness. There were no unpleasant odours throughout the home and we noted there were plenty of disposable aprons and gloves for staff to use.

We looked at how the service protected people from abuse and the risk of abuse. We discussed the safeguarding procedures with the provider and the staff. Staff spoken with understood their role in safeguarding people from harm. They were able to describe the different types of abuse and actions they would take if they became aware of any incidents. All staff spoken with said they would not hesitate to report any concerns. They said they had read the safeguarding and whistle blowing policies and would use them, if they felt there was a need. The staff informed us they had received safeguarding training within the last 12 months and we saw a sample of certificates on our last inspection to confirm this. Staff also had access to internal policies and procedures and information leaflets. The contact details for the Local Authority safeguarding team were displayed in the office.

Before the inspection, we were aware of three safeguarding alerts raised about a person living in the home. Whilst the provider had contacted the Local Authority, they had not notified the commission in line with the current regulations. This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

We received the notifications following the inspection and we were assured by the provider that procedures within the home had been revised and updated to ensure we are notified of any future incidents.

Following the inspection, we spoke with a representative from the Local Authority safeguarding adults’ team who provided us with positive feedback about the service.

We looked at how the service managed risk. We found individual risks had been assessed and recorded in people’s care plans and management strategies had been drawn up to provide staff with guidance on how to manage risks in a consistent manner. Examples of risk assessments relating to personal care included moving and handling, nutrition and hydration and falls. Other areas of risk included fire safety, infection prevention and control and the use of equipment. We noted all people had a personal emergency evacuation plan, which set out the assistance they would need in the event of an urgent evacuation of the building.

Prior to the inspection we received information of concern about the way people were assisted to move. During our visit, we checked the hoists were operating correctly and observed staff using the hoist appropriately. The provider agreed to monitor this situation to help ensure people were assisted to move safely.

We looked at how the service managed staffing and recruitment. The home had a rota which indicated which staff were on duty during the day and night. We noted this was updated and changed in response to staff absence. Staffing rotas confirmed staffing levels were consistent across the week and feedback from staff, people and a relative confirmed there were sufficient staff on duty. One person living in the home said, “If I need them (the staff) they are always there to help.” The provider explained the staffing levels were flexible and adjusted as necessary in line with the needs of people living in the home. All staff spoken with confirmed they had time to spend with people living in the home and people told us staff were readily available whenever they required assistance. We observed call bells were answered promptly and we saw people’s needs were being met.

The service followed safe recruitment practices. We looked at recruitment records of two members of staff. Checks had been completed before staff commenced work in the home and these were clearly recorded. The checks included taking up written references and a Disclosure and Barring Service (DBS) check. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with vulnerable adults, to help employers make safer recruitment decisions.

## Is the service safe?

The recruitment process included applicants completing a written application form and attending a face to face interview to make sure the potential staff were suitable to work with vulnerable people. New staff completed a probationary period of three months depending on their performance and level of experience.

People were satisfied with the way their medicines were managed. People were protected by safe systems for the storage, administration and recording of medicines. Medications were stored securely. Medications entering the home from the pharmacy were recorded when received and when administered or refused. This gave a clear audit trail and enabled staff to know what medicines were on the premises. We saw staff administer medication safely, by checking each person's medication with their individual records before administering them. This ensured the right person got the right medication. Staff had received training to administer peoples' medication safely. Competency assessments were carried out on annual basis. We saw completed competence assessments during the inspection.

We found suitable arrangements were in place for the storage, recording, administering and disposing of controlled drugs. A random check of stocks corresponded accurately to the controlled drugs register.

We looked at how the provider managed the safety of the premises. We found regular health and safety checks had been carried out on all aspects of the environment. For instance, water temperatures, emergency lighting and the fire systems. We also noted appropriate documentation was available to demonstrate equipment had been serviced at regular intervals. Staff spoken with confirmed the equipment was in full working order. The provider carried out all routine maintenance and repairs. Since the last inspection, the provider had implemented a new recording system for repairs, had purchased new chairs for the living room and had refurbished one of the bedrooms. They had also installed a new central heating boiler and replaced the chair lift on the third staircase.

# Is the service effective?

## Our findings

People felt the staff had the right level of skills and knowledge to provide them with effective care and support. They were happy with the care they received and told us that it met their needs. One person told us, “The staff are very nice”, and another person commented, “I have always found the staff good.”

We looked at how the provider trained and supported their staff. Staff spoke with told us they were well supported by the management team. However, we noted from the records seen that staff had not received a supervision for many months or an appraisal of their work performance. These are important to enable the staff to discuss their responsibilities and develop in their role.

All staff had completed induction training when they commenced work in the home. This included an initial induction on the organisation’s policies and procedures, the care certificate and the provider’s mandatory training. The care certificate is an identified set of standards that health and social care workers adhere to in their daily working life.

We were sent a copy of the staff training matrix following the inspection. We noted there was a rolling programme of training available for all staff, which included safeguarding vulnerable adults, moving and handling, health and safety, fire safety, nutrition, safe handling of medication and the Mental Capacity Act (MCA) 2005. We looked at the training records and noted staff completed their training in a timely manner. Staff also completed specialist dementia training accredited with Sterling University. The variety of training offered meant that staff were provided up to date information on current legislation and good practice issues. All staff spoken with told us their training was useful and beneficial to support their role.

At our last inspection, we recommended the provider consider the relevant guidance and principles associated with the implementation and use of the MCA 2005 and Deprivation of Liberty Safeguards (DoLS).

We discussed the requirements of the MCA and the associated DoLS, with the provider. The MCA is legislation designed to protect people who are unable to make

decisions for themselves and to ensure that any decisions are made in people’s best interests. DoLS are part of this legislation and ensures where someone may be deprived of their liberty, the least restrictive option is taken.

There were policies and procedures available on the MCA and DoLS and staff had completed appropriate training. Since our last inspection the provider had submitted 13 applications for a DoLS to the Local Authority. The provider was aware of when an application should be submitted to the supervising body for consideration. However, we noted mental capacity issues were not routinely considered as part of the assessment and care planning process. The provider assured us this issue would be addressed.

People were supported to have sufficient amounts to eat and drink and to maintain a balanced diet. All people spoken with made complimentary comments about the food provided. One person told us, “The food is lovely.” Refreshments and snacks were observed being offered throughout the day. These consisted of a mixture of hot and cold drinks and a variety of biscuits and cakes. We checked the food stocks during the inspection and noted there was a plentiful supply of fresh, frozen and tinned food available in the home.

Weekly menus were planned and rotated every four weeks. There was a good choice of food available throughout the day. We observed lunchtime on the first day of our inspection and noted people were given appropriate support and assistance to eat their food. The meal looked well-presented and plentiful. We observed people were offered second servings if they wanted more to eat. The tables in the dining areas were dressed with place settings, tablecloths and condiments. Staff engaged people in conversation and the atmosphere was cheerful and good humoured.

There were systems in place to communicate people’s dietary needs and requirements with the catering staff. The cook spoken with was committed to providing people with good quality food in line with their preferences.

People’s weight and nutritional intake was monitored in line with their assessed level of risk and referrals had been made to the GP and dietician as needed. We noted risk assessments had been carried out to assess and identify people at risk of malnutrition and dehydration.

We looked at how people were supported to maintain good health. Records looked at showed us people were



## Is the service effective?

registered with a GP and received care and support from other professionals. People's healthcare needs were considered within the care planning process. We noted assessments had been completed on physical and mental health. This helped staff to recognise any signs of deteriorating health. From our discussions and review of

records we found the staff had developed good links with other health care professionals and specialists to help make sure people received prompt, co-ordinated and effective care.

**We recommend the service seek advice and guidance from a reputable source in order to ensure staff receive appropriate on going supervision in their role to make sure competence is maintained.**

# Is the service caring?

## Our findings

Our observations of the staff told us they were kind and compassionate towards the people who used the service. All people spoken with expressed satisfaction with the care provided. One person told us, "Everything is perfect. The staff are very good. I have no problem at all." A relative spoken with also made complimentary comments about the service. The relative also confirmed there were no restrictions placed on visiting and they were made welcome in the home. We observed relatives visiting throughout the days of our inspection and noted they were offered refreshments.

People said the routines were flexible and they could make choices about how they spent their time. We noted breakfast was served throughout the morning so people could stay in bed if they wished to.

Staff spoken with understood their role in providing people with compassionate care and support. One member of staff told us, "I really enjoy working here. We have an easy going routine and it feels like home." Another member of staff commented, "I love working here. The care is excellent. All the staff care about the residents."

There was a 'keyworker' system in place, this linked people using the service to a named staff member who had responsibilities for overseeing aspects of their care and support. Staff were knowledgeable about people's individual needs, backgrounds and personalities. They explained how they consulted with people and involved them in making decisions. We observed people being asked for their opinions on various matters and they were routinely involved in day to day decisions, for instance where they wished to sit and what they wanted to eat.

People were encouraged to express their views as part of daily conversations, residents meetings and customer satisfaction surveys. We saw records of the meetings during the inspection and noted a wide variety of topics had been discussed. We also saw evidence to demonstrate people were involved wherever possible in the care planning

process. This meant they were able to influence the delivery of their care. People told us staff were always available to talk to and they felt that staff were interested in their well-being.

People said their privacy and dignity were respected. We saw people being assisted considerably and noted they were politely reassured by staff. We observed people spending time in different areas of the home. Each person had a single room which was fitted with appropriate locks. People told us they could spend time alone if they wished. We observed staff knocking on bedroom doors and waiting to enter during the inspection. There were policies and procedures for staff about caring for people in a dignified way. This helped to make sure staff understood how they should respect people's privacy, dignity and confidentiality in a care setting.

We observed one person became distressed during the afternoon on our first day and noted the provider and the staff offered the person calm reassurance and sensitive support in order to help the person with their anxiety. The provider also sought advice and assistance from the person's family and social services.

On a tour of the premises, we noted people had chosen what they wanted to bring into the home to furnish their bedrooms. We saw people had brought their ornaments and photographs of family and friends or other pictures for their walls. This personalised their space and supported people to orientate themselves.

We observed staff supporting people in a manner that encouraged people to maintain and build their independence skills. For instance people were encouraged to maintain their mobility.

People were provided with information about the service in the form of a service user guide. Since our last inspection, the provider had updated the guide to include information on people's rights and advocacy services. Advocacy services could be used when people wanted support and advice from someone other than staff, friends or family members.

# Is the service responsive?

## Our findings

People told us they were happy with the care and support they received from staff. One person told us, “The staff are very kind and always treat me with respect” and another person commented, “I can’t fault the staff at all.”

We looked at four people’s care files and from this we could see each person had an individual care plan which was underpinned by a series of risk assessments. The care plans were well presented and easy to follow. Staff spoken with told us they were useful and informative documents. The care plans were set out as a grid with a list of people’s needs in the first column and how people wished their care to be delivered in the second column. This meant staff could navigate the plans quickly and access information as necessary. The files contained information about people’s preferences and past life experiences.

Whilst we saw evidence to indicate people’s care plans were reviewed on a monthly basis, we noted one person’s plan had not been reviewed and updated following their admission to the home six weeks previously and one person’s plan and risk assessment had not been updated in line with their changing needs. This is important to ensure staff have access to up to date information on how to care for people in an effective way.

The provider had failed to maintain an accurate, complete and contemporaneous record in respect of people’s care. This is a breach of Regulation 17 (2) (c) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We noted an assessment of people’s needs had been carried out before people were admitted to the home. We looked at completed assessments and found they covered all aspects of the person’s needs. The provider told us people had been involved wherever possible in their assessment of needs and she had gathered information from relatives and health and social care staff as appropriate. This process helped to ensure the person’s needs could be met within the home.

People had access to a range of activities and told us there were things to do to occupy your time. Throughout the inspection we saw staff were engaging in conversation with people living in the home and their relatives. A group of people also went out on a trip to a local restaurant. The home had minibuses and extra staff were placed on duty to support people to take part in the trips. Activities were also arranged inside the home and these included dominoes, singing, film shows, arts and craft and light exercises.

There was a white board in the dining room which informed people of the staff on duty and the day and date. There was a sign on each bedroom door, with a picture of a bed and each person’s name. The signs helped people to navigate round the building.

We looked at how the service managed complaints. People told us they would feel confident talking to a member of staff or the provider if they had a concern or wished to raise a complaint. A relative spoken with told us they would be happy to approach the provider in the event of a concern. Staff spoken with said they knew what action to take should someone in their care want to make a complaint and were sure the provider would deal with any given situation in an appropriate manner.

There was a complaints policy in place which set out how complaints were managed and investigated. The purpose of the policy was to ensure all complaints were handled fairly, consistently and wherever possible resolved to the complainant’s satisfaction. A complaints procedure was displayed in the hallway and informed people how they could make a complaint and to whom they should address their concerns. The procedure also included the timescales for the process.

We were aware the provider had received two complaints since the last inspection. However, whilst there were systems in place for investigating and taking action in response to complaints, the complaints had not been recorded. This meant it was difficult to determine how the concerns had been investigated. We were aware action had been taken in response to the issues raised.

## Is the service well-led?

### Our findings

All people, a relative and staff spoken with told us the home ran smoothly and was well organised. One person said, “Everybody knows what they are doing” and a member of staff told us the provider had high standards and was “Passionate about caring for people in the best way possible.” Another member of staff told us the provider was supportive and approachable.

At our last inspection, we recommended the provider seek advice and guidance in order to develop the quality monitoring systems. On this inspection we noted progress had been made and more audits and checks had been implemented and carried out. These included checks on the environment, cleanliness of the building and care plan documentation. We also noted the fire systems, water temperatures and emergency lighting were checked on a regular basis a monthly audit had been carried out of the medication. We saw action plans had been developed to address any shortfalls.

The home had a manager who was registered with the commission. However, the provider explained the registered manager was working part time in the home and was due to leave the week following the inspection. The registered manager was not present during our inspection. The provider had made arrangements for management cover when the registered manager wasn't in the home and was due to take over full management of the home until another manager could be appointed. The provider sent us a notification to inform us of these changes following the inspection.

The provider was visible and active within the home. She was regularly seen around the home, and was seen to interact warmly and professionally with people, relatives and staff. People were relaxed in the company of the provider and it was clear she had built a rapport with people.

The staff members we spoke with said communication with the provider was good and they felt supported to carry out their roles in caring for people. All staff spoken with told us they were part of a strong team, who supported each other.

People and their relatives were regularly asked for their views on the service. Since the last inspection the frequency of residents' meetings had been increased to once a month. The residents' meetings helped keep people informed of proposed events and gave them the opportunity to be consulted and make shared decisions. People were also given the opportunity to complete a customer satisfaction questionnaire. The questionnaires were last distributed to people living in the home in September 2015. We saw the collated results and returned questionnaires during the inspection and noted people had expressed satisfaction with the service. One person had written, “Happy with the service. It's the next best thing to my home.”

The provider had achieved the Investors in People award. This is an external accreditation scheme that focuses on the provider's commitment to good business and excellence in people management.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 18 CQC (Registration) Regulations 2009  
Notification of other incidents

**The provider had failed to notify the commission of incidents without delay. (Regulation 18 (1) (2)).**

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

**The provider had failed to maintain an accurate, complete and contemporaneous record in respect of people's care. (Regulation 17 (2) (c)).**