Anchor Trust

# Townend Close

## 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 |

## Overall summary

We inspected the home on the 2 December 2014 and the visit was unannounced. Our last inspection took place on 14 October 2013 and at that time we found the service was meeting the regulations.

During the visit, we spoke with 12 people living at the home, a relative, six members of staff, the registered manager and the care manager. We also spoke with a district nurse who was in the service giving treatment to people via the local doctor's surgery.

The home had a registered manager, who had been registered at Townend Close since 2006. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law, as does the registered provider.

Townend Close is registered to provide personal care and accommodation for up to 39 adults and has a designated respite room which is regularly used by people who need a short stay. Some people using the respite facility use it as a 'phased' introduction to the service. Townend Close is owned and managed by Anchor Trust. The purpose built detached property is close to local amenities, and

# Summary of findings

the towns of Skipton and Keighley. The home's accommodation is arranged over two floors. All the rooms have a bedroom/living area, a kitchenette and bathroom. Each room has an individual front door with letterbox, which leads off a communal corridor. There is a passenger lift available to reach the first floor and parking for visitors. On the day of the inspection 29 people were living in the home, all were permanent residents.

Some people living in the home had complex needs and had difficulties with verbal communication. The staff had developed different communication methods in accordance with people's needs and preferences. This approach reduced people's levels of anxiety and stress.

People told us they felt safe in the home and we saw there were systems and processes in place to protect people from the risk of harm.

The registered provider had policies and procedures in place in relation to the Mental Capacity Act and Deprivation of Liberty Safeguards. The registered manager had been trained to understand when an application should be made, and in how to submit one. We found the location to be meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). This meant they were working within the law to support people who may lack capacity to make their own decisions.

We found people were cared for, or supported by, sufficient numbers of suitably qualified, skilled and experienced staff. Robust recruitment and selection procedures were in place and appropriate checks had been undertaken before staff began work. This included obtaining references from previous employers to show that staff employed were safe to work with vulnerable people.

Suitable arrangements were in place to provide people with a choice of a varied diet with healthy food and drink ensuring their nutritional needs were met.

People's physical health was monitored. This included the monitoring of people's health conditions and symptoms, so that appropriate referrals to health professionals were made.

People's needs were assessed and care and support was planned and delivered in line with their individual care needs. The care plans contained a good level of information setting out exactly how each person should be supported to ensure their needs were met. Care and support was tailored to meet people's individual needs and we could tell that staff knew people well. The support plans included detailed risk assessments. Staff had good relationships with the people living at the home and the atmosphere was relaxed and had a homely feel to it.

Medicines were administered, stored and disposed of safely and people using the service received their medication as prescribed.

We observed interactions between staff and people living in the home and staff were kind and respectful to people when they were supporting and assisting them. Staff knew how to respect people's privacy and dignity. People were supported to attend meetings, where they could express their views about the home. Relatives also attended meetings to make sure they had a 'voice' in the running of the service.

A range of activities were provided both in-house and in the community. People were able to choose where they spent their time. For example, in the communal lounge, small seating areas throughout the building or in their own rooms. We saw people were involved and consulted about all aspects of the service including what improvements they would like to see and suggestions for activities. Staff told us people were encouraged to maintain contact with friends and family.

The registered manager investigated and responded to people's complaints, according to the provider's complaints procedure. People we spoke with did not raise any complaints or concerns about living at the home.

There were effective systems in place to monitor and improve the quality of the service provided. We saw copies of reports produced by the registered manager and the registered provider. Staff told us they were always looking at ways to improve the home, the service they provide and the quality of people's care. This meant people were benefiting from a service that was continually looking how it could provide better care for people. Staff told us they were supported to challenge and make suggestions, through their staff meetings and with discussions at handover, when they felt there could be improvements. There was an open and honest culture 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?**

Good

The service was safe.

Staff had been trained and knew how to recognise and respond to abuse correctly. They had a clear understanding of the procedures in place to safeguard vulnerable people from abuse. We saw people were at ease in the company of staff and each other.

Individual risks had been assessed and identified as part of the support and care planning process.

Medicines were administered, stored and disposed of safely and people using the service received their medication as prescribed.

There were enough qualified, skilled and experienced staff to meet people's needs. We saw when people needed support or assistance from staff there was always a member of staff available to give this support. We saw the recruitment process for staff was robust to make sure staff were safe to work with vulnerable people.

**Is the service effective?**

Good

The service was effective.

We saw from the records that staff had a programme of training and were trained to care and support people who used the service safely and to a good standard.

Staff we spoke with had a good understanding of the Mental Capacity Act 2005 and how to ensure the rights of people with limited mental capacity to make decisions were respected. We found the location to be meeting the requirements of the Deprivation of Liberty Safeguards.

People's nutritional needs were met. The menus we saw offered variety and choice and provided a well-balanced diet for people living in the home.

People had regular access to healthcare professionals, such as GPs, opticians, dentists and attended hospital appointments.

**Is the service caring?**

Good

The service was caring.

People told us they were happy with the care and support they received and their needs had been met. From our observations and from speaking with staff it was clear that they had a good understanding of people's care and support needs and knew people, and their relatives, well.

Wherever possible, people were involved in making decisions about their care and staff took account of their individual needs and preferences.

We saw people's privacy and dignity was respected by staff and staff were able to give examples of how they achieved this.

**Is the service responsive?**

Good

The service was responsive.

# Summary of findings

People's health, care and support needs were assessed and individual choices and preferences were discussed with people who used the service and/or a relative or someone who knew them well. We saw people's plans had been updated regularly. When there were any changes in their care and support needs, this was added to the care plan, giving staff a clear picture of what the changes were and how best to meet them.

People had an individual programme of activity in accordance with their needs and preferences.

Complaints were responded to appropriately and people were given information on how to make a complaint.

**Is the service well-led?**

Good

The service was well led.

People were not put at risk because systems for monitoring quality were effective and robust. People were benefiting from a service that was continually looking at how it could provide better care and support for people.

The management of the home kept up to date with current good practice and research; they spent time working alongside staff, provided learning through supervision and involved staff through regular staff discussions and meetings.

Accidents and incidents were monitored by the manager and the organisation to ensure any trends were identified.

# Townend Close

**Detailed findings**

## Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the registered 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.

The inspection team consisted of one adult social care inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We inspected the home on 2 December 2014. The visit was unannounced. At the time of our inspection there were 29 people living in the home. We spent some time observing care in the lounge and dining room areas to help us understand the experience of people who used the service. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked at all areas of the home including some people's bedrooms, (once consent was given) communal bathrooms, the laundry and lounge areas. We spent some time looking at documents and records that related to peoples care and the management of the home. We looked at seven people's support plans. We spoke with 12 people living at the home, one relative, six members of staff, the registered manager and the care manager. We also spoke with a district nurse who was in the service giving treatment to people via the local doctor's surgery.

We looked at the arrangements in place for the administration, recording, storage, ordering and disposal of medicines and found these to be safe.

Before the inspection, we asked the registered provider to complete a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We contacted the local authority, and commissioners, who told us they had visited the service in June 2013 and no concerns had been raised. Healthwatch also told us they had no comments or concerns regarding Townend Close.

Good

# Is the service safe?

## Our findings

People we spoke with told us they felt safe in the home and did not have any concerns. One person told us, "I am definitely safe." Another person said, "We are as safe as houses here, its spot on." And, "I feel safe; yes that is why I stayed here after coming for respite care. I don't wait long to receive care, I just press the cord." A visitor told us they felt their relative was safe. Other comments included, "I'm here to feel safe." And, "I feel safe here, it's marvellous."

We spoke with members of staff about their understanding of protecting vulnerable adults. They had a good understanding of safeguarding adults, could identify types of abuse and knew what to do if they witnessed any incidents. All the staff we spoke with told us they had received safeguarding training during 2013 or 2014. Staff said the training had provided them with enough information to understand the safeguarding procedures and they knew what to expect if they reported an incident. The staff training records we saw confirmed staff had received safeguarding training.

The service had policies and procedures for safeguarding vulnerable adults and we saw the safeguarding policies were available and accessible to all members of staff. The staff we spoke with told us they were aware of the contact numbers for the local safeguarding authority to make referrals or to obtain advice and that they would also refer any concerns to a senior member of staff. This helped ensure staff had the necessary knowledge and information to make sure people were protected from abuse.

We saw written evidence that the registered manager had notified the local authority and CQC of a safeguarding incident involving two people using the service. The registered manager had taken immediate action when the incident occurred in order to protect people and minimise the risk of further incidents.

We looked at seven care plans and saw risk assessments had been carried out to cover daily activities and health and safety matters. The risk assessments we saw included use of bedrails, wheelchair use, moving and handling, falls, skin integrity and going out. These identified hazards that people might face and provided guidance about what action staff needed to take in order to reduce or eliminate the risk of harm. This helped ensure people were supported to take responsible risks as part of their daily lifestyle with the minimum necessary restrictions. The risk assessments detailed what might trigger each person's behaviour, what behaviour the person may display and how staff should respond to the situation. This meant people were protected against the risk of harm because the provider had suitable arrangements in place which staff were aware of.

Through our observations and discussions with people we met on the day of our visit, we found there were enough staff, with the right experience and training, to meet the needs of the people living in the home. Everyone we spoke with told us there were sufficient staff on duty at all times. One person told us, "There are enough staff and the staff know what they are doing." One relative we spoke with told us, "There always seems to be enough staff here, I'm not sure how many staff they have. I've never been at weekends, weekdays there is always somebody."

We looked at the staff duty rotas to see how staff were allocated on each shift. The rotas confirmed there were sufficient staff, of all designations, on shift at all times. We saw there were enough staff to meet the needs of people. The staffing levels were maintained at; three care assistants and two team leaders during the day and evening, with the care manager and/or the registered manager in charge during week days. During the night, two care assistants and a team leader were on duty. At weekends and evenings, when there was no manager on the shift, there was a designated 'shift leader' and appropriate on call arrangements in case of an emergency or for advice. The registered manager told us staffing levels were continually reviewed depending on people's need and occupancy levels. The staffing levels were then adjusted accordingly. They said if there was a shortfall, for example when staff were off sick or on leave, existing staff worked additional hours. They said this ensured there was continuity in service and maintained the care, support and welfare needs of the people living in the home. At the time of our visit there were no staff vacancies.

We looked at the recruitment records for five staff members. We found recruitment practices were safe and relevant checks had been completed before staff had worked unsupervised at the home. We spoke with four members of staff who told us they had received a good induction when they started work at the home. They also told us they had attended an interview, had given reference information and confirmed a Disclosure and Barring

Good

# Is the service safe?

Service check had been completed before they started work in the home. This meant people who lived at the home were protected from individuals who had been identified as unsuitable to work with vulnerable adults.

Disciplinary procedures were in place and we discussed with the registered manager examples of how the disciplinary process would be followed where poor working practice had been identified. This helped to ensure standards were maintained and people were kept safe. Staff were aware of the whistle blowing procedures should they wish to raise any concerns about the registered manager or the organisation.

We looked at the arrangements in place for the administration, storage, ordering and disposal of medicines and found these to be safe. Medicines were stored securely in two locked cabinets, which were kept in locked medication rooms. We checked the medicines for twelve people and found the number of medicines stored tallied with the number recorded on the Medication Administration Records (MAR). There were suitable storage arrangements for controlled drugs. A register was kept, as required, and this was signed and checked by two members of staff at the time controlled drugs were given. The medications needing to be kept in a refrigerator were being stored in a designated fridge and staff were recording the temperature of this daily. We saw, from the training records, all staff had received up to date medicines training. There was a named member of staff with responsibility for the ordering and auditing of medicines. This helped ensure there was accountability for any errors. The supplying pharmacist had carried out an audit of the medication in November 2013 and was booked to revisit in mid-December.

Good

# Is the service effective?

## Our findings

People were supported by staff who were trained to deliver care safely and to an appropriate standard. Staff had a programme of training, supervision and appraisal. The registered manager told us a programme of training was in place for all staff. This was evident as several training courses for 2013/2014 were seen to have taken place or due to take place, including safeguarding, moving and handling, infection control and end of life care. The registered manager told us they had a computerised system for monitoring training. They were able to see what training had been completed and what still needed to be completed by members of staff.

We saw evidence that staff received supervision and an annual appraisal of their work which ensured they could express any views about the service in a formal way and in confidence.

During our inspection we spoke with the staff on duty and looked at staff files to assess how staff were supported to fulfil their roles and responsibilities. Staff we spoke with told us they received training that was relevant to their role and told us their training was up to date. Staff also confirmed they received supervision, where they could discuss any issues on a one to one basis with a senior member of staff. There was evidence in the staff records we looked at that each member of staff received supervision on a regular basis. We also saw staff had received an annual appraisal.

We spoke with people living in the home and a relative who told us they had confidence in the staff's abilities to provide good care. One person told us, "They are very good, I can't think of anything they haven't done that wasn't right." Another person told us, "They are keen to get it right, I have seen them dealing with other people, who can be difficult, but they do it with patience and kindness." The district nurse told us, "I enjoy coming here, the staff are welcoming, knowledgeable and they look after the residents very well."

Records we checked confirmed that staff were taking into account the principles of the Mental Capacity Act (2005). Care records included an assessment of people's capacity to make decisions and consent agreements about the care and treatment being provided. These had either been signed by the individual involved or someone who knew them well and could confirm that that would be the persons own choice. We saw evidence that multi-disciplinary meetings took place to make sure decisions were taken in people's best interest.

Staff we spoke with understood their obligations with respect to people's choices. Staff were clear when people had the mental capacity to make their own decisions, this would be respected. They told us when people were not able to give verbal consent they would talk to the person's relatives or friend to get information about their preferences and this information would be used when an assessment was made. The registered manager told us further Mental Capacity Act 2005 training had been arranged for 2015.

We looked at whether the service was applying the Deprivation of Liberty safeguards (DoLS) appropriately. These safeguards protect the rights of adults using services by ensuring that if there are restrictions on their freedom and liberty these are assessed by trained professionals to determine whether the restriction is appropriate and necessary. The registered manager told us there was no one living at the home at the time of our visit who needed to have an authorisation in place. However, they did know who to contact if they needed to discuss this or obtain authorisation.

We asked people living in the home about their ability to come and go from the home. One person told us, "I can go out, but I only go with my family now." Another person said, "We can go out no problem, but I prefer to have someone with me."

Good

# Is the service caring?

## Our findings

Some people who had complex needs were unable to tell us about their experiences in the home. So we spent time observing the interactions between the staff and the people they cared for. Our use of the Short Observational Framework for Inspections (SOFI) tool found people responded in a positive way to staff in their gestures and facial expressions. We saw staff approached people with respect and support was offered in a sensitive way. We saw people were relaxed and at ease in the company of the staff who were providing their care and support.

People we spoke with said they were happy with the care provided and were very positive about their relationships with staff. They said they could make decisions about their own care and how they were to be looked after. One person told us, "The staff are lovely and kind."

We observed staff speaking clearly when communicating with people and care was taken not to rush the person to make them understand or overload the person with too much information. Staff spoken with had developed individualised communication systems with people who lived at the home. This enabled staff to build positive relationships with the people they cared for. Staff were able to give many examples of how people communicated their needs and feelings. All staff spoken with told us of their commitment to work as a team to provide a valued lifestyle for the people living at Townend Close.

We observed that people were relaxed with staff and confident to approach them throughout our visit. We saw staff interacted positively and warmly with people, showing them kindness, patience and respect. There was a relaxed atmosphere in the home and staff we spoke with told us they enjoyed supporting the people. People could choose where to sit and spend their time. The premises were spacious and allowed people to spend time on their own if they wished.

Staff were rarely observed to pass people living in the home without acknowledging them in some way, and we did not witness any exchange that was not genuine, caring or pleasant.

The staff we spoke with told us the care plans were easy to use and they contained relevant and sufficient information to know what the care needs were for each person and how to meet them. They demonstrated an in-depth knowledge and understanding of people's care, support needs and routines. One member of staff told us, "We meet people's needs all the time. The care plans have enough information for us to do this and we all want to make sure we do it right."

We saw people were able to express their views and were involved in making decisions about their care and support. They were able to say how they wanted to spend their day and what care and support they needed. People were supported in maintaining their independence and community involvement. On the day of our inspection we saw people spending time in communal lounge areas of the home or in their bedroom.

People living in the home were given appropriate information and support regarding their care or support. There was documented evidence in the care plans we looked at to show that the person and/or their relative had contributed to the development of their care and supports needs. The registered manager together with the person living in the home and/or their relative held care review meetings and these were recorded in the care records.

Everyone we spoke with told us their dignity and privacy was respected. One person told us, "Staff speak to me politely and with respect, privacy and dignity." They added: "I am happy with the care." We noted how staff knocked on doors before entering areas where someone may be in a state of undress or having a private conversation. We also saw that any prompting or questions, relating to a person's personal care, was done in a discrete way, with staff kneeling or bending towards a person so that they were at the same level and in a position where the person they were talking to could hear what was being said. During our inspection we spoke with members of staff who were able to explain and give examples of how they would maintain people's dignity, privacy and independence.

Good

# Is the service responsive?

## Our findings

People's care and support needs had been assessed before they moved into the home. We saw records confirmed people's preferences, interests, likes and dislikes and these had been recorded in their support plan. People and their families were involved in discussions about their care and any associated risks. Individual choices and decisions were documented in the care plans and reviewed on a regular basis. People's needs were regularly assessed and reviews of their care and support were held annually or more frequently if necessary. We saw people living at home and family members were involved in their care planning and aspects of running the service. It was clear from what we were told by people using the service and staff that relatives were in regular contact with the home and invited to care reviews.

People we spoke with told us they were involved in care planning and reviews. One person told us, "They talked to me when I first came, found out about me and what I liked and needed." People were confident that any changing needs or preferences would be noticed or listened to.

The registered manager told us people living in the home were offered a range of social activities. People were also supported to engage in activities outside the home to ensure they were part of the local community. We saw activities included movies, board games, 'pat dog' visits, musical entertainment and exercises. The home employs an activity organiser and the activities programme included events for everyone but also individual activities where people were less keen to join in the group sessions.

We spoke with people about how they passed the day and whether there was enough to do. People told us they were satisfied with the level of activity and that they could choose whether to get involved or not.

People's needs were assessed and care and support was planned and delivered in line with their individual care plan. People had their own detailed and descriptive plan of care. The care plans were written in an individual way, which included family information, how people liked to communicate, nutritional needs, likes, dislikes, what activities they liked to do and what was important to them. The information gave clear guidance for staff on how to meet people's needs.

We saw the complaints policy was displayed in the entrance to the home. The registered manager told us people were given support to make a comment or complaint where they needed assistance. They said people's complaints were fully investigated and resolved where possible to their satisfaction. Staff we spoke with knew how to respond to complaints and understood the complaints procedure. We looked at the complaints records and saw there was a clear procedure for staff to follow should a concern be raised. People we spoke with and relatives said they felt able to raise any concerns or complaints with staff and were confident they would be acted upon. One person told us, "I would talk to someone if I had a complaint. But I have never had to."

People were supported to maintain relationships with their family. A relative told us they were kept up to date on their family member's progress by telephone and they were welcomed in the home when they visited. Relatives were encouraged and supported to make their views known about the care provided by the service. The home had invited people living in the home and relatives to complete a customer satisfaction questionnaire and to attend the residents meetings. The last meeting, in November 2014, had been well attended and the discussion had included activity ideas, positioning of chairs in the communal areas and residents involvement in the recruitment of staff and sitting in on interviews. The previous meetings had also been well attended, meaning people were being enabled to share their views and make suggestions that could be tried for the benefit of people living at the home.

Good

# Is the service well-led?

## Our findings

During the visit we saw both the registered manager and care manager were regularly in the communal areas of the home. They engaged with people living in the home and were clearly known to them.

We saw the staff and management of Townend Close were keen to develop and improve the service. The registered manager made sure they kept up to date with current practice and research. For example, they were fully aware of the recent changes to the Deprivation of Liberty protocols.

There was a system for auditing and these were completed weekly and monthly depending on the area of the service being reviewed. The audits included infection control, medications, mealtimes, administration reports, care planning and safeguarding. We saw copies of the registered provider's review which was completed on a monthly basis. Records included where an issue had been identified; the action to be taken and the person responsible for completing the task and when it should be completed. The registered provider had also recently redesigned their audit processes in line with the Care Quality Commissions five key questions in inspection methodology. This audit was very detailed and thorough and would make sure the home was meeting the required standards.

Observations of interactions between the registered manager, registered provider and staff showed they were inclusive and positive. All staff spoke of their personal and team efforts to provide a good quality service for people living in the home. They told us the registered manager and care manager were approachable and supportive. Staff told us they felt valued and listened to and they were confident about challenging and reporting poor practice, which they felt would be taken seriously. One member of staff said, "I am really love working here, we are thanked for doing a good job by our managers and families of the people living here." Another member of staff said, "We provide a good level of care and we make a difference to people's lives." One member of staff explained how coming to work was not a chore, they told us, "It's fun working here, we work as a team. We have a good time and we pass it onto the residents."

We saw there was a culture of openness in the home, to enable staff to question practice and suggest new ideas.

Staff were involved in a handover on a daily basis. This included staff from ancillary, maintenance, care and management. We also saw staff meetings were held, which gave opportunities for staff to contribute to the running of the home. We saw the meeting agenda for August 2014 and discussions included; care standards and practices, inspection methodology, team working and kitchen routines. The registered manager told us they had an open door policy and people living in the home and their relatives were welcome to contact them at any time. They said staff were empowering people who used the service by listening and responding to their comments.

Any accidents and incidents were monitored by the registered manager and the organisation to ensure any trends were identified. The registered manager confirmed there were no identifiable trends or patterns in the last 12 months. We saw that safeguarding vulnerable adult referrals had been reported and responded to appropriately.

We saw people living at home and family members were involved in their care planning and aspects of running the service. It was clear from what we were told by people using the service and staff that relatives were in regular contact with the home and invited to care reviews. Both relatives and people living at the service had the opportunity to complete a satisfaction survey. This meant that they could make comments about the service and make suggestions to improve it.