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Tower House Residential Home

Inspection report

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Date of inspection visit:
07 February 2019

Date of publication:
04 March 2019

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 House is a care home for older people, including those living with mental health needs and dementia. 21 people were living in the home at the time of the inspection.

What life is like for people using this service:

People and their relatives were complimentary 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 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 27 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?

Good ●

The service was safe.

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our Caring section below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our Well-led findings below.

Tower House 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 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.

Service and service type:

Tower House 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 eight people and four visitors to gather their views about the care they received. We looked at four 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, provider and six staff in a range of roles in the service. We received feedback from a community nurse who provided care to people in the home.

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 and all staff spoken with had a good understanding of what to do to make sure people were protected from harm. Staff were confident the registered manager and provider would take action 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 when others are around as I know I'm not on my own" and "It makes you feel safe knowing [staff] are there." Visitors we spoke with also felt people were safe.

Assessing risk, safety monitoring and management:

- Risk assessments were in place to support people to be as independent as possible, balancing protecting people with supporting them to maintain their freedom. Examples included assessments about how to support people to minimise the risk of falls, support during periods of distress and the risks of people leaving the home without support from staff. Staff demonstrated a good understanding of these plans and the actions they needed to take to keep people safe.

Staffing and recruitment:

- There were sufficient staff to meet people's needs. People told us staff were available to provide the care they needed. Comments included, "They are always ready to help us when we need them."
- Staff told us there were enough of them to be able to provide care in a way that was not rushed. Comments included, "We are able to meet people's needs, there are sufficient staff" and "Staffing levels are good and we get support from the manager."
- 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. Recruitment records showed that staff were thoroughly checked before they started providing care to 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. Where people were prescribed 'as required' medicines, there were protocols in place detailing when they should be administered.

- We observed staff following safe practice when supporting people with their medicines.

Preventing and controlling infection:

- All areas of the home were clean and smelt fresh. There were systems in place to prevent cross contamination. There was also a system in use to ensure soiled laundry was kept separate from other items. There was a supply of protective equipment in the home, such as gloves and aprons, and staff were seen to be using them.

Learning lessons when things go wrong:

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

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's needs were assessed before receiving care to ensure they could be met. People and their relatives told us staff understood their needs and provided the care they needed. Staff demonstrated a good understanding of people's medical conditions and how they affected them. This included specific information about conditions people were living with, such as their mental health needs, dementia and diabetes.
- Staff had worked with specialists where necessary to develop care plans, for example, a tissue viability nurse and speech therapists. The registered manager said they received good support from the community mental health team, with guidance and advice where needed.

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 how the home's systems operated.
- 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 provider 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 formal national qualifications in social care.
- Staff told us they had regular meetings with their line manager to receive support and guidance about their work and to discuss training and development needs. The registered manager kept a record of the supervision and support sessions staff had attended, to ensure all staff received the support they needed. 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 by the home. Comments included, "The food is quite nice and mostly the sort of things I would choose. My favourite is the roast dinners on Sundays" and "There is plenty of food and if I don't like something they will get me something else." A relative said "The food is excellent, very nutritious."
- People chose to eat their meals in a variety of locations, including dining rooms and in their bedroom. Staff supported people to eat their meals where needed and ensured people had a drink. Staff were aware of specific diets that people were following and where people needed their food and drink at a specific consistency. This information was clearly recorded in people's care plans, following assessments by the speech and language therapist.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live

healthier lives, access healthcare services and support:

- Where people moved between services, they were involved in the planning. Staff worked collaboratively across services to understand and meet people's needs.
- 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. There was clear information about monitoring for signs of deterioration in their conditions, details of support needed and health staff to be contacted.
- A visiting community nurse told us staff were always prepared for their visits and provided clear information about people's condition. The nurse said "They always call us when appropriate and follow any advice and guidance we provide. Staff work with us. They understand when people's condition is deteriorating and contact us quickly."

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

- People were involved in decisions about the premises and environment; individual preferences and cultural and support needs were reflected in how adaptations were made and the premises were decorated.
- Specialist equipment was available when needed to deliver better care and support; people were helped to make choices about equipment.

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.
- Applications to authorise restrictions for some people had been made by the service. Cases were kept under review and if people's capacity to make decisions changed then decisions were amended. Staff understood the importance of assessing whether a person had capacity to make a specific decision and the process they would follow if the person lacked capacity.

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 were treated with kindness and were positive about the staff's caring attitude. People said the staff were kind to them and respected them. Comments from relatives included, "The staff are very caring. The home is wonderful" and "The staff are attentive and hospitable."
- A visiting community nurse was very positive about the care provided in the home, saying "The staff are genuinely caring and demonstrate great respect and empathy for people." The nurse said they would be happy for a relative of theirs to live in the home.

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

- Staff supported people to make decisions about their care and knew when people wanted help and support from their families. Staff signposted people, families and friends to sources of advice and support or advocacy.
- 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. This information was used to ensure people received support in their preferred way.
- People's communication needs were assessed and recorded. Staff were seen to be following these plans and communicating with people in their preferred way.

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

- We observed staff working in ways that respected people's privacy and dignity. Staff were discreet when discussing support people needed with their personal care. Staff maintained confidentiality when discussing sensitive information about people, for example ensuring these conversations took place in the office.
- 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. This had included supporting people to make contact with religious leaders and to maintain contacts with social groups.

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, including in developing care plans. Relatives were also involved where appropriate and where people wanted that.
- People's needs were identified, including relating to protected equality characteristics, and their choices and preferences were regularly met and reviewed. For example, reasonable adjustments were made where appropriate. The service identified, recorded, shared and met information and communication needs of people with a disability or sensory loss, as required by the Accessible Information Standard. People's care plans set out any support they needed with communication and staff were seen to be following these during the inspection.
- People were supported to take part in a range of activities they enjoyed. Most people said they had suitable activities available that they could take part in. We observed people spending time playing card games, listening to music, knitting and watching television. One person had been out to a local hotel for a coffee and to look round town. One person was supported to attend a voluntary job. One visitor expressed concern that their relative rarely took part in the organised activities. The provider reported that they had offered the person support to take part in different activities, but they had been reluctant. The provider said they would look at what other activities the person may be interested in to give them more choice.

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. The registered manager reported no formal complaints had been received in the previous year. The registered manager had a record of lower level concerns that people had raised and the action that had been taken to resolve them.
- Records of 'residents meetings' showed complaints were regularly discussed, and people were reminded how they could raise any concerns. The complaints procedure was also available on a noticeboard and given to people when they moved in to the home.

End of life care and support:

- People were supported to make decisions about their preferences for end of life care, and in developing care plans. The service worked with health professionals where necessary, including the palliative care team. A community nurse told us the service had provided good end of life care for people in the past.
- Staff understood people's needs, were aware of good practice and guidance in end of life care. People's religious beliefs and preferences were respected and included in care plans.

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 provider successfully maintained an open and transparent culture which contributed to staff work satisfaction and prioritised safe, high-quality, compassionate care. This supported staff to deliver good care for people.
- Everyone we spoke with praised the management and told us the service was well run. Comments included, "The registered manager is very good. She helps where needed and is very supportive" and "[The registered manager] is brilliant. She has time to listen to you, I can take any problems to her."
- The management team 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.
- 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.