

Mrs Bridget Kidd

Tower House

Inspection report

Tower House, Reading Road
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RG9 3JN

Tel: 01189401197

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Tower House is a residential care home providing personal and nursing care to 11 people aged 65 and over at the time of the inspection.

Tower House can accommodate up to 12 people in one adapted building.

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

Medicines were not always managed safely, and people did not always get their medicines as prescribed. Systems for ensuring peoples' safety were not always managed effectively. There were sufficient staff to meet people's needs. Infection control measures were in place.

Systems to monitor and improve the quality of the service were not always effective. The management team promoted a person-centred service that valued people as individuals. People described the service as 'a family' and were involved in decisions about the service.

Staff felt supported and completed training to give them the skills and knowledge to meet peoples' needs. People were positive about the food and received food and drink to meet their dietary needs. The service had a good working relationship with health professionals and people were supported to access health services when needed.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff were kind and caring. People and relatives described staff as 'exceptional.' People were treated with dignity and their choices respected. Staff encouraged and promoted people's independence.

People's care needs were assessed and there were care plans in place to guide staff in how to support people. People were able to spend their day as they chose and had access to some activities. Any issues raised were resolved and people were comfortable to raise concerns.

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

Rating at last inspection

The last rating for this service was Good (published 13 April 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified breaches in relation to the management of medicines and the safety of people in the event of an emergency. The systems to monitor and improve the service are not effective.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

See our effective findings below.

Good ●

Is the service caring?

The service was caring.

See our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

See our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

See our well-led findings below.

Requires Improvement ●

Tower House

Detailed findings

Background to this inspection

The inspection

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

Inspection team

This inspection was carried out by one inspector.

Service and service type

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

The 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 inspection

We reviewed information we had received about the service since the last inspection. The provider completed the Provider Information Return by the required date. This is information providers are required to send us with key information about the service, what it does well and improvements they plan to make.

During the inspection

We spoke with four people who used the service and one relative about their experience of the care provided. We spoke with four members of staff including the registered manager, deputy manager, and care workers.

We reviewed a range of records. This included five people's care records and multiple medicine records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We sought feedback from one professional who regularly visits the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- Medicines were not always managed safely. People did not always receive their medicines as prescribed. One person had not received three doses of a high-risk medicine over a three-day period. This had not been identified by staff administering medicines.
- Where people were prescribed 'as required' medicines there were no protocols in place to guide staff when the person may require their medicines.
- Some people were prescribed topical medicines, this included creams. There was not always clear guidance for staff relating to where, when and how often the medicines should be applied.
- The providers policy was not up to date or in line with guidance and standards. There was no clear guidance or process to follow in the event of a medicines error. The policy referred to the service using a monitored dosage system for medicines which was no longer in place.

The provider had failed to ensure medicines were managed safely. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing risk, safety monitoring and management

- The provider did not have effective systems in place to ensure people were protected in the event of a fire. The guidance displaying the action to take in the event of fire was not in line with the providers policy. The information displayed told staff to call the emergency services and then 'guide residents to the assembly point' (outside the service). The deputy manager told us staff reported to the fire panel when the fire alarm was activated.
- Fire drills were not carried out to ensure staff knew what to do in the event of a fire.
- The information relating to the support people would need in the event of an emergency was not up to date. Seven people on the list no longer lived in the service.
- Risks to people were not always assessed and there was not always guidance in place to ensure risks were managed. One person was at risk of choking and required a pureed diet. However, there was no risk assessment and no care plan relating to the person requiring a pureed diet.

The provider had failed to ensure people were protected in the event of a fire. The provider did not ensure risks were assessed and managed. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Learning lessons when things go wrong

- Accidents and incidents were recorded and reported. The deputy manager told us they reviewed all

accident forms. However, there was not always a record of any action taken to mitigate the risk of a reoccurrence.

Systems and processes to safeguard people from the risk of abuse

- Staff understood their responsibilities to identify and report any concerns relating to the risk to people of harm or abuse. One member of staff told us, "I'd report to manager or if I needed to go to CQC or social services I could. I'd report immediately."
- The registered manager had not raised any safeguarding concerns since the last inspection.

Staffing and recruitment

- There were sufficient staff to meet people's needs. One person told us, "I press the button and they come and help. They are very good at coming."
- Throughout the inspection staff responded promptly to people's request for support. They checked regularly on people who remained in their room. Staff were not rushed and had time to stop and chat with people.
- There were effective recruitment processes in place to support the provider to make safer recruitment decisions.

Preventing and controlling infection

- The home was clean and free from malodours.
- Staff used personal protective equipment appropriately, which included disposable gloves and aprons.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question remained Good.

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

- People's needs were assessed prior to accessing the service. These assessments resulted in care plans that reflected people's needs.
- Care plans reflected current guidance, which included National Institute for Health and Care Excellence guidance.

Staff support: induction, training, skills and experience

- Staff were supported through regular supervisions. Records showed that staff had the opportunity to discuss any concerns.
- Staff completed a range of training to ensure they had the skills and knowledge to meet people's needs.

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

- People were positive about the food they received. One person told us, "Food is of a good standard."
- Where people had specific dietary requirements, they received food and drink to ensure these needs were met.

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

- People were supported to access support from health professionals in a timely manner. This included; G.P, district nurses, dentists and Care Home Support Services.
- One health professional told us the service was very responsive to people's changing needs. They said, "They (staff) refer appropriately and in a timely fashion and carry out any instructions to the letter. They go beyond what would be expected and use their initiative."
- The registered manager worked closely with professionals to support timely admissions to the service. The registered manager took effective action to ensure one person was able to move into the service in a short timescale to prevent them having to remain in hospital.

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

- People were supported to personalise their rooms by having their own furniture and possessions round them. One person showed the inspector photographs of family occasions which were clearly important to them.
- The registered manager ensured the environment felt like people's home. They told us rooms were not named or numbered as this would not be in place when people had been living in their own homes.

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 when this is in their best interests and legally authorised under the MCA.

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 and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff had completed training in MCA and understood how to support people in line with the principles of the act. One member of staff told us, "We assume they have capacity. Encourage and help them to make decisions."
- Where people had appointed legal representatives to act on their behalf if they were assessed as lacking capacity, this was documented in care plans.

Is the service caring?

Our findings

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

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

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

- Everyone was extremely complimentary about the caring nature of all staff. One person told us, "The staff genuinely care about you. They make you feel loved and that makes a big difference." A relative said, "The calibre of staff is exceptional, very caring, very thoughtful, very welcoming."
- Staff showed kindness and compassion at all times. They were reassuring and responded promptly to any signs that may indicate a person was worried or anxious.
- Staff understood the importance of valuing people as individuals. One relative told us how staff always ensured their loved one was dressed smartly as this was how they had dressed when they went to work. The relative said, "They value [person] for who they are."

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

- Staff consistently involved people in decisions about their care. One person told us, "I am involved, and they always ask what I want."
- Throughout the inspection staff explained what was happening and ensured people understood the choices available to them. This included where and how they wished to spend their day.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. Staff addressed people by their chosen name and knocked on doors before entering people's rooms.
- There was a strong emphasis on encouraging people to maintain and improve their independence. One person told us, "I am encouraged to do as much as I can for myself. They will help if I need it."
- Staff encouraged people to walk along the corridors and around the garden. The interactions were positive, and people clearly benefitted both from the physical exercise and the social interactions.

Is the service responsive?

Our findings

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

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

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

- People were treated as unique individuals. Staff knew people well and ensured support was offered that met people's needs.
- Care plans detailed people's needs and guided staff in how needs should be met. Care plans promoted independence and showed people had been involved in decisions about their care.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs had been assessed and care plans reflected how people's needs should be met.
- Where people required communication aids these were detailed in care plans and we saw staff ensured people were using them to aid effective communication.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Visitors received a warm welcome at Tower House. This enabled people to maintain positive relationships with people who were important to them.
- There was a member of staff who organised activities one day a week. Most people told us they were happy with their own company and had the opportunity to socialise with each other if this was their wish. However, some people felt they would like access to more activities.
- People's cultural and religious needs were respected. Representatives from appropriate religious groups visited people to ensure their religious needs were met.
- Community activities were arranged, and these were clearly enjoyed by everyone. A summer party had been held in the attractive grounds. People and staff told us what a wonderful event this had been.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure in place. There had been no formal complaints since the last inspection.
- People told us they would raise any concerns with the registered manager or deputy and they were confident that action would be taken to address any issues. One person said, "I can talk to [deputy manager] or [registered manager] if I have any worries. I see them every day."

End of life care and support

- No one was receiving end of life care at the time of the inspection. We saw many thank you cards and letters from relatives, thanking the staff for supporting their loved ones at the end of their life.
- Care plans included details of how people wished to be supported at the end of their life. This included where they wished to be supported and arrangements to be made following death.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to requires improvement: This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The registered manager did not have a clear understanding of their responsibilities in relation to the regulations. Guidance relating to out of date legislation was being used to complete the provider information return (PIR).

- Systems in place to monitor and improve the service were not always effective. There were a range of audits in place. However, these had not identified the issues we found during the inspection.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and relatives were extremely positive about the culture promoted by the registered manager and deputy. One person told us, "[Registered manager] is a genuine person. She really does care about people. A relative said, "It's fantastic. It feels like a home not an institution. It's like a family."

- Staff enjoyed working at the service and were positive about the team work. One member of staff said, "I really love it. It's family run. It' like one big family. We're a good team."

- The management team and staff showed a commitment to ensuring people received care and support that achieved the best outcomes for people.

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

- People and relatives told us the registered manager would listen to any suggestions and would always aim to take action. One person told us, "[Registered manager] will get anything I ask for."

- Staff told us they felt valued and listened to. One member of staff said, "I am more than happy to have my say. I am definitely valued."

- The service engaged with the local community to ensure people had links with external groups. Students from a local school visited people living at the service. One person told us, "They have youngsters visit who

are doing Duke of Edinburgh Award. They are pleasant to talk to."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- There was an open culture that was transparent and honest when things went wrong. There had been no incidents that met the requirements under duty of candour.

Working in partnership with others

- The service worked closely with local health professionals to ensure the best outcomes for people using the service.
- The registered manager and deputy manager had attended a meeting with local care home managers to share good practice.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider did not ensure care and treatment was provided in a safe way for service users. Medicines were not managed safely to ensure people received their medicines as prescribed. Systems for managing the safety of the environment were not always managed effectively.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider did not ensure that systems to assess, monitor and improve the service were not effective.</p>