

Mrs Barbara Karen Shillito and Mr Stephen Shillito

Towneley House

Inspection report

143-145 Todmorden Road
Burnley
Lancashire
BB11 3HA

Tel: 01282424739

Date of inspection visit:
29 September 2020

Date of publication:
19 October 2020

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Towneley House is a residential home registered to provide accommodation, care and support for 22 people aged 65 and over. At the time of the inspection, 15 people lived at the home. Some people were living with dementia. Accommodation is provided over three floors in 12 single bedrooms and four shared bedrooms.

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

Systems and processes safeguarded people from the risk of abuse. Staff were confident the management team would act quickly to keep people safe. People told us they were satisfied with the care provided and had no complaints. The management team understood their responsibility to be open and honest when something went wrong. The systems to ensure lessons were learnt from any incidents and the analysis of any accidents and incidents needed to be further developed.

Risks to people's health, safety and wellbeing were recorded and kept under review. Equipment was safe, serviced and maintained; the registered manager advised the boiler and fire appliances would be undertaken this month. Environmental shortfalls, found at the last inspection, were subject to ongoing improvement. Environmental risks had been recorded and were known to staff but were insufficiently detailed; the registered manager agreed to review this. There were enough staff on duty, and they responded to people's needs in a timely manner. Safe recruitment systems ensured staff were suitable to work with vulnerable people. The cleanliness of the home had improved and staff followed safe infection control practices. We noted an odour in the entrance hall; the registered manager advised the carpeting was due replacement. Medicines were managed safely; we discussed the dates of opening were needed on boxed and bottled medicines.

There were systems to monitor the quality of the service and to monitor staff practice with evidence improvements had taken place. People's views were sought about the service and acted on. Where possible, people were involved in decisions about their care and support. Care was planned in a person-centred way which helped ensure good outcomes for people. The management of people's records had improved. The service engaged well with external professionals to ensure people received prompt and coordinated care.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 23 December 2019). There were breaches of regulation in relation to infection prevention and control, maintenance of the home, managing people's information and ensuring effective monitoring systems were in place. We also made a recommendation about the management of complaints. This service has been rated requires improvement for five consecutive inspections. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

During this inspection, the provider demonstrated that improvements have been made in Safe and Well-Led. However, the rating is limited to requires improvement as there is a breach of regulation in one of the other key questions. The service remains rated requires improvement.

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 6 and 8 November 2019. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve in premises and equipment and good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service remains requires improvement. This is based on the findings at this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Towneley House on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we 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 well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Towneley 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.

As part of this inspection, we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by one inspector.

Service and service type

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

The service had a manager registered with CQC. 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 announced. We gave 48 hours' notice of the inspection due to restrictions in place during the COVID pandemic.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and reviewed information from statutory notifications sent to us by the service about incidents and events that had occurred at the home. We also asked for feedback from visiting healthcare professionals. This information helps support our inspections. We used all this information to

plan our inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We observed how staff provided support for people to help us better understand their experiences of the care they received. We spoke with four people living in the home, the registered manager and the providers (owners).

We looked at some areas of the home and looked at a range of documents and written records including four people's care plans and other associated documentation, four staff recruitment and induction records, staffing rotas, training and supervision records, minutes from meetings, complaints and compliments records, medication records, maintenance certificates and records relating to the auditing and monitoring of service.

After the inspection

We spoke with three relatives and two care staff. We continued to seek clarification from the provider to confirm evidence found. We looked at records sent to us before and after the inspection.

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 requires improvement. At this inspection, this key question has remained the same. This meant some aspects of the service needed improvement to ensure there were assurances about people's safety. However, there were no breaches in regulation in this key question.

Preventing and controlling infection

At our last inspection, the provider failed to ensure infection control risks were prevented, detected or controlled. This was a breach of regulation 15 (Premises and equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 15.

- All areas of the home were clean and fresh smelling and areas noted at the last inspection had been addressed. We did note an unpleasant odour in the entrance; the registered manager advised this was being addressed. Relatives told us the cleanliness of the home had improved.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Assessing risk, safety monitoring and management

- Environmental shortfalls, found at the last inspection, were being addressed. There were a range of environmental risk assessments. We discussed how they needed to be more detailed, particularly in areas such as the use of stairs, chair lifts and availability of bedroom door keys.
- The registered manager and staff recorded and responded to accidents and incidents and appropriate actions had been taken to keep people safe. We discussed with the registered manager how a more detailed analysis would help to determine whether there were any trends or patterns and would help to determine what actions needed to be taken.
- There was a business continuity plan which included service level risks. Risks and contingency plans

associated with the pandemic had been discussed and recorded and appropriate actions had been taken to keep staff and people safe. However, these were not included as part of the business contingency plan. The registered manager agreed to review this.

- The registered manager and staff assessed and managed risks to people's health, safety and wellbeing. People's care records included up to date guidance for staff about how to provide their care in a safe way.
- The provider had arrangements to carry out maintenance and safety checks on the installations and equipment. However, the fire appliance checks, and the gas safety checks were overdue. The registered manager explained the testing had been delayed due to the pandemic and the restrictions on visiting care homes. The registered manager confirmed service dates were arranged for this month.

Systems and processes to safeguard people from the risk of abuse

- The provider ensured people were protected from the risk of abuse. Staff had access to appropriate policies and procedures and training and understood how to raise any concerns about poor practice. Relatives had no concerns about their family members safety. A relative commented, "Thank you to all the staff for keeping everyone safe." Another said, "[Family member] is safe, happy and content." People told us they felt safe.
- The registered manager and staff were clear about when to report incidents and safeguarding concerns. When incidents occurred, appropriate actions had been taken and the relevant agencies involved to ensure people were safe. Staff were confident the registered manager would act quickly to keep people safe if they reported any concerns.
- Appropriate Deprivation of Liberty Safeguards (DoLS) applications had been made with regards to any restrictions in place; this ensured decisions were taken in people's best interests.

Staffing and recruitment

- The provider ensured relevant pre-employment checks were completed to make sure staff had the right skills and character to work with vulnerable people. We discussed with the registered manager, the importance of checking people's fitness to undertake the role following an offer of employment.
- The provider ensured there were enough staff to ensure people received prompt care and support. People in the home and staff told us there were enough staff available to meet people's needs. People said, "A nice bunch of staff; I couldn't ask for better" and "There are enough staff, we don't have to wait for anyone to come. I can ring in the night for a cup of tea and they come straight away." We observed staff were attentive and responsive to people's needs.

Using medicines safely

- The registered manager and staff followed safe processes to ensure people's medicines were managed safely. Staff were suitably trained to administer medicines and checks on their practice had been carried out. People told us they were satisfied with the support they received with their medicines.
- We found some gaps in the records relating to the application of creams. However, these had been noted as part of the auditing checks. We also found the arrival dates rather than opening dates were recorded on boxed and bottled medicines. Following the inspection, the registered manager confirmed this had been addressed.

Learning lessons when things go wrong

- The provider had informal systems to ensure lessons were learnt from any incidents. This included sharing the outcome of incidents with the staff team and changing procedures to further improve the safety of the service.

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 requires improvement. At this inspection this key question has remained the same.

Whilst this key question has improved and there are no breaches in regulation in relation to how the service is led, the rating is limited to requires improvement as there is a breach of regulation in another key question.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

At our last inspection, the provider failed to operate effective systems to assess, monitor and manage the quality and safety of the service. This was a continued breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our last inspection, the provider failed to manage people's information safely and confidentially. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The registered manager and provider monitored the quality of the service and staff practice. Action plans were in place to address any shortfalls with evidence improvement had taken place. Whilst there had been improvements to the monitoring systems, we discussed how further improvements could be made such as ensuring an action plan was developed for audits associated with care planning. The registered manager ensured people's confidential information was stored securely; we discussed the need for archiving old records.
- The registered manager was supported by and worked closely with the provider. The registered manager was visible around the service and knew people well. Staff were attentive and we observed positive interactions between staff and people living in the home.
- The registered manager and staff encouraged people to make choices and decisions about their care and support. Risks to people's health and well-being were assessed and kept under review and care records reflected people's choices and preferences. Relatives were updated and involved in decisions, as appropriate. This helped ensure good outcomes for people.
- Staff told us they enjoyed working at the service and felt supported. They understood their individual responsibilities to service delivery.

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; Continuous learning and improving care

- The registered manager and provider understood the duty of candour and their responsibility to be open and honest when something went wrong. Staff said the management team were approachable and were confident appropriate action would be taken to respond to any concerns and to make improvements to the service.

- Training and supervision sessions were used to ensure learning and improvements took place.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- There were effective systems to keep people updated and informed. Relatives made complimentary comments about the management and staff team. They confirmed staff supported them to maintain contact with their family members during the pandemic and they were kept up to date with any changes.

- People's views were sought through day to day discussions, meetings and by completing an annual survey. Care plans were detailed and considered people's diverse needs.

- Staff meetings were taking place but were not documented. We discussed the benefits of re introducing regular formal meetings. Staff confirmed they were listened to, kept up to date and improvements were made as a result of their feedback.

- Management and staff worked in partnership with other agencies including commissioning teams and health and social care professionals. This enabled safe, effective, coordinated care and support for people.