

Ms Mary Mundy

Towerhouse Residential Home

Inspection report

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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Requires improvement



Overall summary

Our inspection of Towerhouse Residential Home took place on 30 November 2015 and was unannounced. We last inspected this home on 17 April 2014 when we found that the service met the regulations that we assessed.

Towerhouse Residential Home is a care home situated in Willesden which is registered to provide care to up to eight older people. At the time of our inspection there were eight people living at the home, the majority of whom were living with dementia.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager at Towerhouse Residential Home is also the registered provider.

Summary of findings

During our inspection, we found that feedback from people, our observations and most records we looked at demonstrated there were many positive aspects to the service including kind and supportive staff and experienced leadership.

People's safety was compromised because there was limited evidence that actions were in place to ensure that they were safeguarded from risk or abuse. The staff training records that we looked at indicated that a number of staff members had not received safeguarding training. Although a staff member that we spoke with demonstrated an awareness of their role in keeping people safe, we could not be sure that this was the case for all staff.

The home had not provided a notification to the CQC in relation to a safeguarding concern that had been investigated by the local authority. Notifications of concerns such as safeguarding are a requirement of registration with CQC.

The home's training records also showed that staff members had not received training in relation to the Mental Capacity Act 2005 (MCA). The home was otherwise meeting the requirements of the MCA. Information about people's capacity to make choices and decisions was included in their care plans. Applications had been made to the local authority for Deprivation of Liberty Safeguard authorisations to ensure that people with limited capacity were not unduly restricted.

We saw that medicines at the home were well managed. People's medicines were stored, managed and given to them appropriately. Records of medicines were well maintained.

Staff at the home supported people in a caring and respectful way, and responded promptly to meet their needs and requests. There were enough staff members on duty to meet the needs of people living at the home. People who remained in their rooms for part of the day were regularly checked on.

Staff who worked at the home were generally knowledgeable about their roles and responsibilities. Appropriate checks took place as part of the recruitment process to ensure that staff were suitable for the work that they would be undertaking. All staff members received regular supervision from a manager, and those whom we spoke with told us that they felt well supported.

However, we saw that the training records for staff were limited and we could not always ascertain if they had received mandatory training. There was also limited evidence of regular management supervision of staff. This meant that we could not be sure that staff members received appropriate training and support to enable them to fulfil their roles.

People's nutritional needs were well met by the home. Alternatives were offered where required, and drinks and snacks were offered to people throughout the day. Daily records were maintained of people's nutritional and hydration intake. Monthly monitoring of weight showed that people maintained a consistent weight for their age and height.

We were able to see some positive examples of caring practice at the home and feedback from people about the care that they received was good. The care plans and risk assessments that we viewed were person centred and provided detailed guidance for care staff about how they should support people's specific care and support needs and risks.

The home provided a range of individual and group activities for people to participate in throughout the week. We saw that staff members engaged people supportively in participation in activities. People's cultural and religious needs were supported by the home.

The people that we spoke with knew how to complain if they had a problem and we saw that the home had addressed complaints in an appropriate way. A copy of the complaints procedure was displayed at the home.

Care documentation showed that people's health needs were regularly reviewed. The home liaised with health professionals to ensure that people received the support that they needed.

There were systems in place at the home to review and monitor the quality of the service. However, the provider had not undertaken a workplace health and safety assessment since 2010.

We have made a recommendation about the need for an up to date health and safety assessment.

Policies and procedures were up to date and reflected regulatory requirements and good practice in care.

Summary of findings

People who lived at the home and staff members spoke positively about the management of the home.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and one

breach of the Care Quality Commission (Registration) Regulations 2009. You can see what action we told the provider to take at the back of the full version of the report.

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?

Aspects of the service were not safe. Training records did not show that all staff members had received safeguarding training. A safeguarding concern had not been notified to CQC.

Risk assessments for people who lived at the home were detailed and included guidance for staff on how to minimise risk.

Medicines were managed and administered safely.

Requires improvement



Is the service effective?

Aspects of the service were not effective. There was limited recorded evidence of staff training and we were unable to ensure that key mandatory training had been received by all staff members. We were unable to see evidence of regular supervision by a manager for all staff.

The home had made applications for Deprivation of Liberty Safeguards authorisations to ensure that people were not unduly restricted in their best interests.

People told us that they enjoyed the food provided at the home and we saw that people were offered choices that met their choices and preferences.

Requires improvement



Is the service caring?

The service was caring. People who used the service and their family members told us that they were satisfied with the care provided by staff. We observed that staff members respected people's privacy and dignity.

Staff members spoke positively about the people whom they supported, and we observed that interactions between staff members and people who used the service were caring and respectful.

People's religious and cultural needs were respected and supported.

Good



Is the service responsive?

The service was responsive. Care plans included detailed information in relation to people's care needs and there was guidance for staff on how they should support these.

People told us that their needs were addressed by staff.

People were supported to participate in a range of individual and group activities at the home.

The home had a complaints procedure and people knew how to make a complaint.

Good



Summary of findings

Is the service well-led?

Aspects of the service were not well-led. The service had not provided regulatory notifications to the Care Quality Commission.

A range of quality assurance procedures were in place, but these did not cover all aspects of the service.

People who used the service and staff spoke positively about the management of the service.

Requires improvement



Towerhouse Residential Home

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 provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 30 November 2015 and was unannounced. The inspection was carried out by a single inspector. We reviewed records held by the service that included the care

Records for four people using the service and three staff files, along with other records relating to the management service. We also spoke with the registered manager, a care worker, and three people who used the service.

Before our inspection we reviewed the information that we held about the service. This included notifications and other information that that we had received from the service and from other sources.

Is the service safe?

Our findings

People told us that they felt safe. One person said, “I feel very safe. They look after us very well here.”

The home had an up to date policy on safeguarding of adults that included contact details for the local authority. The staff member that we spoke with was able to demonstrate that they understood the principles of safeguarding. However, when we looked at the training records for staff, they did not provide evidence that all staff members had received training in safeguarding. The registered manager had recently developed a training matrix which indicated that safeguarding training was due for all staff members.

We looked at the records of safeguarding alerts and concerns maintained by the home. We saw that one concern had been investigated by a local authority safeguarding team during February 2015. Although this appeared to have been appropriately managed, the provider had not notified CQC of this, which is a requirement of registration.

This demonstrated a breach of Regulation 13 of The Health and Social Care Act 2008 (Regulated Activities) 2014.

We discussed our concerns with the registered manager, who told us that they were aware of the gaps in staff training. They had recently developed the training matrix in order to identify these and told us that training was being developed for all staff members in the new year.

We saw that there were a number of health and safety measures in place. Temperatures of fridges and freezers, hot food, and hot water were regularly monitored. Gas and electrical safety certificates were up to date. Fire action guidance was displayed and fire equipment had been serviced. Regular checks of the fire alarm system and emergency lighting had taken place. Fire drills were carried out regularly and emergency evacuation procedures were in place for individuals. The registered manager told us that a fire safety officer had visited the home in October, and she was awaiting their report. Accident and incident records were well maintained and showed that appropriate actions to address concerns had been put in place.

However, the provider had not completed a workplace health and safety risk assessment for the home since 2010. This is a requirement of the Management of Health and Safety at Work Regulations 1999.

Risk assessments for people who lived at the home were detailed and up to date. These specified risks that had been identified in people’s most recent assessments, for example, in relation to falls, mobility, incontinence, confusion, mental health and personal care. Each assessed risk was supported by a management plan that provided guidance for staff members in ensuring that risks were appropriately managed.

Medicines were stored, managed and recorded appropriately, and administered to people safely. An up to date medicines policy which included procedures for the safe handling of medicines was available to staff. Detailed information about the medicines that people received was maintained by the home and we saw that this was up to date. Staff who administered medicines had received appropriate training. We observed a staff member administering medicines. She waited for each person to swallow their medicines before recording that they had taken. Appropriate checks were carried out of medicines, including when they were received from the pharmacist.

Staffing rotas showed that there were sufficient numbers of staff available to support people throughout the day and night. The staff member that we spoke with told us that they considered that there were enough staff members on shift at any time to meet people’s needs.

We saw staff that staff members responded promptly to ensure that people were provided with the assistance they needed. There were enough staff to support people to take part in activities and to be accompanied by staff when needing support to mobilise within the home. During our inspection we saw that there were enough staff members on shift to meet the needs of people using the service. One person who used the service told us that the staff, “always come and help me when I need them.”

The three staff records that we looked at showed that appropriate recruitment and selection processes had been carried out to ensure that staff were suitable for their role in supporting people who used the service. These included checks of references relating to previous employment and of criminal records.

Is the service safe?

The home was clean and well maintained. There was a detailed infection control policy, and there was evidence that staff had received training in relation to this. We saw that an audit of infection control measures had taken place in November 2015. Staff were seen wearing disposable aprons and gloves when supporting people with their care and serving meals. Soap and paper towels were accessible in bathrooms.

The home maintained an emergencies and crises procedure that covered actions to be taken in case of significant emergency. There was an out of hours contact

number that staff could call for advice and support. We asked the registered manager about staffing arrangements for Christmas day when there was no public transport. She told us that arrangements had been made with a local taxi company to ensure that care staff were able to undertake their shifts.

We recommend that the provider considers current guidance on workplace health and safety risk assessment, and takes action to update their assessment accordingly.

Is the service effective?

Our findings

People that we spoke with were positive about the support that they received from staff members. One person told us, “they are great. They treat us well.” and another said, “they help me a lot.”

A staff member told us that they received “very good” training and support. We saw evidence that one newer member of staff had completed an induction that was linked to the Care Certificate for workers in health and social care services. However the training records maintained by the home were limited, and the training matrix, and certificates included in people’s files indicated that a number of staff members had not received up to date core or refresher training. For example, two of staff records that we viewed contained no evidence of training in safeguarding of adults, and there was no record of any training in relation to the Mental Capacity Act 2005.

The staff member that we spoke with told us that they received the support that they needed to undertake their duties effectively. They told us, “I feel well supported.” However, the staff records that we viewed showed that supervision by a manager had not always taken place on a regular basis. For example, one staff member had not received supervision for six months, and, for another there was no record of supervision during the past year. This meant that we could not be sure that staff members were always receiving the support that they required to undertake their duties effectively.

This demonstrated a breach of Regulation 18 of The Health and Social Care Act 2008 (Regulated Activities) 2014.

We discussed our concerns about training and supervision with the registered manager. They told us that they were aware that training records were limited, and they had recently developed the training matrix in order to identify and respond to any outstanding training needs of staff. They said that plans were in place to ensure that all required training was delivered. They also told us that they would ensure that regular recorded supervision took place for all staff in the future.

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. The application procedures for this in care homes and hospitals are 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 were being met. Care documentation included information about people’s capacity to make decisions. We saw evidence that applications had been made to the relevant local authority team in relation to the Deprivation of Liberty Safeguard (DoLS) regarding restrictions in place for people who were under continuous supervision and unable to leave the home unaccompanied due to risks associated with lack of capacity to make decisions.

Despite not having received training in relation to the MCA, the staff member that we spoke with was able to describe a good understanding of how they should support people with limited capacity to make decisions: “It’s difficult sometimes, but I try different ways of explaining things, and give people time to think about it and respond.”

The records that we viewed showed evidence of people’s consent to the care that they received. The majority of care plans and risk assessments had been signed by the person receiving care or a representative. However, where people were unable to give consent this was not always recorded. We discussed this with the registered manager and they assured us that they would ensure that people or their representatives would be involved in reviews of care records and evidence of this would be recorded.

People’s health care needs were met and monitored. Records showed that people regularly received health checks. They had access to a range of health professionals including; GPs, dietitians, opticians, chiropodists, psychiatrists, and dentists. They also attended hospital appointments. People had ‘hospital passports’ in place. These provided information about people’s care and communication needs, in order to provide medical staff with guidance about their support should they be admitted to hospital.

Is the service effective?

The home's physical environment was suitable for the needs of the people who lived there. Three bedrooms were at ground floor level and suitable for people with mobility impairments. We observed that people were able to move around the ground floor safely with staff support where required. People told us they were happy with their bedrooms and the layout of the home. We saw that people had been able to personalise their bedrooms with pictures, ornaments and personal radios and televisions. The garden was accessible for people with mobility needs.

People's individual dietary and nutritional needs were met. The day's menu was displayed on the wall in the dining room, although this had not been updated from the previous day at the time of our inspection. Each day's menu showed that there were at least two choices available at mealtimes. Our observations of lunch at the home showed that staff members offered choices before serving food. One person told a staff member that they were not feeling hungry and asked for a sandwich instead of the food that was on the menu. This was provided quickly and they were also offered soup, which they accepted. One person required support with eating, and we saw that this was done in a sensitive manner, with the staff

member speaking to them, and checking that they were happy with the way that they were supported. We saw that food was taken to a person who was bed bound and that a staff member remained with them while they ate. People were offered hot and cold drinks and snacks throughout the day. One person that we spoke with told us that, "they feed us very well here," and another said, "I enjoy the food".

People's nutritional needs and preferences were identified within their care plans. The home maintained a nutrition and hydration record for each person, and we saw that these contained details of all food and drink that had been taken on each day. The home undertook monthly assessments of people's risks in relation to nutrition using the Malnutrition Universal Screening Tool (MUST). We saw that these had been completed appropriately, and that guidance was in place for staff members to enable them to use the tool effectively. Although the records that we saw showed that people's weights were stable and within a healthy range, we asked the registered manager about actions should a person gain or lose weight. They told us that this would be immediately referred to a GP for further assessment.

Is the service caring?

Our findings

People spoke of being satisfied with the service. Comments from people included; “they are lovely,” and, “I can’t fault them”. We observed that people appeared comfortable with their care staff and interacted with them in a positive manner, often sharing jokes and ‘banter.’

Staff interacted with people in a respectful manner. We heard them ask people how they were, and saw that they would stop and chat to people about their interests. People were supported to maintain the relationships that they wanted to have with friends, family and others important to them and care plans included information about the relationships that were important to people. During our inspection we saw that one person received a visit from family members. We heard staff speaking with visitors in a friendly manner. They provided family members with an update about their relative’s condition.

We saw that, where people required personal support, this was provided in a timely and dignified manner. Some people chose to spend time in their rooms or were required to stay in bed due to health conditions. We saw that staff members checked on their welfare regularly and asked them about any needs or wishes in relation to care and support.

The registered manager and a staff member spoke positively about the people whom they supported. We were told, “I really enjoy working here. I have got to know people well, and it’s a two-way relationship.” We saw from the care files for two people, and our observations of them, that there was evidence of an increase in their independence since they had arrived at the home.

People told us their privacy and dignity was respected. We saw that staff members offered people choices and ensured that they had the right support to undertake activities if they required it.

We saw that people’s care assessments included information about people’s health, cultural and spiritual needs. A priest visited the home regularly to provide worship and communion for people to whom this was important. Care plans included information and guidance about how care and support should be delivered in accordance with people’s expressed wishes. This demonstrated that the home respected and supported the individual wishes of people who lived at the home

People’s care files contained documented information about people’s end of life preferences and needs. This included information about whether people wished to remain at the home rather than being admitted to hospital. We saw that family members had been involved in supporting people with these decisions where required. The registered manager told us that these had not all been fully completed as some people did not wish to discuss their end of life preferences.

The registered manager told us the home had received support from the local palliative care team to support people requiring care at the end of life in the past, and that, wherever possible, all efforts would be made to enable people to remain at the home in accordance with their identified wishes.

Is the service responsive?

Our findings

One person who used the service told us that the staff, “always help me when I need it.”

The care files that we viewed showed that a comprehensive assessment of needs had been carried out for each person and that these had been updated to reflect any changes in people’s health or care status.

Care plans were up to date and person centred, and contained guidance for staff in relation to meeting people’s identified needs. We saw that guidance in relation to, for example, health, religious, social and communication needs included specific information in relation to the task, and how care staff should actively support the person to achieve this. Where people had specific health needs, guidance about when to call the GP or other medical professional was provided.

Records showed people’s care plans were reviewed monthly and more frequently if people’s needs changed, for example if there was a change in health status, or when their behaviour challenged the service. We saw evidence that placement reviews also took place regularly with the involvement of social care professionals.

Daily notes of care were maintained and these recorded information that was relevant to the person, for example, sleeping patterns, health monitoring, personal and other care provided, visitors, activities and television programmes watched or music listened to.

Information about people’s interests and preferences was included in their care plans. People were supported by staff to participate in activities, including seated exercise, music activities and knitting. During our inspection we observed a

discussion session taking place, and also saw a person having a hand massage. People’s records showed that there were regular visits from friends and relatives and occasional trips outside the home, for example, for shopping or short walks. Although the home had recently started to maintain an activities record book, we noted that this had not been consistently completed to include all activities, including those that were recorded in people’s care notes.

People living at the home were able to participate in resident’s meetings. We looked at the notes of the most recent meeting which took place on 30 July 2015. We saw that a discussion about care plans had taken place, including what these were for and why it was important to involve people developing their plans. People were also asked for their opinions on the menu, and if there was anything they would like changed. The notes showed that a person had said that they had appreciated the chef speaking to everyone about their opinions of the food and what they would like to see on the menu. We asked the registered manager about frequency of resident’s meetings, since the records that we viewed showed that these were not always regular. They told us that residents were consulted on a regular basis, for example about social events, menus and changes within the home. However, they recognised that they did not always record these meetings, and told us that they would do so in the future. A person who lived at the home told us that, “staff are always asking us about what we like.”

The home had a complaints procedure. One person told us that, “I know about this. If I have a complaint, I’ll tell a staff member or the manager. They will sort it out straight away.” We looked at the register of complaints maintained by the home and saw that there had been no complaints

Is the service well-led?

Our findings

The registered manager for the home was supported by a deputy manager who had recently been appointed. The deputy manager was on leave at the time of our inspection. One person who used the service told us, "The manager is great." Another person said, "I like her."

The provider had failed to notify CQC about a safeguarding concern that had been investigated by a local authority during February 2015.

This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

We discussed this with the registered manager, who told us that they were unaware of this requirement, but would ensure that they notified CQC of safeguarding concerns in the future.

During the time of our inspection the registered manager was covering a staff shift. We saw that she worked effectively with the other staff member on the shift and communicated in a positive manner with the people living at the home.

The home had systems in place to monitor the quality of the service and we saw recorded evidence of these. Monthly audits were undertaken in respect of medicines, care plans, health and care needs including tissue viability, continence and falls. We saw that summaries of outcomes and actions taken to address these had been recorded.

A survey of the views of people living at the home and their relatives had taken place in October 2014. This showed high levels of satisfaction with the home. The registered manager told us that a further satisfaction survey was planned for January 2016.

We reviewed the policies and procedures in place at the home. These were up to date and reflected good practice guidance and regulatory requirements. There was a process in place to ensure that staff members were required to sign when they had read the policies.

The staff member that we spoke with told us that they felt that the manager was supportive and approachable. They told us, "She is a brilliant manager." We saw that the manager communicated positively with people who used the service, their visitors and the members of staff who were on shift.

We saw records of staff meetings that showed that issues relating to the management of the home was shared with staff members, for example information in respect of finances and recruitment processes.

Records showed the home worked well with partners such as health and social care professionals to provide people with the service they required. Information regarding appointments, meetings and visits with such professionals was recorded in people's care files.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment

The provider was unable to demonstrate that they had systems and processes in place to effectively prevent abuse of people who used services.

Regulation 13(2)(3)

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

The provider was unable to demonstrate that they had systems and processes in place to ensure that staff members received training and supervision to enable them to carry out their duties.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

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

The registered person failed to notify the Care Quality Commission of incidents which occurred in the carrying on of a regulated activity.

Regulation 18(2)(e)