

# Mrs Bridget Kidd

# Tower House

## Inspection report

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RG9 3JN  
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### Ratings

#### Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

### Overall summary

We carried out an unannounced comprehensive inspection of this service on 18 and 20 November 2014 at which a breach of legal requirements under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 was found. We served three warning notices around the provision of medicines management, staff training and induction and around the non-application of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Compliance actions were also made around assessing and monitoring the quality of service provision, and care and welfare of people who used the service.

After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements

in relation to the breaches and submitted an action plan. We undertook a focused inspection on the 2 June 2015 to check that they had followed their plan and to confirm that they now met legal requirements.

This report only covers our findings in relation to this topic. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 'Tower House' on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

Tower house provides accommodation for up to 12 people who require support with their personal care. The home mainly provides support for older people. There were 10 people living at the home at the time of our inspection.

Tower House has a registered manager in place. A registered manager is a person who has registered with

# Summary of findings

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.'

At our focused inspection on the 2 June 2015, we found that the provider had made significant improvements and had followed their plan which they had told us would be completed by December 2014. We found all legal requirements had been met.

Management of medicines had greatly improved in the service. Clear care plans, guidance and risk assessments were now in place around the use of prescribed and non-prescribed medicines. Regular audits were now in place to identify any shortfalls in the management of medicines.

Fire safety had greatly improved in the service. The deputy manager had accessed resources such as the local fire officer and training to ensure people were protected against the risks associated with the potential of a fire. Staff had all been retrained in fire safety and clear guidance was in place on what to do in the event of a fire.

All staff had been retrained in all areas deemed 'mandatory' by the provider. Staff were now provided with the knowledge and skills to undertake their roles effectively. The deputy manager also ensured staff's competency was assessed alongside training. A new induction policy and procedure was in place to ensure any new staff were supported and trained in their roles in a time efficient manner.

Staff knowledge of MCA and DoLS had greatly improved. At the time of this inspection, no people were subject to a DoLS. Staff and the deputy manager were able to explain their roles and responsibilities around MCA and DoLS and were able to provide examples of when this would need to be applied. All staff had been retrained in MCA and DoLS. One staff member told us this had greatly improved their confidence.

The service had made considerable improvement since the last inspection to ensure they were working in line with the required regulations. The deputy manager had utilised outside resources and had implemented new audits and quality monitoring checks to ensure there was good governance of the service.

# 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?

The service was safe.

Medicines were now managed in a way which protected people from the risks associated with medicines.

The service had improved fire safety within the home to ensure people's safety.

Good



### Is the service effective?

The service was effective.

Staff were knowledgeable around the MCA and DoLS and how this affected the people they supported.

Staff had been retrained to ensure they had the knowledge and skills to support people.

A new induction policy and procedure was in place.

Good



### Is the service responsive?

The service was responsive.

Care plans were now in place and reflected people's needs.

A visible complaints policy was in place.

Good



### Is the service well-led?

The service was well-led.

The service had made considerable improvement since the last inspection.

Clear audits and quality monitoring checks were now in place.

The service had utilised outside resources such as Skills for Care.

Good



# Tower House

## 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.

We undertook an unannounced focused inspection of Tower House on 2 June 2015. This inspection was done to check that improvements to meet legal requirements planned by the provider after our visit on 18 and 20 November 2014 had been met. The inspection was undertaken by a single inspector. The service was

inspected against four of the five questions we ask about services: Is the service safe? Is the service effective? Is the service responsive? Is the service well-led? This is because the service was not meeting some legal requirements.

We reviewed all the information that we held about the service prior to our inspection. We also made contact with the local authority and other relevant professionals to gain feedback on the service. We checked to see what notifications had been received from the provider since their last inspection. Providers are required to inform the CQC of important events which happen within the service.

We spoke with the deputy manager and two support workers. We reviewed four care plans for people who use the service, 10 medication records, training and induction records, MCA and DoLS documentation, audits undertaken and fire safety. We also looked at the providers policies.

# Is the service safe?

## Our findings

At our previous inspection on the 18 and 20 November 2014 we found medicines were not managed well so that people received them safely. There was a high use of non-prescription medicines which were not risk assessed, and a quantity of medicines within people's rooms which had expired. We served a warning notice in respect of a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which now corresponds to Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The date for compliance with the warning notice was the 10 February 2015.

Medicines were now managed well within the home. We completed a check of medicines stored within people's rooms with their consent. Where people obtained non-prescription medicines, these were now stored in lockable cupboards, risk assessed and checked and reviewed regularly. This ensured the service was aware of when and what non-prescription medicines people had, their expiry dates and whether there was the potential to impact upon their prescribed medicines. Creams were now risk assessed and clear guidance was provided around the application of creams including a body map and risk assessment.

We looked at ten people's Medication Administration Charts (MAR). Guidance was now in place for staff on the use of 'as required' (PRN) medications. Where people were assessed as having capacity to request any PRN medicines, this was clearly recorded in their care plan and on the MAR

chart. Where PRN medicines were given, these were recorded appropriately. Clear records were kept in regards to people administering their own PRN medicines, including clear risk assessments, protocols and regular stock checks. Clear care plans around the management of medicines were now in place and the service had retrained all staff in the administration of medicines. Competency checks were now completed frequently to ensure staff were aware of their roles and responsibilities around medicine administration and storage.

At our previous inspection on the 18 and 20 November 2014 we found people were placed at risk due to unsafe fire practices and inadequate processes around fire safety. We served a compliance action in respect of a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which now corresponds to Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Fire safety within the service had improved vastly. The deputy manager had made links with the local fire officer to undertake a new risk assessment of the service. Weekly fire alarm checks were now recorded and completed and records of fire drills were now recorded. Clear guidance was available in all communal areas for visitors, relatives and people using the service on what to do in the event of a fire. People who used the service now had their own personal evacuation plan. All staff had been retrained as fire marshals. The deputy manager had also risk assessed the potential of fires starting in people's individual rooms which were reviewed regularly.

# Is the service effective?

## Our findings

At our previous inspection on the 18 and 20 November 2014 we found people were at risk of receiving care from staff who did not have the knowledge and skills they needed to carry out their role. We served a warning notice in respect of a breach of Regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which now corresponds to Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The date for compliance with the warning notice was the 10 February 2015.

The deputy manager informed us all staff had been retrained since the last inspection. We were provided with a copy of the service's training matrix which showed all staff had recently been trained in all areas deemed 'mandatory' by the provider. These included areas such as fire safety, MCA and DoLS, Medicines, and moving and handling. One staff member told us the training they had received had improved their confidence and helped their practice. The deputy manager ensured training was provided alongside competency assessments to ensure staff were appropriately trained.

The deputy manager informed us a new induction policy was now in place. We saw the induction policy clearly outlined what the induction involved, including when training would be undertaken and what tasks staff were allowed to undertake if they had not yet received their induction training, for example shadowing another member of staff. No new staff had started at the service since our last inspection, however a new member of staff was due to commence employment shortly. The deputy manager informed us they were looking forward to implementing the new induction process and had accessed outside resources such as Skills for Care to ensure their induction was comprehensive.

At our previous inspection on the 18 and 20 November 2014 we found management and staff were not knowledgeable of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and how this impacted people. We served a warning notice in respect of

a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which now corresponds to Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The date for compliance with the warning notice was the 10 February 2015.

We discussed with staff and management how they supported people who used the service through the use of the MCA, and DoLS. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. No person was subject to a DoLS at the time of our inspection.

Training records clarified that all staff had received training in MCA. We spoke with the deputy manager to gain information on their understanding of the application of MCA and DoLS. The deputy manager informed us their knowledge had greatly improved since undertaking further training. They were able to explain to us when a mental capacity assessment would be required, whose duty it was to undertake them, when and how best interest decisions were made and when and if a DoLS application would need to be submitted to the local authority. Staff we spoke with were also knowledgeable about their roles and responsibilities around the MCA and DoLS and were able to explain clearly their duties and how MCA and DoLS potentially impacted people who used the service.

Care plans had greatly improved and where people had the capacity to agree, they had signed them. End of life care plans were now created and consented to by the person if they had capacity. Care plans had been updated to ensure where people had capacity, this was promoted. For example, asking people if they were happy for staff to administer medicines and their end of life wishes. The service had ensured their knowledge around MCA and DoLS was now of a good standard.

# Is the service responsive?

## Our findings

At our previous inspection on the 18 and 20 November 2014 we found some care plans were not in place for people and a complaints policy was not readily available for people.

Clear medicine care plans were now in place for people. These included details of what medicines were used including clear guidance around the use of PRN medicines. Risk assessments were in place to ensure where people

used non-prescription medicines; these did not interact with prescribed medicines. Where people had power of attorneys in place, this information was available in people's care plans. Care plans and risk assessments were reviewed monthly and where people's needs had changed, these were updated accordingly.

The service's complaint policy was made available in people's care plans and also in the communal area. This meant people were aware of how they could make a complaint, and how the complaint would be responded to.

# Is the service well-led?

## Our findings

At our previous inspection on the 18 and 20 November 2014 we found there was a lack of good governance around quality monitoring within the service. We served a compliance action in respect of a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which now corresponds to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The date for compliance with the warning notice was the 10 February 2015.

The service had made considerable improvement since our last inspection. The deputy manager had made links with

resources such as Skills for Care, training providers and the local authority to ensure they met the required regulations and best practice. The deputy manager informed us their knowledge and skills had greatly improved and we saw this through the improvements they had made since our last visit. Comprehensive medicine audits which were undertaken monthly. All staff had received refresher training in all areas and told us this had improved their knowledge and confidence. The deputy manager told us they now felt confident around the regulations and ensured through quality monitoring that they were meeting the regulations in a safe, effective, responsive and well-led manner.