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Towneley House

Inspection report

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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?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This comprehensive inspection took place on 13 and 14 November 2018; the first day of the inspection was unannounced.

Towneley House is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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.

Towneley House is registered to provide accommodation and personal care for up to 22 older people; there were 21 people living in the home at the time of the inspection. The home is situated in a residential area in Burnley near to Towneley Park. Accommodation is provided over three floors in 12 single bedrooms and four shared bedrooms; 13 of the bedrooms have an en-suite facility and all upper floors are accessible via stair lifts. Communal space is provided in two lounges, a dining room and a conservatory.

The service was managed by a registered manager. 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 was not present on either day of the inspection. We therefore had to contact them after the inspection to request additional information from them; this was received within the requested timescale.

At our last inspection in February 2017 the service was rated as requires improvement. This was because we found there was a continuing breach of the regulation in relation to record keeping. There was also a continuing breach of the regulation which requires providers to notify the commission of important events which occur in the home. We therefore issued a fixed penalty notice in relation to this breach of regulation. In addition, we found further shortfalls in the maintenance of one person's bedroom, the implementation of the Mental Capacity Act (MCA) 2005 and the recruitment of new staff. Following the inspection, the provider sent us an action plan which set out the action they were taking to meet the regulations.

During this inspection, we found improvements had been made in relation the submission of required notifications, the implementation of the MCA and the recruitment of staff. However, we identified five breaches in regulations. These related to the way medicines were managed in the home, the lack of risk assessments and care plans for one person and the measures in place to ensure people's dignity and privacy were protected. There was also a lack of robust governance systems to monitor the quality and safety of the service. This has led to the service again being rated as required improvement. This is the fourth consecutive time the service has been rated as required improvement since May 2015. You can see what action we told the provider to take at the back of the full version of the report.

The provider had a quality assurance system in place which included the completion of audits relating to care plans, medicines, the environment and infection control. However, these had not been effective

enough to identify the shortfalls we found during this inspection.

Although systems were in place for the safe handling of medicines, we found arrangements for the administration of prescribed topical creams needed to be improved. In addition, improvements were needed to ensure all medicines were stored safely to prevent misuse. Staff had not followed the correct procedure to authorise the covert administration of medicines for one person in their best interests (i.e. in food or drink when the person was unaware), although at the time of the inspection medicines were not being administered in this way.

We looked at the care records for four people and found one person did not have any care plans or risk assessments in place. This meant there was a lack of a complete and accurate record for the person concerned and a risk staff might not provide safe care to this individual. Although the care plan audit undertaken in October 2018 had identified this person's care records were incomplete, no action had been taken to address this matter at the time of the inspection. Following the inspection, the registered manager assured us all required documentation was in place. The remaining care records we looked at included detailed care plans and associated risk assessments which had been reviewed on a monthly basis.

Proper arrangements had not been made to protect the privacy and dignity of people who shared a bedroom. A privacy curtain had previously been in place in this bedroom but had not been replaced after it had fallen down. Staff were unable to give us consistent information about satisfactory alternative arrangements in place to protect people's dignity and privacy. In addition, staff failed to take into account issues of dignity and privacy when approaching a person to administer a topical cream in a communal area.

People told us they felt safe in Towneley House. They told us staff were kind, caring and responsive to their needs. Although we received mixed feedback about staffing levels, our observations during the inspection showed there were enough staff on duty to meet people's needs in a timely way.

There were policies and procedures in place regarding safeguarding adults. Staff were able to tell us the correct action to take should they witness or suspect abuse. Improvements had been made to the recruitment process which meant all staff had been safely recruited.

During the inspection, we noted some areas of malodour and noted improvements also needed to be made to the measures in place to prevent the risk of cross infection. We have therefore made a recommendation that the service ensures it acts in accordance with best practice guidance regarding infection prevention in care homes. We have also recommended the provider considers guidance regarding the lighting in care homes for people living with dementia.

The registered manager and staff understood the principles associated with the Mental Capacity Act 2005 (MCA) and acted according to this legislation. People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People's consent to various aspects of their care was considered and was clearly documented in their care records.

Staff had completed an induction when they started work and completed regular training to keep their knowledge and skills updated.

People received support with eating and drinking and their healthcare needs were met. People clearly enjoyed the meals which were provided for them. Appropriate referrals were made to community health and social care professionals, to ensure that people received the necessary support.

People told us they received care that reflected their needs and preferences. A range of activities were provided to meet people's social needs, although some people told us they missed trips out in the minibus which was being repaired at the time of the inspection.

There were systems in place for people to provide feedback on the care they received. People were aware of how they could raise a complaint or concern if they needed to and had access to a complaints procedure.

People spoke positively about the registered manager and the way the home was run. People spoken with during the inspection, including two visiting health professionals told us they would recommend the home to others as they considered people received good quality care.

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 consistently safe.

People told us they felt safe in Towneley House. Staff were aware of the correct way to respond if they witnessed or suspected abuse.

People's medicines were not always managed safely.

One person did not have any care plans or risk assessments in place. This meant there was a risk staff might not provide safe and appropriate care.

Improvements were needed to the measures in place to manage the risks of cross infection.

Requires Improvement ●

Is the service effective?

The service was effective.

Care records had been improved to clearly document people's capacity to make particular decisions and the action needed from staff to ensure care was provided in people's best interests.

Staff received the induction, training and support required to deliver effective care.

People enjoyed the food provided in Towneley House.

Good ●

Is the service caring?

The service was not consistently caring.

Although staff were kind and caring, people's dignity and privacy were not always respected.

Staff encouraged people to be as independent as possible.

Staff had a good understanding of people's diverse needs.

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

The service was not consistently responsive.

People told us they received care which met their individual needs. However the provider had failed to maintain a complete and contemporaneous record of one person's care needs.

People were provided with a range of activities to help promote a sense of well-being.

People did not have any complaints or concerns. They knew who to speak to if they had any concerns or complaints and were confident they would be listened to.

Is the service well-led?

The service was not consistently well-led.

Systems to monitor the quality and safety of the service had not been sufficiently robust to identify the shortfalls we found during this inspection.

The provider and registered manager had not sustained improvements to ensure all required regulations were met. This had led to the service being rated as requires improvement during the last four inspections.

Staff told us they felt well supported by the registered manager and felt able to make suggestions as to how the service could be improved.

Requires Improvement ●

Towneley 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.

This comprehensive inspection took place on 13 and 14 November 2018; the first day of the inspection was unannounced. The inspection team on the first day consisted of two adult social care inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. The Expert had experience of residential care services. The second day of the inspection was carried out by two adult social care inspectors.

In preparation for the inspection, we reviewed the information we held about the service including notifications the provider had sent to us. A notification is information about important events which the provider is required to send us by law. We also contacted the local authority contract monitoring team and the local Healthwatch team to gain their views about the service. We included the information gathered in our inspection plan.

The provider did not meet the minimum requirement of completing the Provider Information Return at least once annually. 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 made the judgements in this report.

During the inspection, we spoke with eight people who lived in the home, six visiting relatives and two professional visitors. We also spoke with a total of four staff employed in the service. The staff we spoke with were the assistant manager and three members of care staff; one of these staff was working as the cook on the days of the inspection and another staff member also worked on some days as a domestic; both staff had the necessary qualifications to undertake these additional tasks.

We had a tour of the premises and carried out observations in the public areas of the service. We looked in detail at the care and medicines records for four people who lived in the home. We also looked briefly at the

care records for a further two people. In addition, we looked at a range of records relating to how the service was managed; these included five staff personnel files, staff training records, staff supervision and appraisal records, minutes from meetings, incident and accident reports, complaints records as well as quality assurance audits.

Is the service safe?

Our findings

At the last inspection in February 2017, we assessed this key question as requires improvement. This was because breaches of regulations were identified in relation to the maintenance of the premises and the recruitment processes in place. At this inspection, although we found improvements in the way staff were recruited and the safety of the premises, we identified issues relating to the way medicines were administered and the measures in place to manage the risk of cross infection. This means the key question remains rated as requires improvement.

Improvements were needed to the way medicines were managed in the service. We looked at the medicine administration record (MAR) charts for four people who lived in the home. Although all the MAR charts had been fully completed to show medicines had been administered as prescribed, we noted that one person's MAR chart did not contain a photograph or records of any allergies they had; this information is important to help ensure staff are able to administer medicines safely. When we checked the stock of medicines, we noted this corresponded with the records held.

During the inspection, we observed good practice from staff when they asked people if they required pain relief and the amount of painkillers they needed. We saw staff took the time to explain to people the reason for prescribed medicines and ensure they had been taken.

Some staff responsible for administering medicines told us they were uncertain whether they had received training for this task while employed at Towneley House. However, they confirmed that their competence to administer medicines safely had been assessed by senior staff. Following the inspection, we received a copy of the staff training matrix which showed all relevant staff had received training in the safe handling of medicines. We also received records which confirmed the competence of staff to safely administer medicines had been regularly assessed.

We saw that medicines audits were being regularly completed. However, we saw that these audits had recorded that the medicines trolley was secured to the wall as is required under current regulations, when this was not in fact the case. We were unable to ascertain why the audit had been completed in this way.

We checked the storage of controlled drugs (CDs). These are medicines which require stricter legal controls to prevent them from being misused or causing harm. We saw that the CD cabinet was very small and limited the amount of controlled medicines which could be stored within it. At the time of the inspection, there were no controlled drugs being administered in the home. Following the inspection, the registered manager told us they had requested support from their dispensing pharmacist to rectify the storage issues we had identified.

We checked the records relating to prescribed topical creams for three people. We noted the administration instructions on the cream charts completed by staff at the home, did not match those on the MAR charts produced by the pharmacist. This meant we could not be certain that creams had always been administered as prescribed.

We asked senior staff if anyone was being given their medicines covertly, i.e. in food or drink which they were unaware of. We were told one person's GP had given their permission for medicines to be given covertly due to the person's lack of understanding about the importance of taking their medicines as prescribed. However, when we checked the letter of authorisation to which staff referred, we noted it stated explicitly that it did not give permission for any medicines to be given covertly. Although staff told us they were not currently administering the person's medicines in food or drink, they would arrange for the necessary best interests meeting to be held to discuss this matter and ensure all relevant professionals and family members were invited; this is the required process under the Mental Capacity Act (MCA) 2005.

Medicines were not always safely managed. This was a breach of Regulation 12 of the Health and Social Care Act (Regulated Activities) 2014.

Records we reviewed showed a pre-admission assessment had been completed before people entered the home; this helped to ensure people's needs could be met in Towneley House. The pre-admission assessment was then used to formulate a set of care plans and risk assessments to meet each individual's identified needs. However, we noted one person who had been in the home for two weeks did not have any care plans or risk assessments in place; this meant there was no guidance for staff to follow to ensure the person received safe and consistent care. There was also no record of the person's wishes and preferences in relation to how their care needs should be met. Records showed a care plan audit completed in October 2018 had identified the lack of care plans but no action had been taken to rectify this matter prior to the inspection. We also noted there had been four recorded incidents involving the person since their admission. Again, the lack of risk assessments and strategies to manage behaviour which challenged others meant staff might not deliver safe care. Following the inspection, the registered manager assured us all required documentation was now in place.

There was a lack of care plans and risk assessments for one person. This was a breach of Regulation 12 of the Health and Social Care Act (Regulated Activities) 2014.

All the people who lived in the home told us they felt safe and were free from discrimination or bullying. Comments people made included, "I feel safe here and there is no bullying. Our personal property seems to be OK here", "I feel safe here and the care is good" and "I definitely feel safe here." All the relatives we spoke with told us they were confident their family members were safe in Towneley House. One relative commented, "I think this is one of the better care homes in this area. The staff treat [name of relative] well and I have no concerns here."

There were policies and procedures in place to guide staff about protecting people from harm. Staff were able to tell us the correct action to take should they witness or suspect abuse. They were also aware of the whistleblowing procedure and of external organisations they could contact if they felt any concerns raised were not taken seriously by the provider.

During the inspection, we noted some areas of the home, including the carpets in one of the communal lounges were in need of refurbishment. We were told bedrooms were usually updated when they became vacant and were shown several rooms which had been redecorated since the last inspection. One person told us their bedroom was cold, although they had not reported it to the staff. When we made the assistant manager aware of this, they took immediate action to rectify the matter by ensuring the radiator was working effectively. We found the room was significantly warmer after this action had been taken.

There was evidence of malodour in some areas of the home. On the first day of the inspection, we found there were not handtowels for staff to use in the treatment room and no liquid hand wash in the visitor's

toilet. After several prompts from the inspection team, we found these matters had been resolved before the end of the inspection. We also noted the sink in the treatment room was dirty. We were told this room was also used by the visiting hairdresser and noted staff stored personal belongings in the room, although a notice on the door advised them they should not do so. Following the inspection, we made a referral to the local authority infection prevention team to assist the provider in identifying areas for improvement.

We recommend that the service ensures it acts in accordance with best practice guidance regarding infection prevention in care homes.

Staff had been safely recruited. We looked at five staff personnel files and found all required pre-employment checks had been completed; these included a check with the Disclosure and Barring Service (DBS). This is a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions. Proof of identification and suitable references had been also been obtained. We noted the provider asked staff to complete a document which explained any gaps in their employment history as required under current regulations. We saw there were some discrepancies between this document and the application form on one staff member's file. We were told this would be discussed with the staff member concerned and the documents amended accordingly.

We received mixed feedback about staffing levels in the home. Seven of the eight people we spoke with who lived in Towneley House told us there were usually enough staff on duty. One visiting relative told us the home was occasionally short staffed and a staff member commented that they felt there should be an additional person on duty each morning. However, during both days of the inspection, we noted all call bells were answered in a timely manner and staff had sufficient time to sit and chat with people.

Equipment was stored safely and we saw records to indicate regular safety checks were carried out on all systems and equipment. People had access to a range of appropriate equipment to safely meet their needs and to promote their independence and comfort.

We saw a fire risk assessment had been completed for the service and records showed fire equipment had been regularly checked to ensure it was in working order. Personal emergency evacuation plans (PEEPs) were in place for all individuals living in the home. These plans documented the support each individual required to safely evacuate the building in the event of an emergency.

Systems were in place to record any accidents or incidents which occurred in the home. We noted the registered manager reviewed this information to check for any themes or trends in order to identify any action required to help prevent similar events from happening in the future.

Is the service effective?

Our findings

At our last inspection in February 2017, we assessed this key question as requires improvement. This was because there was a breach of the regulation in the way the provider had implemented the requirements of the Mental Capacity Act (MCA) 2005. At this inspection, we found improvements had been made in relation to the way the MCA was implemented and understood in the service and the key question is now rated as good.

The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

All the care records we reviewed contained detailed records about people's capacity to make particular decisions and how staff should act in people's best interests when required to ensure they received necessary care.

During the inspection, we observed one person regularly asked to leave Towneley House to return home. We checked the person's records and noted a DoLS application had been submitted to the local authority, as required, to request authorisation of the restrictions in place; this was necessary to ensure the person received the care they needed whilst protecting their rights. However, when we reviewed this application we noted it stated the person was mainly accepting of their care in Towneley House which did not reflect our observations during the inspection. We therefore discussed with the assistant manager the importance of informing the local authority of the person's changed presentation; this would allow the local authority to prioritise the need to undertake an assessment of the restrictions in place in order to protect the person's rights. Following the inspection, we received information which confirmed the requested action had been taken.

Before a person started to use the service, the registered manager undertook a thorough assessment to ensure their needs could be met. We looked at a number of completed assessments and noted they covered all aspects of each individual's care needs as well as their preferences in relation to how these needs should be met.

People told us they felt staff had the necessary skills and knowledge to be able to deliver effective care. Comments people made included, "I think the staff are skilled in providing the right kind of care for [name of relative]" and "The staff seem to know what they're doing."

Records showed that staff completed an induction period when they started work at the home. Staff spoken with confirmed this involved an initial orientation to the home and a period of shadowing more experienced staff. We saw that staff were encouraged to gain nationally recognised qualifications in care. We were also told that the provider and registered manager were facilitators in dementia care training; this meant they were able to provide staff with best practice guidance relating to the care of people living with dementia.

We noted the registered manager maintained a central record of training completed by staff. Staff told us most training was completed using DVDs plus the completion of written tests to confirm staff's understanding of the information.

Staff were provided with regular one to one supervision and told us they were supported by the registered manager. Supervision provided staff with the opportunity to discuss their responsibilities and to develop their role. Staff were also invited to attend regular meetings and received an annual appraisal of their work performance.

The registered manager and staff made sure people had the support of local healthcare services whenever necessary. From talking to people and looking at their care plans, we could see that people's healthcare needs were monitored and supported through the involvement of a broad range of professionals including GPs, district nurses and speech and language therapists. During the inspection, we spoke with two visiting health professionals both of whom told us staff were good at making appropriate referrals and following their advice.

Staff told us communication about people's changing needs and the support they needed was good. Records showed key information was shared between staff and staff spoken with had a very good understanding of people's needs. We saw there was a system in place to ensure relevant information was communicated to health staff in the case of a person's admission to hospital.

People spoken with during the inspection told us they enjoyed the food provided in Towneley House. Comments people made included, "I really enjoy the food", "I really liked the chilli today" and "I haven't had curry before but today's was really good." We noted people were able to have meals of their choice, including several options at breakfast and alternatives if they did not like what was on the menu at lunchtime. A relative told us how they had moved their family member from another home when they lost weight, but that this had not been a concern at Towneley House.

The cook on duty was also a senior member of care staff. They told us they were trying out in the kitchen to see if they enjoyed the role. They had a good understanding of people's dietary needs although this information was not on display in the kitchen. We were told no one who lived in Towneley House had any allergies. We noted posters were on display in the dining area, advising people to make staff aware of any food allergies prior to eating any meals cooked on the premises.

Some consideration had been given to the needs of people living in the home in relation to the environment. People's bedroom doors were personalised with a photograph and signage was in place to orientate people to bathrooms and toilets. Due to the layout of the building, we found some corridors were dark. We therefore recommend the provider refers to best practice guidance in relation to the lighting in homes which provide care to people living with dementia.

Is the service caring?

Our findings

At our last inspection in February 2017, we assessed this key question as requires improvement. This was because the lack of maintenance in one person's bedroom compromised their dignity. At this inspection, we found continuing issues in relation to privacy and dignity for two other people. This means the key question remains rated as requires improvement.

People's dignity and privacy were not always respected. We looked at the arrangements in place to protect the dignity and privacy of people who were in a shared bedroom. With the permission of the occupants, we looked at the bedroom concerned and noted it did not have a curtain in place to provide people with privacy when personal care was being provided. Staff were unable to tell us when or why the curtain had been removed. Staff were also unable to give us a consistent explanation of how they protected people's dignity when providing personal care at times when the room was occupied by both people. In addition, there was no guidance for staff to follow in either person's care records. We noted there was a mobile screen placed in the lounge area which we were told was occasionally used by visiting health professionals if people did not wish to access a private area during their consultation. However, from our discussions with staff it was evident no consideration had been given to using this screen in the shared room in the absence of a more permanent solution. As a result of our conversations with staff, we saw this screen being moved to the shared bedroom during the second day of the inspection. However, it should not have needed our intervention for this action to be taken.

We observed one staff member approach a person who lived in the home in one of the communal areas with some topical cream for their legs. The person concerned made it clear they did not wish the cream to be administered in the communal area and asked the staff member if they could go somewhere more private. This showed there was a lack of consideration to people's need for privacy when personal care was being provided.

The provider had failed to ensure appropriate arrangements were in place to protect the dignity and privacy of people who used the service. This was a breach of Regulation 10 of the Health and Social Care Act (Regulated Activities) 2014.

People told us staff were kind and caring. Comments people made to us included, "The staff are kind and they show me respects by having little chats with me", "The members of staff are kind and caring. At least I know that I'm wanted here; the carers tell me this all the time", "The staff are kind and they seem to respect me" and "I must tell you, [name of staff member] has a heart of gold."

During the inspection, we observed kind, caring and respectful interactions between staff, people who lived in the home and their relatives. We observed appropriate humour and warmth from staff towards people using the service. People appeared comfortable in the company of staff and had developed positive relationships with them. The overall atmosphere in the home appeared calm, friendly, warm and welcoming.

People were encouraged to maintain relationships with family and friends. Friends and relatives confirmed there were no restrictions placed on visiting; we saw they were made welcome and were encouraged to join in with the activities. Two relatives we spoke with told us how a strength of the home was the way they supported family members as well as the person living in the home. They told us staff had informed them, "We are not just here for [name of person living in the home], we are here for you as his family as well."

Staff spoken with understood their role in providing people with compassionate care and support. One member of staff told us, "We always find a way to make people feel they matter and are respected." Staff knew people well and understood their diverse needs. Staff were able to tell us about each individual's preferred routines and the support they required.

Staff told us they would always try to maintain people's independence; this was confirmed by our conversations and observations during the inspection. We saw one staff member encourage a person to mobilise independently after their meal in the dining room. They said to the person, "Why don't you put both hands on the chair and push yourself up. Push up, you can do it." The member of staff continued to monitor the person whilst encouraging them with their independence. The person was appreciative of the staff member's patience and kindness. A relative also told us, "I think [name of family member] has improved since being here. Her independence has been supported. When she came in, she was so wobbly that she couldn't walk with the frame, but now she can."

People were encouraged to express their views by means of daily conversations and during residents' and relatives' meetings. These meetings helped keep people informed of proposed events and gave them the opportunity to be consulted and make shared decisions. We found people's views had been listened to and acted on in areas such as the provision of activities and meal choices.

People's spiritual needs were considered as part of the assessment process. We noted arrangements were made for local religious ministers to visit the home or for people to access local churches as they wished.

The provider had a policy in place about supporting people's rights to advocacy services. People can use advocacy services when they do not have friends or relatives to support them or want help from someone other than staff, friends or family members to understand their rights and express their views.

People's right to confidentiality was protected. There was a confidentiality policy in place which documented staff responsibilities, and the importance of confidentiality was included in the staff induction. Care records were kept in the registered manager's office which was kept locked when unoccupied and was therefore only accessible to authorised staff.

Is the service responsive?

Our findings

At our last inspection in February 2017, we assessed this key question as requires improvement. This was because we found the provider had failed to maintain an accurate, complete and contemporaneous record in respect of people's care; this was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we found some improvements had been made although one person did not have any care plans or risk assessments in place. This means the key question remains rated as requires improvement.

We looked at the care records for four people and noted there were no care plans or risk assessments in place for one person. This meant there was a continuing breach of Regulation 17 (2)(c) as the provider had failed to maintain a complete and contemporaneous record in relation to this person's care.

All other care records we reviewed contained detailed and personalised information about people's needs, preferences and how staff should support them. People's care records also included a 'This is Me' document which included information about their personal history, family and interests. We saw that all care plans and associated risk assessments had been reviewed on a monthly basis. The assistant manager told us the improvement in care records had been a focus since the last inspection and they were proud of the changes they had made.

Daily records were maintained of how each person had spent their day and of any care and support given; these were written in a respectful way. There were systems in place to ensure staff could respond to people's changing needs. This included a handover meeting at the start and end of each shift and the use of handover sheets and communication diaries. Staff told us communication within the team was very good.

People who lived in Towneley House told us staff always provided them with the care they needed. Comments people made included, "Everything seems to be going alright at the moment", "Although I would rather be at home, I have everything I need here" and "I get support when I need it." A relative also told us, "Staff are brilliant. They know how to deal with [name of family member] to calm him down when he is upset." During the inspection, we observed staff responded calmly and promptly to reassure people when they became anxious or upset.

People who lived in the home told us they were aware of their care records and some people told us they had been involved in reviewing their content. There was a 'keyworker' system in place. This linked people using the service to a named staff member who had responsibilities for overseeing aspects of their care and support. Staff told us that, as keyworkers they would always sit with people and their relatives as necessary to review the support provided and whether this remained appropriate for the person's needs.

Care staff understood the importance of promoting equality and diversity and respecting individual differences. A staff member told us, "We provide care to meet people's choices and preferences." Another staff member commented, "Everyone is different with different needs."

Some staff had completed training in equality and diversity. In addition, all staff had access to an equality and diversity policy which was aligned to the Equality Act 2010 and current regulations. This stated that, 'Residents are not discriminated against in any way, harassed or victimized including on the grounds of any protected characteristic'. Protected characteristics are a set of nine characteristics that are protected by law to prevent discrimination. For example, discrimination based on age, disability, race, religion or belief and sexuality. However, to fully embed the principles of equality, diversity and human rights we recommend the service consults the CQC public website and seeks further guidance from the online toolkit entitled 'Equally outstanding: Equality and human rights - good practice resource'.

We checked if the provider was meeting the requirements of the Accessible Information Standard (AIS); this standard was introduced on 31 July 2016 and states that all organisations that provide NHS or adult social care must make sure that people who have a disability, impairment or sensory loss get information that they can access and understand, and any communication support that they need. Although the provider did not have a policy in place in relation to this standard, we noted all care records included information about people's communication needs and how these should be met. Following the inspection, the registered manager confirmed information could be provided in a range of different formats as necessary to meet people's needs.

We received mixed feedback from people about the range of activities available to them in the home. Comments people made included, "There's not a lot going on", "I like reading here in my room and I watch a lot TV. I think that some crafts go on downstairs, but it's not my thing. I would like to play chess, but I'm not sure if anyone can play" and "I have always liked the singing that's been done here. They do some nice craft work too, for example I helped with the poppy display on the wall there. There's sometimes dancing." Several people also told us they missed going out on trips in the minibus which was currently not working. When we looked at the log of activities which had taken place over the previous month, we noted these included bingo, painting, pamper day, baking, arts and crafts and board games. There had also been a visit from an external entertainer. Following the inspection, the registered manager told us the minibus was waiting for repair after an accident which occurred while it was parked at the rear of the home for which an insurance claim was currently in process. However, they also told us the provider regularly took people on trips to local pubs in their own vehicle.

The provider used technology to support people to receive timely care. There was a call bell system in place at the service which people could use when in their bedrooms to request assistance from staff. We noted there were additional checks in place from staff when it was identified that individuals were unable to use the call bell system. Sensor equipment was used to alert staff to movement when people were assessed as being at high risk of falls. In non-urgent medical situations staff had access to a tele-medicines system. This enabled staff to speak with a healthcare professional at a hospital via a computer link and helped to prevent unnecessary GP visits or hospital admissions.

There was no one in receipt of end of life care at the time of the inspection. However, we noted care records contained information about the care people wanted to receive at the end of their lives.

A system was in place to respond to complaints received at the home. We noted the complaints procedure was on display on the noticeboard at the entrance to the home and was also included in the service user guide which was provided to people on their admission to Towneley House. Records from a recent residents' meeting showed people had been reminded how to use the complaints procedure to raise any concerns they had.

People told us they were aware of how to make a complaint but no one spoken with had felt the need to do

so recently. Comments people made included, "I know about the complaints' procedure, but I would always speak to the manager first. She has always acted on things that I've complained about in the past" and "I'm aware of the complaints' procedure, but I've never used it."

We looked at the log of complaints received since the last inspection. We noted there had been 12 complaints received, although only one related to the care people received in the home. Records showed all complaints had been investigated and a response provided to each complainant.

Is the service well-led?

Our findings

At the last inspection in February 2017, this key question was assessed as requires improvement. This was because the provider had failed to notify the Care Quality Commission (CQC) of some incidents which had occurred in the home. We took enforcement action against the provider with which they fully complied. Information reviewed before and during the inspection showed all required notifications had been submitted. However, we identified failings in relation to the systems in place to monitor the quality and safety of the service. This means the key question remains rated as requires improvement.

The service has been rated as requires improvement for a total of four times. Although the provider generally addressed the issues found at each inspection, we have identified additional concerns during each of our inspections since May 2015. This means the service has not been consistently well-led and the provider has failed to sustain continuous improvements across all the areas inspected by CQC.

Although the provider had a number of systems in place to monitor the quality and safety of the service, our findings during the inspection showed these had failed to identify the shortfalls we found during this inspection.

Although the care plan audit completed in October 2018 identified that one person's care records were incomplete, it was not clear from the action plan who was responsible for completing the required tasks or the date by which this should be achieved; this meant that no care plans or risk assessments were in place for the person at the time of the inspection. Audits of the environment had not identified the shortfalls we found in relation to the cleanliness of communal areas or the need for some carpets to be replaced. In additions, medicines audits had not been sufficiently robust to identify the shortfalls in record keeping and the storage of medicines which we found during the inspection.

There was a lack of robust governance systems to monitor the quality and safety of the service. This was a breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) 2014.

We were unable to speak with the registered manager during the inspection. However, following the inspection they sent us the information we requested within the required timescales. This included details about the achievements since the last inspection and the plans for the next 12 months. The registered manager told us several areas of the home had been redecorated and upgraded since the last inspection including a bathroom, a toilet and the kitchen. In addition, a new fire alarm system had been installed and the electricity circuit updated. They told us they planned to redecorate and refurbish both lounges in January 2019.

People who lived in the home told us they found the registered manager to be approachable, kind and led the staff team well. Comments made included, "[Name of registered manager] is very nice when she gets time", "The manager is very approachable and personable", "From what we've seen, the staff seem to be an effective team" and "I think the manager is very approachable. They all seem to work well as a team."

Staff told us they enjoyed working in Towneley House and considered the registered manager was supportive and approachable. Comments staff made included, "It is a happy workforce", "We work well alongside [name of registered manager]" and "The manager is approachable." All the staff we spoke with told us they considered people received good care in Towneley House and they would recommend the service to others. This view was supported by the comments from the visiting health professionals we spoke with during the inspection. They told us, "The manager is very passionate about ensuring people are well cared for" and "I like it here. It's quite personal and feels like home. [Name of registered manager] runs it well."

Staff told us regular staff meetings took place although the records we looked at showed the last meeting had been held in June 2018. Staff also told us they felt able to raise any suggestions they had for improving the service at staff meetings and felt their opinions were listened to.

People were asked for feedback on the quality of the service. This was achieved by means of daily conversations, residents' meetings and satisfaction surveys. We looked at the minutes from residents' meetings and noted the registered manager had advised people that the purpose of the meetings was to enable them to give their ideas on the running of the home and to speak out if they were unhappy with any aspect of their care. The registered manager also advised people that they had an 'open door' policy should anyone wish to speak to them in private.

The most recent satisfaction survey had been distributed by the provider in November 2017 to people who lived in the home, their relatives and staff. We were told this process was completed on an annual basis. We saw that comments from the survey respondents about the way the home was run were very positive. Comments made included, "Opinions are valued and respected by the management and staff", "I think the staff look after the residents well" and "The managers are always willing to listen."

We saw evidence that the service worked in partnership with a variety of other agencies. These included, GPs, opticians, dentists, hospital staff, speech and language therapists, dietitians and social workers. This helped to ensure that people had support from appropriate services and their needs were met.

There were procedures in place for reporting any adverse events to CQC and other organisations such as the local authority safeguarding and deprivation of liberty teams. Our records showed that the registered manager had appropriately submitted notifications to CQC and other agencies.

It is a legal requirement for the provider to display the service's most recent CQC rating in a prominent position in the home; this is to inform people of the outcome of the last inspection. However, on the first day we noted this information was not on display. The assistant manager told us this was because a person who lived in the home often removed posters from the walls but this had gone unnoticed by the provider and registered manager. The rating was immediately placed on display and following the inspection, the registered manager told us the rating would be placed in a frame secured to the wall to avoid this from happening again.

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	Regulation 10 HSCA RA Regulations 2014 Dignity and respect The provider had failed to ensure people's dignity and privacy was always respected.
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People's medicines were not always safely managed. Regulation 12 (2)(g). The provider had failed to always ensure care plans and risk assessments were in place to guide staff to deliver safe care. Regulation 12 (2)(a).
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not have a robust system to monitor and improve the quality and safety of the service. Regulation 17 (2)(a) The provider had failed to ensure an accurate and complete record of people's care and treatment. Regulation 17 (2)(c).