

Mrs Bridget Kidd

Tower House

Inspection report

Tower House, Reading Road
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Tower House is a residential care home providing accommodation and personal care to up to 12 older people in one adapted building. At the time of our inspection there were 12 people using the service.

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

Systems and processes to ensure effective oversight of the service required embedding into practice. The provider had a range of audits and had identified some of the concerns found on inspection. We made a recommendation regarding effective systems and processes being put into place.

Not all risks had been assessed and mitigating strategies recorded. However, people told us staff knew them well and understood their known risks.

People were supported by staff who knew them well and who had been safely recruited. We observed sufficient staff to meet people's needs.

Staff received adequate training to ensure they understood and could respond to people's individual needs and understand environmental risks.

People, relatives and staff were all positive regarding the management of the service. People and relatives described staff as kind, caring. The service had a positive culture, and the registered manager was visible and accessible to people, relatives and staff.

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

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 2 November 2019) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 9 October 2019. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

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

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from requires improvement to good based on the findings of this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

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.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well led.

Details are in our well led findings below.

Tower House

Detailed findings

Background to this inspection

The inspection

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

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

Inspection team

The inspection was completed by 1 inspector 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.

Service and service type

Tower House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Tower House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 5 people who used the service and 3 relatives about their experience of the care provided. We contacted 8 members of staff including the registered manager, deputy manager and care staff. We observed the interaction between people and staff.

We reviewed a range of records. This included 4 people's care records and medication records. We looked at 3 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to Good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

At our last inspection the provider had failed to ensure people were protected in the event of a fire. The provider did not ensure risks were assessed and managed. This was a breach of Regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Not all risks had been assessed and mitigating strategies recorded. For example, we found people with health conditions did not have the signs and symptoms that staff needed to be aware of. However, staff knew people well had training and contacted the GP for any concerns. The GP was very responsive and visited the service regularly. New care plans and risk assessments were being implemented prior to the inspection.
- When a person sustained an injury, the records were not always clear regarding the size, shape, position on the body or colour of the injury. However, we saw evidence that a GP was always contacted after any person sustained an injury. A new system was being implemented to record all injuries fully.
- Accidents and incidents were recorded and reported. The deputy manager told us they reviewed all accident forms. However, some records did not have all the details recorded. The registered manager had previously identified this. Staff meetings were held to share lessons learnt.
- People were protected from risks associated with fire. People had personal emergency evacuation plans in place and the registered manager completed fire safety checks regularly. One person told us, "They have fire alarm tests frequently. Somebody comes round to let you know it's a test." Another person said, "Once a week they check the fire alarm."
- Equipment was in place and the environment was appropriately assessed to mitigate risks to people. For example, window restrictors were in place and regularly checked, and hot water checks were in place.
- Nationally recognised best practice guidance to identify and monitor people who were at risk of developing skin pressure damage or malnutrition was used.
- The provider had policies and procedures in place regarding safeguarding people. Staff received safeguarding training and understood the signs of abuse and how to report any concerns. People and relatives told us they felt safe. One person told us, "I am very well cared for, nothing unpleasant, and I feel safe here." A relative told us, "The principal benefit is that [person] has safety and security."

Using medicines safely

At our last inspection the provider had failed to ensure medicines were managed safely. This was a breach of Regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Information was not always recorded with the medicine record regarding why a person had been given a 'as required' medicine. However, other records evidenced the reason. The registered manager agreed to ensure the reason and outcome was recorded in the same place to enable effective reviewing of the effectiveness of 'as required' medicines.
- People's medicine administration records (MAR) evidenced medicines were administered as prescribed. Medicines were managed safely. This included the storage, administration, recording and disposal of medicines. Regular stock checks were completed.
- People told us they received their medicines on time. One person said, "[Staff name] brings my pills round every day, on time, and never missed. Never had to chase them up, it is all very well organised."
- Staff received training in the administration of medicines and had their competencies checked yearly.

Staffing and recruitment

- Staff were recruited safely. The provider completed pre-employment checks such as references and Disclosure and Barring Service (DBS) checks. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.
- We found sufficient staff were deployed to maintain people's safety and meet individual needs. People and relatives confirmed they felt there were enough staff. One person told us, "There are enough staff, staffing is no problem, and you see the same staff." Another person told us, "(There are) always staff popping in and out. They (staff) know what I need doing, and they do it well." However, not all staff felt sufficient staffing was in place on all shifts. One staff member said, "Sometimes we are short staffed, this puts extra pressure on the shift. We have less time with people to chat but have more tasks to complete."

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.

- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- The home was open for visitors with no restrictions in accordance with the current guidance.

Is the service well-led?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection the provider had failed to ensure systems were in place and robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The registered manager was in the process of updating all care plans and risk assessments as they had identified some missing and/or conflicting information prior to the inspection. Systems and processes were in place but not fully embedded into practice.
- Systems and processes were in place to audit medicines and ensure safe medicine management. However, the audit did not include the recording of 'as required' medicines. Therefore, the registered manager had not identified when the reason or outcome of a 'as required' medicine had not been fully recorded. The registered manager added the recording of 'as required' medicines to the audit immediately. We found no evidence of harm.
- Systems and processes to ensure safe care and support was offered required recording. The registered manager and deputy manager worked closely with staff and people. Therefore, did not always audits records thoroughly.

We recommend the provider ensures robust systems and processes are in place and recorded to review and analysis records to identify and implement any improvements.

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

- The registered manager completed spot checks to ensure staff were delivering good quality, safe care.
- People and relatives all knew who the registered manager was and told us they felt confident in raising any concerns with them.
- People had regular meetings to discuss their care and voice any opinions they may have.
- Staff told us they enjoyed working, and people told us they liked living at Tower House and would recommend the home to friends and family. A person said, "I would recommend Tower House without

hesitation, I would recommend here to anyone who it would suit." A relative said, "Without a doubt I would recommend Tower House. It is locally known as the best place for relatives that are still independent."

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

- The registered manager understood their responsibility under the duty of candour. The duty of candour requires providers to be open and honest with people when things go wrong with their care, giving people support and truthful information.
- Staff knew how to whistle-blow and knew how to raise concerns with the local authority and the Care Quality Commission (CQC) if they felt they were not being listened to or their concerns were not acted upon.

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

- Formal feedback not in place However, People and relatives told us they could raise suggestions and concerns and felt confident they would be dealt with. One person said, "(Staff and managers) Do ask me, if things are alright." A relative told us, "Feedback is informal, as and when needed."
- Information was shared with staff through meetings, supervisions and handovers. Staff told us they felt confident to raise any suggestions or feedback to the registered manager.
- Relatives confirmed they were kept up to date with their loved one's progress, outcomes and any incidents that may have occurred.
- Information was shared with people, relatives and staff in a format they could understand. We observed talking newspapers and the registered manager told us of other ways information could be shared. For example, easy read, large print or a different language if required. People had communication plans in place to ensure staff understood people's individual communication needs.

Continuous learning and improving care; Working in partnership with others

- The registered manager was open and transparent throughout the inspection.
- The registered manager worked in partnership with other health and social care professionals.
- The registered manager and deputy manager had attended a meeting with local care home managers to share good practice.