

Mrs Barbara Karen Shillito and Mr Stephen Shillito

# Towneley House

## Inspection report

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Towneley House is a residential care home. The home provides personal care for older people. The home is able to accommodate a maximum of 22 people. At the time of inspection there were 15 people living in the home.

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

We have made recommendations about the management of some medicines and recording of legal documents pertaining to mental capacity and the permissions to make decisions on behalf of people.

Medication administration was managed safely and practices were monitored however, we identified some minor recording discrepancies in regard to 'as and when' medications.

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.

We saw that people were comfortable in the presence of staff and positive relationships had developed between people receiving support and staff. The environment had improved and this was an ongoing project.

Staff were recruited safely and received regular training, supervisions, attended staff meetings and the registered manager had sourced additional training ensuring staff would be able to support people effectively. Staff we spoke to said that they felt well supported.

Risks which compromised people's health and well-being were appropriately assessed, reviewed when needed and contained detailed information. People told us they felt safe living at the service.

Accidents and incidents were recorded and reviewed in order to minimise the risk of reoccurrence. Safeguarding and complaints were also managed appropriately and monitored by the management.

Care plans and risk assessments detailed how people wished and needed to be cared for. They were regularly reviewed and updated as required. We saw evidence of how the registered manager and staff ensured people beliefs, choices and rights were respected.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection and update: The last rating for this service was requires improvement (published 17 October 2020). 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 regulation 15.

#### Why we inspected

This inspection was prompted by a review of the information we held about this service.

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.

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.

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

#### Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

#### 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?**

The service was safe.

Details are in our safe findings below.

**Good** ●

### **Is the service effective?**

The service was effective.

Details are in our effective findings below.

**Good** ●

### **Is the service well-led?**

The service was well-led.

Details are in our well-led findings below.

**Good** ●

# Towneley House

## Detailed findings

### Background to this inspection

#### The inspection

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

This inspection was carried out by one 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

Towneley 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. Towneley House is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. 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 three people who used the service and two relatives about their experience of the care provided. We spoke with three members of staff, the registered manager and received feedback from two professionals who worked with the service. We reviewed a range of records. This included three people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the running 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.

### Using medicines safely

- Medicines were managed safely. However, we identified that although people were receiving their prescribed medicines appropriately, some medicines that were to be taken 'as and when needed' were not being monitored effectively.

We recommend the provider consider current guidance on giving and monitoring 'as and when' medicines to people alongside their prescribed medication and take action to update their practice accordingly.

- The room the medicines were stored in was higher than the recommended temperature. This was brought to the registered managers attention and was immediately actioned by the provider.
- Staff who administered medication received training.
- Appropriate measures were in place for controlled medicines and these were regularly audited.
- People were able to tell us about the medications they were receiving and that there were "No problems."

### Systems and processes to safeguard people from the risk of abuse

- Staff received safeguarding training to ensure they had up to date information about the protection of vulnerable people. Staff demonstrated an understanding of what might constitute abuse and knew how to report any concerns they might have.
- There was a policy in place to ensure people were protected from the risk of harm and abuse and referrals had been made to the local authority safeguarding team when abuse had been suspected.
- People we spoke with felt safe living in the home. Relatives also said they felt their loved ones were safe. We were told "She is very well looked after. It's very safe."

### Assessing risk, safety monitoring and management

- People's care plans contained a wide range of assessments identifying potential risks. Records showed that measures were in place to mitigate those risks. Risk management considered people's physical and mental health needs and showed that measures to manage risk were least restrictive as possible.
- Risks to the environment had also been assessed to help ensure people were safe. The provider conducted regular checks on equipment, ensuring that it was safe and fit for purpose.

### Staffing and recruitment

- A robust recruitment and selection process was in place and staff had been subject to criminal record checks before starting work at the service. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information

helps employers make safer recruitment decisions.

- People and their relatives we spoke with felt there was usually sufficient staff on duty, people told us "Usually there are enough staff and the manager steps in if they are short of staff, but it's not often." Another person said "Sometimes could do with a bit more. Staff are good. Nothing wrong with the staff."
- Disciplinary processes were in place and followed when it was appropriate to do so.

#### 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 admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

#### Visiting in care homes

- Observations assured us that the provider was facilitating visits for people living in the home in accordance with the current guidance.

#### Learning lessons when things go wrong

- There were appropriate forms and processes in place for recording and investigating accidents and incidents. There were systems in place to learn lessons when things went wrong.
- There was a proactive and robust approach to managing performance of staff. Staff were supported to improve their practice. Staff told us how learning was identified from a recent medication error.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Adapting service, design, decoration to meet people's needs

At a previous inspection the provider had failed to ensure the premises where care and treatment was delivered was clean, suitable for the intended purpose, maintained and where required, appropriately located. This was a breach of regulation 15 (Premises and Equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People's bedrooms were personalised and looked clean and well maintained.
- There was an ongoing improvement plan within the home. We observed one area in need of decoration however the registered manager assured us that this was in the process of being improved.
- Call bells were in place and regularly checked. We observed that the system was in working order.

Ensuring consent to care and treatment in line with law and guidance

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 MCA.

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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Care plans stated if relatives had the legal right to make decisions on behalf of people living in the home, however we were unable to see the evidence of this in the care files. We discussed this with the registered manager who assured us that they had seen appropriate documentation.

We recommend the provider consider current guidance on recording power of attorney information and take action to update their practice accordingly.

- DoLS applications had been made appropriately. A system was in place to monitor authorisations and when they needed to be reapplied for.
- Staff obtained consent for people's care and support. Staff understood the principles of the MCA and people were supported wherever possible to make their own decisions.
- Where necessary, mental capacity assessments had been completed and a best interest decision making process was followed and documented.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Assessments were unique to the individual and contained information and guidance specific to each person's needs and wishes.
- Staff were aware of the relevant standards and guidance and used this effectively to assess people's needs and plan their care.

Staff support: induction, training, skills and experience

- Staff were given an induction in accordance with recognised standards for care staff and also received additional training to improve their skills and knowledge. This was supported in discussion with staff.
- Staff received an appropriate level of support for their role through regular appraisal. Staff told us how the registered manager constantly had an open-door policy and this was used by the staff who felt supported in their role.
- The registered manager informed us how they had sourced additional training for those with specialist needs.

Supporting people to eat and drink enough to maintain a balanced diet

- People's nutritional and hydration needs and how they were to be met were recorded in their care plans. Where needed, people were supported with specific diets associated with their individual needs.
- We observed people being asked for their meals preferences and people had the option to eat their meals where they chose.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People had access to healthcare services when they needed it. People were referred for healthcare assessments promptly if required. We were told "If am I am not feeling well, I tell the carer and she calls and the doctor or nurse comes."
- When other health and social care professionals were involved in people's care, any advice given was incorporated within their plans of care. One social care professional told us by email "Due to restrictions during the Covid Pandemic, it was necessary for myself as Care Co-Ordinator and our Specialist Nurse Practitioner followed later by the Frailty Nurse to contact Towneley House by telephone and email for resident updates when unable to visit the home due to restrictions. This was especially important in relation to planning for delivery of Flu vaccines followed by the urgency of arranging Covid vaccines when they became available. We often needed this information very quickly from the home due to demands from NHSE as a result of the rapidly changing nature of the epidemic, fortunately this was acted upon efficiently by the manager who assisted in any way she could."

# 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 to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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 provider, and registered manager understood what was expected of them within the home.
- The registered manager had shared information with the CQC and the local authority as required.
- We saw how complaints systems were in place and these had been followed when complaints had been made to the service.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Policies and procedures were in place, including infection control, data protection and disciplinary processes. This helped to ensure staff were aware of the expectations of their role and were held accountable for their actions.
- Regular safety and quality audits were carried out to measure performance and generate improvements. When actions were identified through the audit system, they had been addressed to improve the service and reduce the likelihood of the same issue arising again.
- The registered manager was responsive to feedback given throughout the inspection and immediately acted on the findings.
- During the COVID-19 pandemic the registered manager and staff continually adapted the service to keep people safe and well.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The majority of the feedback from people and relatives we spoke with was positive. One person told us "We have a nice manager and I talk to the carers." A relative commented "Manager is brilliant, she sends me photographs, and if [person] is not well, will ring me, and always rings to tell me what's going on."
- Regular meetings were held and people were updated on processes and encouraged to air their views, for example regarding the food.
- Referrals to other health and social care professionals were made in a timely manner when people needed additional support.
- Professionals we spoke with told us that the registered manager was approachable and the communication was always good. We were told "The Primary Care Network (PCN) holds regular care home meetings for complex case discussions and to keep the homes updated about any changes which are

happening with reference to ways of working with PCN and GP Practices. Towneley House attend these meetings regularly which ensures they are kept up to date and they also contribute to these meetings. If the home has a challenging resident, they actively try to find ways to assist that person to ensure they are happy in their environment and go above and beyond to assist."

- Staff meetings were regularly held; staff knowledge was checked regarding processes and they were encouraged to air their views.
- Discussions with the staff showed that their suggestions were valued. For example, the introduction of floristry/flower arranging sessions as this was an expertise of a staff member that could be used for the benefit of the people living in the home.