

Towans Care Limited

# The Towans Care Home

## Inspection report

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Date of inspection visit: 20/11/2014  
Date of publication: 30/01/2015

### Ratings

#### Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

### Overall summary

This inspection took place on 20 November 2014. This was an unannounced inspection which meant the staff and provider did not know we would be visiting.

The Towans Care Home provides accommodation and personal care for up to 28 older people. The home does not provide nursing care. The home is situated at the end of a private drive and many rooms enjoy sea views.

At the last inspection carried out on 24 September 2013 we did not identify any concerns with the care provided to people who lived at the home.

Since our last inspection the registered manager had left their employment at the home. This was in November 2013. A new manager had been in post since May 2014 and they submitted an application to the Commission for registered manager on 22 October 2014. 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 and associated Regulations about how the service is run.

# Summary of findings

People were satisfied with the care and support they received and they told us the staff team were kind and respectful. There was lots of laughter during the day and people chatted comfortably with staff and other people who lived at the home. One person told us “You can’t beat the staff here. They are all lovely.” Another person said “I am very happy here. Everyone is so kind and helpful. It’s so relaxed.”

People were cared for by a staff team who knew them well. One person told us “When I moved here I was asked about all those important things like what time I preferred to get up and go to bed, what I liked to do. That sort of thing. It doesn’t sound much but it means a lot. I do like a lie in and the staff respect that.” We heard staff talking to people about their lives and hobbies. For example staff knew one person loved dancing, another enjoyed painting.

People told us they could see a doctor or other health care professional when they needed to. They told us staff would always arrange for a doctor to visit them if they were feeling unwell. The home was responsive to any changes in people’s physical or mental health. They involved appropriate professionals to make sure people received care and support which met their needs.

Staff followed appropriate procedures for the management and administration of people’s medicines which minimised risks to the people who lived at the home.

The home provided a variety of activities and people were able to choose whether or not they joined in with them. There were good links with local schools and clubs. People told us they enjoyed visits from local school children and they were looking forward to visiting a local club to join in with their Christmas party.

People were provided with opportunities to express a view on all aspects of life at the home. There were regular meetings for people and their representatives. There was also a suggestion box where people could make suggestions anonymously if they wished.

Staff received regular training appropriate to the needs of the people they cared for. There were systems in place which regularly monitored the skills and competency of all staff at the home. Staff were positive about the training and support they received.

There were systems in place which helped to minimise any risks to the people who lived at the home. For example, before staff were offered employment, rigorous checks were carried out to make sure they were suitable to work with vulnerable people. Equipment was regularly serviced to make sure it remained suitable and safe to use. Health and safety audits were carried out and people’s care plans were regularly reviewed to make sure they reflected people’s current needs.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

The provider had systems in place to help reduce the risk of abuse and avoidable harm. People told us they felt safe living at the home and with the staff who supported them.

Staff told us they had received training about how to recognise and report abuse. They were knowledgeable about the different types of abuse and were confident allegations would be fully investigated to make sure people were safe.

There were sufficient staff on duty to meet people's needs. The people we spoke with told us staff were available when they needed them.

People received their medicines when they needed them. There were procedures in place for the safe management and administration of people's medicines and we saw these were followed by staff.

Good



### Is the service effective?

The service was effective.

People spoke highly of the staff who worked at the home and they told us they were happy with the care and support they received.

People could see appropriate health care professionals to meet their specific needs. These included doctors, dentists, district nurses and speech and language therapists.

Each person had their nutritional needs assessed and met. The home monitored people's weight in line with their nutritional assessment so that any concerns could be identified in a timely manner.

Staff had a good understanding of people's legal rights and of the correct procedures to follow where a person lacked the capacity to consent to their care and treatment.

Good



### Is the service caring?

The service was caring.

Staff interactions were kind and respectful. There was a cheerful atmosphere in the home and people appeared relaxed and comfortable with the staff who supported them.

Staff knew what was important to people and they spoke about people in a caring and respectful manner.

Where people had specific wishes about the care they would like to receive at the end of their lives these were recorded in the care records. This ensured that all staff knew how the person wanted to be cared for at the end of their life.

Good



### Is the service responsive?

The service was responsive.

People told us they received care and support in accordance with their needs and preferences.

People's care plans had been regularly reviewed to make sure they reflected people's current needs.

Good



# Summary of findings

The service responded quickly to any changes or concerns in people's health or welfare. They involved appropriate professionals to help make sure people received care and support appropriate to their needs.

## Is the service well-led?

The service was well-led.

The manager was committed to providing high standards of care. This ethos had been adopted by the staff we spoke with and observed. Staff morale was noted to be very good and there was a cheerful atmosphere.

The quality of the service provided was regularly monitored and the views of the people who lived there were encouraged and responded to.

**Good**



# The Towans Care Home

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 20 November 2014 and was unannounced. It was carried out by one adult social care inspector.

We reviewed the Provider Information Return (PIR) and previous inspection reports before the inspection. The PIR

is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make. We also reviewed other information we held about the home.

At the time of this inspection there were 26 people living at the home. During the day we spoke with eleven people who lived at the home. We spoke with four members of staff and the manager. We also met with the providers.

We spent time in communal areas of the home (lounges and dining room) so that we could observe how staff interacted with the people who lived there.

We looked at a sample of records relating to the running of the home and to the care of individuals. These included two staff personnel files and the care records of three people who lived at the home.

# Is the service safe?

## Our findings

People told us they felt safe. One person said “I feel very safe indeed. I was having lots of falls at home. I haven’t had one fall since moving here. The staff are there when you need them.” Another person told us “I didn’t feel safe at home and knew it was time to make a decision to look at homes. I haven’t regretted moving here and I have never felt safer.”

Staff knew how to recognise and report abuse. They had received training in safeguarding adults from abuse and they knew the procedures to follow if they had concerns. Staff told us they would not hesitate in raising concerns and they felt confident allegations would be fully investigated and action would be taken to make sure people were safe. People told us they would raise concerns if they had any. One person said “All the staff are very easy to talk to. I would say straight away if I was worried about anything.” Another person said “they [the staff] are always asking if you are happy with everything.”

Staff confirmed they understood their right to share any concerns about the care provided to people. They said they were aware of the provider’s whistleblowing policy and they would confidently use it to report any concerns. They told us they were confident concerns would be acted on while maintaining their confidentiality.

People told us staff were available when they needed them. One person told us “They [the staff] are always telling me to use my call bell if I need them. I don’t need to use it much but when I do, someone is there to help me.” Another person said “There always seems to be plenty of staff about and they are always willing to help you.” The manager told us staffing levels were determined by the needs of the people who lived at the home. They provided examples where additional staff had been put on duty to assist people to get up in the morning and to retire at bedtime. The manager said “we were finding more people were requesting to go to bed earlier in the evening. We arranged for an extra carer to be on duty so we could meet people’s wishes.”

The provider’s staff recruitment procedures minimised risks to people who lived at the home. Application forms contained information about the applicants’ employment history and qualifications. Each staff file contained two written references one of which had been provided by the

applicants’ previous employer. We saw that the applicant had not been offered employment until satisfactory references had been received. This helped to make sure the applicant was suitable. We saw that staff did not commence employment until satisfactory checks had been received from the Disclosure and Barring Service (DBS). This helped employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable people.

Staff encouraged and supported people to maintain their independence. One person told us they liked to walk around the garden. They said “I do like to go outside. I can go whenever I like. The staff just like me to tell them I am going out and when I come back in. They just care that I am safe.” The activities worker explained how people were supported to continue with activities of their choice. They said “We need to remember, most people had their own home, cooked and cleaned. Why shouldn’t they continue if they want to.” They told us one person liked to do the dusting and another enjoyed laying the tables.

There were risk assessments in place which identified risks and the control measures in place to minimise risk. Examples included mobility and falls risk assessments. We saw people had been provided with appropriate equipment which enabled them to move independently. Assessments had been regularly reviewed to ensure risks to people were minimised.

There were procedures in place for the safe management and administration of people’s medicines and we saw these were followed by staff. One person we spoke with said “I don’t have to worry about anything. I get my tablets when I need them.”

We saw people’s medicines were securely stored and they were administered by staff who had received appropriate training. Medicines entering the home from the pharmacy were recorded when received and when administered or refused. This gave a clear audit trail and enabled staff to know what medicines were on the premises.

We checked a sample of stock balances for medicines which required additional secure storage and these corresponded with the records maintained. We saw these medicines were checked by staff at the end of every shift.

Regular checks on lifting equipment and the fire detection system were undertaken to make sure they remained safe.

## Is the service safe?

Hot water outlets were regularly checked to ensure temperatures remained within safe limits. There was an emergency plan in place to appropriately support people if the home needed to be evacuated.

# Is the service effective?

## Our findings

Staff received appropriate training to meet the needs of the people who lived at the home. The Provider Information Return (PIR) showed staff had received a range of training which included; caring for people with dementia, end of life care, person centred care, malnutrition and assistance with eating. The people who lived at the home told us their needs were met by staff. One person said “all the staff are very good and they certainly know what they are doing.” Another person told us “I have complete confidence in them [the staff] and I certainly feel well looked after.”

Staff knew about the relevant requirements of the Mental Capacity Act 2005. They knew how to support people to make decisions and the procedures to follow where an individual lacked the capacity to consent to their care and treatment. We heard staff asking for people’s permission before assisting them.

The manager told us there was nobody living at the home who was subject to Deprivation of Liberty Safeguards (DoLS). DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. The manager was aware of the recent court ruling which widened the criteria for where someone maybe considered to be deprived of their liberty. They told us they would be considering whether any person at the home met this criteria and would complete applications to the local authority where appropriate.

People were registered with a local GP of their choice. People could see other professionals such as dentists, district nurses and opticians. People said staff made sure they saw the relevant professional if they were unwell. One

person said “they [the staff] are always asking if you are alright. I can tell you, if I said I wasn’t, the doctor would be called straight away.” The manager told us one person was due to move to a nursing home in the next few days. A risk assessment was in place so that staff knew how to manage certain behaviours with reduced risks to the individual and others. Staff demonstrated a good understanding about this person’s needs and how they should be supported.

Each person had their nutritional needs assessed and met. The home monitored people’s weight in line with their nutritional assessment so that any concerns could be identified in a timely manner. One person required a dairy free diet. Care staff and kitchen staff had a good knowledge about this. Alternative products were available for this person, such as soya milk. During afternoon tea, we saw this person was provided with a dairy free snack.

The lunch time experience was relaxed and sociable. People did not have to wait long before their meals were served. Staff enabled people to choose from a varied buffet style lunch and they supported those who required assistance in an unhurried and dignified manner. People were involved in menu planning. Suggestions made by people at a recent meeting had been responded to. An example was the provision of mashed and boiled potatoes at meal times. People were positive about the meals offered. One person said “The food is very good indeed and there is plenty of it.” Another person told us “The food is excellent and there are always choices.” There was a book in the dining room where people could make comments about the meals. Comments were positive and included “Excellent Sunday roast” and “The cheese sauce with the fish was delicious.” Kitchen staff checked people’s comments each day.

# Is the service caring?

## Our findings

Staff interactions with people were kind and professional. People responded positively when staff spoke with them. There was lots of laughter and people chatted comfortably with staff and other people who lived at the home. One person told us “You can’t beat the staff here. They are all lovely.” Another person said “I am very happy here. Everyone is so kind and helpful. It’s so relaxed.”

People told us they felt respected by the staff who supported them. Comments included “The girls [care staff] help me have a wash. They are so sweet and respectful. I don’t feel uncomfortable at all.” Another person said “I find all the staff very professional and considerate. They always knock on my door. They know I like my privacy.” Each person had an en-suite toilet and wash hand basin in their bedroom. This meant staff could assist people with their personal care needs in the privacy of their own rooms.

Staff knew what was important to people. One person who lived at the home told us “When I moved here I was asked about all those important things like what time I preferred to get up and go to bed, what I liked to do. That sort of thing. It doesn’t sound much but it means a lot. I do like a lie in and the staff respect that.” We heard staff talking to people about their lives and hobbies. For example staff knew one person loved dancing, another enjoyed painting.

Staff received regular supervision and appraisals where their on-going performance, skills and competencies were discussed. Staff told us they were encouraged to discuss any training needs they had and they told us they received the training they needed to meet the needs of the people they cared for.

The majority of people who lived at the home were able to effectively communicate their needs and wishes. However, for some people expressing a view was difficult. The manager told us they had developed flash cards for one person who had dementia. These used simple pictures or symbols. This helped them to express their needs, choices and preferences. The manager told us they were planning to develop picture menus to assist people. We saw plated meals were shown to some people to assist them in making a choice.

One person became restless during the afternoon and appeared anxious. A member of care staff immediately went to the person and comforted them. The member of staff asked the person if there was something they wanted to do. They became a little tearful and said “I think I’ll go to bed.” When the member of staff suggested a walk in the garden as it was still quite early, the individual smiled and said “That would be lovely.”

The manager told us one person had recently lost a loved one. The manager explained, following discussions with the individual, they had arranged for an outside organisation to support the person with regular bereavement counselling. The person also received regular one to one time from staff at the home.

People’s preferences and wishes during their final days and following death had been discussed with people and recorded in their plan of care. One person was nearing the end of their life. In accordance with their wishes, they were able to spend their final days at the home. The manager told us they received very good support from local district nurses.

In their Provider Information Return (PIR) the provider stated “When residents are approaching the end of their life we do all we can to ensure they can stay here, working with all agencies. We allow relatives to stay here the whole time if they want to, if we have a spare room we offer that for rest if required, supply meals and drinks and whatever they need. We carry out end of life care under supervision of GPs and community nurses, we have good relationships with them which is really valuable at this time.”

In the PIR, the provider explained further improvements they plan to make to support people and their relatives during end of life care. They said “We are currently updating a bedroom which is private but near the duty room and intend to use it primarily as an end of life suite. A client needing a high level of care could use this room if agreed, staff can provide a high level of supervision and there is easy access for health care professionals, family etc.”

# Is the service responsive?

## Our findings

People who wished to move to the home had their needs assessed to ensure the home was able to meet their needs and expectations. Staff considered the needs of other people who lived at the home before offering a place to someone. People were involved in discussing their needs and wishes. One person said “I came here originally for a few days respite. I liked it so much I decided to move here permanently. They [the staff] spent time with me to find out all about me. I certainly feel well cared for.”

Care plans contained clear information about people’s assessed needs and preferences and how these should be met by staff. This information helped staff to provide personalised care to the people they supported. Care plans had been regularly reviewed to ensure they reflected people’s current needs. We observed staff supporting people in accordance with their needs, abilities and preferences. Examples included supporting one person to walk in the garden and assisting another person to rest in their bedroom after lunch. The service accommodated two people who wished to continue to share a bedroom.

The service was responsive to changes and concerns in people’s care or welfare. The manager had involved appropriate health care professionals for one person whose mental health had deteriorated. This person had been assessed by appropriate professionals and as a result was due to move to a care home which provided nursing care.

People were supported to maintain contact with friends and family. People told us their visitors were always made to feel welcome. One person said “My [relative] visits most days. They come up to my room and there is always a cup of tea on hand.” Another person said “When we have something going on, it’s lovely because your family can come and join in if they want to.”

People were provided with opportunities to take part in activities and social events. Activity staff were employed.

The manager and activity person told us activity hours were flexible to meet the needs and preferences of people and to enable events during the evening and weekends. The service had good links with local schools. We were told, following recent remembrance celebrations, children had visited the home to talk to people about their experiences. One person told us “It was thoroughly enjoyable. They [the children] help you feel young.” A street party had been hosted by the home as part of the remembrance celebrations. This had been well attended by people who lived at the home, relatives, families of staff and resident’s from a nearby care home. We were told this had been a very enjoyable day. Two people told us they were looking forward to attending a Christmas party at a local rotary club. The activity person explained that taxis had been booked as a number of people had wanted to attend.

During the afternoon we saw 13 people taking part in various games which included hoopla and darts. There was lots of laughter and people remained engaged and keen to take part. The activity person told people they were having a carnival evening later. They explained “the carnival was being brought to the home.” They had a DVD of a local carnival which would be shown on a large projector screen. The activity person said “People will be having a hot toddy and a fish and chip supper.” One person who lived at the home said “I am really looking forward to it and I want my fish and chips in the paper. That’s what you would do if you were out.”

A complaints procedure was displayed. In their provider information return (PIR) the provider stated they had not received any formal complaints in the last 12 months. The PIR stated “Comments have been received, but not complaints and we do act on them straight away. Usually it is a communication issue between the resident and their relative where things have been misunderstood. We ensure issues are addressed before things escalate to a complaint.” People told us they would feel confident in raising concerns if they had any.

# Is the service well-led?

## Our findings

The previous registered manager was no longer in post. The provider had informed us about this in accordance with their responsibility as set out in our regulations. They knew about the condition of their registration which required the service to be managed by a person who was registered with the Commission.

A new manager was recruited in May 2014. We received an application from the manager on 22 October 2014 to register as registered manager. This is currently being processed by the Commission. The manager was supported by the registered provider who visited the home at least two days a week.

In their Provider Information Return (PIR) the provider stated “We have coached our new manager and will continue to coach and support her and facilitate her own learning in the job.” They said the manager was selected on the basis of their “background and experience, personal approach and drive, her high standards, her attention to residents’ health and welfare and her approach to development of staff. She has enrolled on her Level 5 in Care Management and has started the application process to be registered manager.”

The manager was supported by senior care and care staff. The manager was visible in the home and people looked relaxed and comfortable in their presence. The manager knew people well. For example we heard them chatting with one person who had been poorly. They asked if they were feeling better and checked if there was anything they needed.

The manager told us they were committed to providing high standards of care. This ethos had been adopted by the staff we spoke with and observed. Staff morale was noted to be very good and there was a cheerful atmosphere. One member of staff said, “[The manager] is really good. Really supportive and very caring.” Another told us, “I believe every single member of staff here works hard to make sure residents to get the best care they can get.”

The manager told us they had recently supported staff to take on ambassador roles and take responsibility for training staff and completing audits for fire safety, moving and handling, the management and administration of people’s medicines and palliative care.

There were audits and checks to monitor safety and quality of care. The providers visited the home regularly and met with the manager on a formal basis once a month. They discussed and monitored the management of the home, care practises, staffing, staff training, health and safety and maintenance. Areas for improvement had been identified and some actions had been completed. Examples included the installation of security lights in the grounds and the refurbishment of the dining room.

People who lived at the home and their representatives had the opportunity to attend regular meetings. The minutes of a recent meeting showed people were kept up to date about events in the home such as forthcoming events and staff changes. People’s views on various topics were encouraged. For example, several people had suggested a plaque to be placed on a bench in the garden to remember one person who had passed away. This person had loved spending time in the garden. We heard this had been addressed. We also heard that people had been involved in choosing new blinds for the dining room.