

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

Townend Close

Victoria Road, Crosshills, Keighley, BD20 8SZ

Tel: 01535634639

Date of Inspection: 14 October 2013

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November 2013

We inspected the following standards as part of a routine inspection. This is what we found:

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Management of medicines	✓ Met this standard
Requirements relating to workers	✓ Met this standard
Complaints	✓ Met this standard

Details about this location

Registered Provider	Anchor Trust
Registered Manager	Mrs. Sharon Mackie
Overview of the service	<p>Townend Close is registered to provide personal care and accommodation for up to 39 adults. It is owned by Anchor Trust. The purpose built detached property is close to local amenities, and the towns of Skipton and Keighley. The home's accommodation is arranged over two floors. All the rooms have a bedroom/living area, a kitchenette and bathroom. Each room has an individual front door with letterbox, which leads off a communal corridor. There is a passenger lift available to reach the first floor and ample parking for visitors.</p>
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 14 October 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members, talked with staff and reviewed information sent to us by local groups of people in the community or voluntary sector. We talked with local groups of people in the community or voluntary sector and used information from local Healthwatch to inform our inspection.

What people told us and what we found

We spoke with five visitors, fourteen people who used the service and some of the staff on duty. Before people received any care or treatment they were routinely asked for their consent. People told us they were involved in decisions about their daily lives and that staff were polite and obliging.

We used a number of methods to help us understand the experiences of people using the service. This included talking to visitors, staff and observing the care provided. People told us they were treated well by the staff. One person told us, "The care is very good here." We observed staff being friendly and respectful towards people.

We saw from people's care records that they were supported to retain their independence as much as possible. The records we reviewed were person centred and included essential risk assessments. The information used was kept under review, to enable appropriate treatment, care and support to be given.

People were protected against the risks associated with medicines because there were appropriate arrangements in place to manage the administration of medicines safely.

There were robust recruitment and selection processes in place. People were supported by suitably qualified, skilled and experienced staff. Staff were described as 'very kind and thoughtful.' People told us they felt that they were well looked after. People gave us the impression that their experiences at the service were positive and that they received a good standard of care.

There was an effective complaints system available. At the time of our inspection there were no outstanding complaints.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and staff acted in accordance with their wishes. People's preferences and experiences were taken into account in relation to how care and support was delivered.

Reasons for our judgement

Care plans were written with input from the people who used the service and/or their relatives. People's wishes were respected where possible. The care plans we reviewed were individualised and reflected individual backgrounds, cultures and preferences.

Information in the care plans demonstrated that people had been assessed in relation to their capacity to make their own choices and decisions about their care needs. People and their families were involved in discussions about their care needs and the risk factors associated with this. Individual choices and decisions were documented in the care plans.

Staff were clear that where people had the mental capacity to make their own decisions, this would be respected. Staff told us that when necessary, they would hold a best interest meeting to discuss a person's care and treatment if necessary. (A best interest meeting takes place when informed choices cannot be made by a person using the service, and considers the views of all those involved in the individual's care). We saw written evidence of these discussions in people's care plans. The manager told us that staff would recognise people's lack of capacity so that best interest meetings could be arranged. This showed us that care and treatment was being planned in accordance with people's individual needs and abilities. Most of the care plans we looked at had been signed by the person involved and this showed us that they had been consulted and given their consent.

Staff had an awareness of the Mental Capacity Act and deprivation of liberty safeguards. Staff understood their obligations in respect of people's rights and choices when they appeared to lack the capacity to make informed and appropriate decisions. The general manager told us that staff had received training around the Mental Capacity Act and dementia awareness. Training had involved a test paper which was marked and feedback was given to staff.

Some people were not able to tell us about their experiences, because of their complex

needs or levels of understanding. We therefore used a number of different methods to help us understand their experiences, including observing the care being delivered and looking at records. Other people told us about their views and shared their experiences with us. People told us staff were respectful and always asked permission before carrying out any personal care or assisting them, for example with mobility, drinking and bathing.

People who used the service and their relatives had access to a choice of literature. This included the statement of purpose, service user guide, information on advocacy services and the complaints procedure. One visitor we spoke with told us, "I am always talking to staff, they are very good at sorting things out. They are excellent with the people here." Another person told us, "I can't think of anything they could improve on. My relative is more than happy, it suits her here."

Staff told us that people had a choice about their daily routines and were given options about getting up or going to bed, what they ate and when to have a bath. This was confirmed by the people we met during our visit. This demonstrated that people were able to make their own choices and were not restricted by rules or strict routines.

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

During our inspection we spent time speaking to people and looking at their care plans and associated documentation. People we spoke with told us that they were, 'well looked after' by the staff at Townend Close. One person told us, "They help me to get up and go to bed. I would rather be at home, but the carers are very good at making me feel at home here." Another person said, "The care and support is really very good. The staff do things the way I want and meet my needs very well. My whole experience has been very positive".

We also had the opportunity to speak with visitors, including relatives about what they thought about the standard of care at Townend Close. Everyone spoke highly of the staff team and that they would have no hesitation about raising concerns if they felt their relative was not being properly cared for. One visitor told us the staff were keen on getting things right and used their imagination to come up with new ideas for entertainment and making sure people were not bored. They gave us examples of how staff encouraged their relative to join in activities to help stimulate conversation and pass the time. Another visitor told us, "The staff always go that extra mile, they are committed and enthusiastic about what they do, and they do it well."

During our inspection we observed people's privacy and dignity being maintained at all times. For example, we observed staff knocking on people's bedroom doors. We also observed staff speaking with people in quiet voices in communal areas, so as not to be overheard.

We looked at seven people's care records. These records showed what support was needed to promote a person's independence; how staff should support and care for them and what progress had been made. Records we looked at were detailed and clear and showed how people were being supported to live their lives as independently as possible. All the necessary risk assessments had been completed. We saw from the records we looked at, that care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

All the records we looked at had been signed and dated by the staff. Daily records were

completed by the care workers, at least twice a day and these showed when any care intervention had been given, with the outcomes for people being recorded.

During our inspection we observed the care and support that was being provided. We saw staff acting in kind and respectful ways. People looked well cared for and appeared at ease with staff. The home had a relaxed and comfortable atmosphere. It was clear to us that staff knew and understood people's needs.

We sat in two communal areas during the course of the inspection and also spoke with people in private in their own bedrooms. One observation was carried out in the lounge. This observation was for an hour in the morning, and another observation was during the serving of lunch. During each observation staff were available continually and were seen being attentive to people, knowing when people needed assistance or reassurance and engaging in a positive way with them. When addressing people, staff spoke clearly and at a pace which was appropriate. Care and treatment was delivered in a way that ensured people's safety and welfare.

One visitor said they visited at different times of the day and were always made to feel welcome. They told us that they felt included in their friend's care and that this was important to them both. There were arrangements in place to deal with foreseeable incidents, for example, medical emergencies.

We noted that staff worked closely with other health care professionals in a way which promoted the best interests of people living at Townend Close.

We spoke with five members of staff during our visit. Staff told us they thought the level of care at the service was 'good' and 'excellent.' One member of staff told us, "I love working here, we can make a real difference to people's lives." All of the staff team told us about the importance they placed on working as a team and that they worked well together.

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to safely manage them.

Reasons for our judgement

Medicines were kept safely. We saw that monthly stocks of medicines were stored in two locked medicines trolleys, which was kept in separate locked rooms. Medicines, requiring low temperature storage, were kept in a locked refrigerator. Staff monitored the temperature of the fridge daily to make sure medications were being stored at the appropriate temperature.

Medicines were prescribed and given to people appropriately. We saw records to show that the staff had received training in the safe handling and administration of medicines. Guidance was available on the administration of 'as required' medicines, for example, painkilling tablets, which were only to be taken when needed. Guidance was also available on the administration of over the counter or non-prescription remedies which were available for some of the people who used the service. We looked at one of the care plans and saw that the prescribed medicines being dispensed were consistent with the information detailed in the person's care plan. Medication audits, to check that procedures were being followed and appropriate records kept, were being carried out monthly. The supplying pharmacist had also visited Townend Close, earlier this year, to check the arrangements for medication were being properly managed. Their report had not highlighted any issues.

The service uses a pre dispensed system for medication. This meant medication is dispensed by the pharmacist in a sealed package, which holds each day's medication in a single container. The medication was delivered to the home, from the pharmacist with a printed medication administration record (MAR) which detaild who the medication was for, what the medication was and how often it should be given. However, some medication, although prescribed, did not have a printed MAR and staff had handwritten the instructions. This, we were told, was because the medication might have 'fallen' outside the monthly cycle and therefore had been dispensed separately or was for a person who was on a temporary stay, and dispensed without a MAR. The homes policy for medication stated that all handwritten MAR sheets should be signed by the person completing it and countersigned. We saw that this procedure was being followed. The reason for this was to make sure the information was correct and had been checked by two members of staff, therefore minimising the risk of an error being made..

Medicines were disposed of appropriately. We saw that unused medicines were recorded on the medicines administration chart and stored securely ready for collection by the pharmacist. There was also a duplicate record book being used, which the pharmacist signed to acknowledge what medication had been returned for disposal.

At the time of our inspection a small number of people managed their own medication. We saw that they had access to secure storage for medication in their own bedrooms and that a risk assessment had been completed, detailing the action staff should take to support the person to maintain their independence around self-administration.

We observed medication being given at breakfast and lunch time. The person giving out medication had been appropriately trained, took time to make sure people took their medication properly, explained the reason for the medication and sat with people who needed additional help to make sure they took their medication safely. Some people had specific requirements with regard to taking medication, for example, taking their pills before meals. And we observed this taking place. The measures in place meant that people were given their medication safely and in accordance with the prescribers instructions.

Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

There were effective recruitment and selection processes in place. The policy being used was detailed and clearly identified what checks must be carried out before staff were employed to work at Townend Close. The staff on duty during our inspection had worked at the home for between ten months and a number of years. They had therefore been through their recruitment process some time ago.

We looked at the recruitment documentation of three members of staff, which showed the necessary checks had been carried out prior to employment. There was written evidence to show the recruitment and selection policy had been fully implemented. However, the provider may wish to note that not all recruitment information was available for all staff who had transferred from another care service within the organisation.

Checks to make sure staff were suitable to work with vulnerable people included obtaining a completed application form, checks with Disclosure and Barring Service (DBS), written references and confirmation of qualifications. Candidates were interviewed by at least two members of the management team and interview notes were kept.

The manager told us that they had a minimal staff turnover and they had no staff vacancies at the time of our inspection. However, all new starters received a contract of employment and details of their job description. New starters were also given induction and familiarisation training, which covered the workplace, health and safety, fire training, health and wellbeing and moving and handling.

Staff told us that their training was up to date and that they felt skilled and equipped to carry out their roles confidently and competently. We saw written evidence of the training staff had undertaken and certificates were kept in their individual files. Staff told us they felt supported by the organisation and their managers. One member of staff told us, "We are given time to do our training in work time." Staff were enthusiastic about their work and spoke to us about their commitment to making sure people living at Townend Close were happy and content. Staff talked about their job satisfaction and about being a valued member of the staff team.

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available. Comments and complaints people made were responded to appropriately.

Reasons for our judgement

People we spoke with were very positive about the home and did not have any complaints. One person told us, "There is nothing I could complain about. I am really content."

There was an 'open door' attitude around complaints and suggestions and people we spoke with told us they would not hesitate to talk to the staff if they were unhappy or concerned about anything. The manager actively encouraged people to share their views and this included holding 'residents meetings' to hear what people had to say about the standard of service provided. The manager also told us that they were open and transparent about complaints and that they could not improve services if people did not report things to them. People had access to a comments book in both the dining room and entrance, which was reviewed regularly by the staff. The manager also noted all verbal comments. People we spoke with said they certainly felt heard and listened to when making suggestions.

The home had a complaints policy, which clearly set out what people could expect if they wished to complain. The complaints procedure was displayed in the home telling people how to complain if they were not happy and everyone received a leaflet when moving into the home.

The manager kept a complaints and compliments log. We reviewed these and saw that there had been a range of minor complaints in the last twelve months. All but one complaint had been dealt with using the homes local complaints procedure. One complaint had been escalated to the provider, but again, this had been resolved satisfactorily for all parties involved.

Staff told us what they would do if they received a complaint, they confirmed that the senior staff were very approachable and that they were confident that any complaints would be investigated thoroughly and dealt with properly. We saw a significant number of thank you cards and letters from relatives who had been delighted with the care provided and these illustrated the dedication and hard work they had witnessed from the staff team at Townend Close.

People we spoke with told us that staff worked hard to provide a good standard of care

and that it mattered to them if they got something wrong. This made it easier for them to talk to them if they had any concerns or needed help. One person told us, "I don't like complaining but when I mentioned something about my meal choices, they dealt with it straightaway."

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

 **Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

 **Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

 **Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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