Temple Mead Care Ltd

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Inspection report

The Outhouse
21-22 Clevedon Road, Balsall Heath
Birmingham
West Midlands
B12 9HD

Tel: 01215822582
Website: www.templemeadcare.com

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Requires Improvement
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

This inspection took place on 15 September 2016 and was announced. This was the first inspection at this location since the provider had moved to a new address.

Temple Mead Care Ltd provides personal care and support to people living in their own home. At the time of our inspection there were approximately 70 people receiving a service.

There was a registered manager in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

There were systems in place to monitor the quality of the service but the systems did not always ensure that people's preferences were met.

People were kept safe from harm because staff were knowledgeable about the types and signs of abuse and the actions to be taken if abuse was suspected. Risks associated with people's care had been assessed and plans put in place to manage them. Recruitment processes helped to ensure that only suitable staff were employed to support people in their own homes.

There were sufficient numbers of staff available to provide care however staff were not always available in the correct place to ensure that people received care and support at the times agreed and that met people's preferences.

Most people were able to take their own medicines however staff were able to provide support if needed.

People were cared for by staff that were supported to carry out their roles because they had received training and on going support through on the job supervision and staff meetings.

People were supported to have food and drink that met that needs.

People had developed supportive and caring relationships with the staff that supported them to remain independent and make day to day choices about their lives.

People were supported to have their human rights upheld because they were able to consent and refuse care and support and were treated as individuals.

People were able to raise concerns but did not feel that they were always listened to.

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.

People were protected from harm because staff were able to recognise abuse and take the appropriate actions to raise concerns.

Risks to the health and safety of people were known by staff so that they were able to provide safe care and support.

There were sufficient numbers of safely recruited staff to ensure that people's needs were met safely however, staff were not always available where they were needed at certain times.

People received support to take their medicines as prescribed.

Is the service effective?

Requires Improvement

The service was not always effective.

People received care and support that met their day to day needs but not always at the agreed times.

Staff were provided with on going training, support but people felt some staff needed better training.

People were supported by staff that ensured people were involved in decisions about their care and their human and legal rights were respected.

People were supported with their dietary needs and the service worked with other professionals to ensure that people maintained their health and wellbeing.

Is the service caring?

Requires Improvement

The service was not always caring.

People were supported by individually caring staff that respected their privacy and dignity. People felt the office staff did not always respond to their calls when they contacted them.

Systems in place did not always ensure that people's preferences for call times were adhered to.

Some people felt staff did not always respect their home and belongings.

People were supported to make choices about the care they received.

Is the service responsive?

Good

The service was responsive.

People were involved in planning their care and reviews of care but changes to calls were not always implemented as requested.

Systems were in place to gather the views of people receiving a service.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

There were a registered manager and management structure in place so that people and staff knew who to raise concerns with.

Systems in place to monitor and improve the quality of the service were not sufficiently robust to identify shortfalls and areas of improvement.

Temple Mead Care Ltd

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 15 September 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to be sure that someone would be in. The inspection was carried out by one inspector.

In planning our inspection, we looked at the information we held about the service. This included notifications received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law. We reviewed regular quality reports sent to us by the local authority that purchases the care on behalf of people, to see what information they held about the service. These are reports that tell us if the local authority has concerns about the service they purchase on behalf of people.

During our inspection we spoke with 10 people that used the service, one relative, six care staff and; the deputy and registered manager. We looked at, safeguarding and complaints records, sampled five people's care records; this included their medication records and daily reports and time sheets. We also looked at the recruitment records of two care staff, analysis of questionnaires sent to people that used the service and quality assurance processes that the provider had in place to monitor the quality of the service.

Good

Is the service safe?

Our findings

The people we spoke with told us they were generally supported by the same staff members.
The staff we spoke with felt there was sufficient numbers of staff to support people on their regular rounds. People and staff told us that there were teams of staff that worked in geographical areas of the city so that people would know that only staff from that team would support them. The deputy manager told us that there were sufficient staff to meet the number of care hours they needed to provide. However, people told us that they did not have any missed calls but the calls were often late and we had received some concerns about call cramming and calls being late or early. Call cramming means that more than one call to be attended by staff have been planned for the same time. Staff rotas we looked at showed that this was happening and the registered manager told us that they had told the office staff not to do this. This indicated that there were not always enough staff available at the times people wanted to be assisted. We discussed this with the registered manager who told us that there was an issue about staff wanting work at times that people did not always want the service.

Most people we spoke with told us they were able to take their own medicines but one person said, "Sometimes I forget so staff make sure I have taken them [medicines]." Another person told us, "I can take my own medicines but staff help me with my creams." Staff spoken with told us they had received training and said they prompted people to take their medicines at the times identified on the care plans. We saw that staff did not complete separate medicine administration records but recorded in the care records that people had taken or refused their medicines and the time they had been supported. However, the dosage and medication given was not recorded in the care records so it was not known which medicines had been taken.

People we spoke with told us they felt safe when staff were in their homes and supported them with their care needs. One person said, "I feel safe with them [staff] and I have a pendant for emergencies." The pendant was used to get support from another agency in emergency situations but care staff had to ensure the pendant was accessible to the person when they left. Staff spoken with said they had received safeguarding training. Staff were able to tell us about different forms of abuse, signs that they would look for that would suggest abuse may have taken place and the actions they would take to escalate any concerns they had. Staff training records showed that staff had received training in how to protect people from abuse. We saw that the provider had raised a safeguarding alert relating to a person they were concerned about with the local authority appropriately. This was being investigated at the time of the inspection.

People were protected from the risk of injury associated with their care needs. People told us they had been involved in planning their care and risk assessments were available in people's home. Staff confirmed that they had access to care plans and risk assessments. Records we looked at showed that identified risks were being managed safely. Care records looked at showed that risk assessment covered issues such as falls, medication and skin conditions. Staff spoken with were aware of the risks to people and knew what actions to take in the event of an emergency such as finding someone on the floor.

We saw that staff had been appropriately checked to ensure that they were suitable to be working with

people in their own homes. We saw that application forms had been completed, proof of identity had been received, previous employment references had been taken and a Disclosure and Barring Service (DBS) check had been carried out. A DBS check helps employers to make safe employment decisions.

Requires Improvement

Is the service effective?

Our findings

Care staff were linked to specific geographical areas of the city so that people would know that the staff supporting them were from this group of staff. This meant that there was some continuity of care in respect of staff but people told us that calls were not always at the times they had agreed.

People said they did have calls that were late but they had not had missed calls. Some people said they thought the calls were late because the service did not have enough staff. One person said, "They [company] have probably bitten off more than they can chew. I am quite lenient, especially in the evening. I will accept a bit earlier if there is a problem and they let me know." Before our inspection we had received concerns that some people were not getting support at the times they wanted.

People were generally understanding that staff could be late due to travelling and they were flexible about the times staff arrived. One person told us, "Yes, they come a bit early at 8am, that's okay, was supposed to be 9am." Another person said, "I'm happy with the service. They [staff] come twice a day, morning and lunch at 9am and 12pm. This is the preferred time. Sometimes they [staff] are late due to the traffic, 15-20 minutes but no missed calls."

However some people were not happy that their calls were late. One person told us, "I am supposed to have someone at 9am; I know they are late sometimes. This morning she [staff] had to go to somewhere else but she didn't get here till 10am." Timesheets showed that the calls were planned to start either half an hour before or after the agreed time but they were rarely carried out at the planned times. Another person told us, "One tea time call this week was at 7pm, it should have been at 5pm. I don't blame the carers. They are a fine bunch and good to me, really great." Time sheets showed that over an eleven day period this person had had at least five visits that were outside the half hour leeway allowed by the commissioners that bought services on behalf of people, including the late tea call.

Some staff told us that they did not have a problem getting to calls on time but some said they did not have travel time and they could be rostered to be at more than one call at the same time. One member of staff told us that some calls were booked for the same time until someone else was able to take the call from them or a call was cancelled. However, they told us that this used to happen a lot but things had improved recently. They also told us, "We have enough time to do the calls. Most calls don't take the full time so we use that time to travel [to the next call]." Time sheets we looked at showed that some staff were booked to be at two calls at the same time and sometimes the time sheets showed that staff were attending two calls at the same time. We raised this with the registered manager who told us we had been given the wrong time sheets and sent us another report after our visit. However, that report did not relate to the period of time we looked at during our inspection so we did not receive any information that could answer our queries about the call times. This indicated that there were not sufficient staff available at peak times and calls were being manually recorded on the computer system which was why staff were showing at two calls at the same time.

People told us that they had been involved in planning their care and we saw records that showed they had been involved and consented to the plans by signing them. People told us that staff were aware of the

support they needed and they were happy with the support they received.

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 Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People told us that they were always asked for their consent before providing care. One person told us, "They always ask what help I want." Staff told us how they supported people to make choices on a day to day basis such as choosing what to eat or what to wear. Staff told us that if they saw changes in people's abilities to make decisions for themselves they would raise this with the office staff.

The Deprivation of Liberty Safeguards (DoLS) requires providers to identify people who they are caring for who may lack the mental capacity to consent to care and treatment. They are also required to notify the local authority if they believe that the person is being deprived of their liberty. The local authority can then apply to the court of protection for the authority to deprive a person of their liberty, within the community in order to keep them safe. A member of staff told us that one person often said they needed to go and visit their parents but they [staff] were always able to reassure the person that their parents were fine and diverted their attention and made sure they were reassured and comfortable when they left. We were told by the acting manager that no one had any restrictions on their liberty and everyone was able to give consent. However, during discussions with the registered manager we became aware that one person had left their home and placed themselves at risk. The registered manager told us that a meeting had been arranged with the family and social worker to discuss the concerns.

Staff had received training in a variety of topics including moving and handling, infection control, safeguarding, first aid and medication and most people were happy with the support they received. However, one person told us, "Don't think they have enough training, they seem frightened to death." Staff told us they felt they received sufficient training to support them to carry out their roles. Staff training records showed that staff had received training during their induction period and later as refresher courses. The registered manager told us that they were ensuring that new staff induction training was based on the care standards certificate. The care certificate are skills and knowledge all staff should have to support them to provide good care. Staff and records looked at confirmed this.

Most staff spoken with told us that they felt supported in carrying out their role and told us that supervision, spot checks and staff meetings had taken place. Staff told us that unannounced spot checks were carried out where they were observed carrying out their tasks to ensure that they were providing care in line with people's care plans and people were asked if they were happy with the care provided. Records seen confirmed that these checks were taking place.
However, not all staff felt supported.

We saw that people's dietary needs and preferences were being met. Some people were supported to have their food and drinks prepared for them. One person told us, "They [staff] make breakfast and a snack and drink at night". Another person said, "They [staff] make meals for me. I have a lot of stuff and I tell them what to get for me and they prepare it for me." Staff told us that meals were usually already prepared and available and they offered people a choice before heating the meals up. One member of staff said, "When I help with the shopping list I try to suggest different things so they get some variety."

People told us that their relatives would usually arrange for their health needs to be met but they were sure

that if needed the staff would get the doctor for them. Staff told us that if someone was unwell they would inform the office and they would contact family members. However, if a person was seriously ill they would ring the paramedics for them.

Requires Improvement

Is the service caring?

Our findings

People told us that they had built up good relationships with their regular staff and staff were generally caring and respectful but their preferences for call times were not always met. We saw that the systems in place for planning calls did not show care and respect for people's preferences.

People told us that staff were polite and respectful. One person told us, "I have the same regular carers. We get on well; they are polite; I have no complaints." Another person told us, "Most are polite and respectful and ask how you are. One was rude but she doesn't come anymore." A third person said, "I have a good rapport with the cares. They are respectful and caring. They will sit and have a chat." However, one person told us about an incident had occurred when they felt that the member of staff had not treated their home as their home. Staff had entered the home at a time outside of the call times to collect documentation without making an arrangement to do so. The staff member had apologised later.

People told us that their privacy and dignity was maintained. Staff were able to give us examples of how they did this. For example, one staff member said they would announce they were going in if they were using a key code to enter a home and ensure that there was no one else in the room when helping people with their personal care.

People were given choices in the support they had and they told us staff always asked them what help they needed. Staff were able to give us examples of the ways in which people were supported to make choices about the care they received. For example, staff told us that people were encouraged to choose the clothes they wore and the food they ate. Records showed that people were able to receive support from male or female staff according to their preference. The registered manager told us that they had employed and allocated staff to ensure that people's cultural, linguistic and dietary needs could be met.

People were supported to remain as independent as possible. One person told us, "My independence has improved over time but I have to have staff here to support me". Another person said, "I can shower myself. They [staff] help with the cream on my back and feet." One member of staff told us, "We will encourage people to do things but if they are not able to then we would assist. Just ask them first. "

Good

Is the service responsive?

Our findings

People told us that they had been involved in planning their care and we saw that records evidenced their involvement and consent to care. We saw that care records showed that people's needs had been assessed and staff had the information they needed to provide personalised care. People told us that they received care in the way they wanted. One person told us, "The staff know me well."

Some people told us that they had had reviews of care and there were examples of when times had been changes so that the service was flexible enabling people to be ready for hospital appointments. Staff told us that if they noticed that people's needs had changed they would inform the office staff and they would carry out a reassessment. Records we looked at showed that there were regular reviews of people's needs. We saw that telephone reviews were carried out. In one review we saw that a person felt that the staff were taking over rather than supporting them to do things. We saw that a meeting was called with the staff and a follow up call was made to the person who was happy that the staff were now supporting them to carry out the tasks. We saw that where people had raised concerns about specific staff the staff had been removed from the call and the issues raised were followed up with the staff.

We saw that there were systems in place to gather the views of people. We saw that there was a concerns folder and this showed that most of the concerns recorded were in respect of missed or late calls. We were told that if the concerns were not resolved they would be escalated to a complaint however; we were told that none had been escalated as the concerns had been addressed. Staff told us that if people raised any concerns these would be passed to the office staff so that they could be followed up. Some people told us that they were not always called back when they rang the office to see why staff had not arrived for a call. One person said, " I can ring the office but sometimes at the weekend they don't answer the phone, you can't leave a message." One person told us that a manager had been to see them and they were assured that things would be sorted but nothing had changed. This showed that although there were systems to address concerns people did not always feel they were addressed appropriately.

We saw that questionnaires were sent out to people to gather their views about the service. These were sent out on a regular basis. The analysis of the questionnaires showed that there were mainly positive about the service provided.

Requires Improvement

Is the service well-led?

Our findings

We saw that there was an electronic monitoring system in place which raised alerts when calls had not been attended. The registered manager told us that office staff monitored the alerts that were being raised. However, one person told us, "The staff have to log in so they [office staff] should know if they [staff] haven't been but they [office staff] didn't know that the staff hadn't been this morning." This indicated that the monitoring was not always effective.Timesheets we looked at showed that there were a several calls that were being carried out late or early and staff were being booked to be attending different calls at the same time. The time sheets also showed that some people had logged in to show their presence at different calls at the same times. This was discussed with the registered manager who acknowledged that office staff had been changing times of calls to meet staff needs but she had stopped this from being done now. This showed that the systems were not sufficient to identify shortfalls in the service so that the appropriate actions could be taken to address the issues.

One person told us that they had agreed that call times would be changed to 8am instead of 9am and care records confirmed this. However, changes had not been made to the rostering of the calls in response to this review so that staff continued to be rostered at 9am. The registered manager and other office staff were not aware of the changes that had been agreed to be made. This meant that for this person the review process had not resulted in their calls being changed to meet their needs because systems in place were not sufficient to ensure that requests for changes were identified and fulfilled.

We saw that there were some systems in place to enable the registered manager to get the views of people about the quality of the service. Systems in place to get the views of people included questionnaires completed by people using the service. The report of the results of the most recent questionnaires showed that people were happy with the service. Telephone reviews were being carried out to see if people were happy and these showed that comments from people were mainly about missed and late calls. We saw that most concerns raised by people were about late calls and although they were being dealt with as they arose the actions taken did not prevent them reoccurring. Staff told us that they had had staff meetings and individual supervision sessions where they were able to raise and discuss any concerns. Also there had been a staff survey that gave staff the opportunity to comment on the quality of the service provided. All comments in the surveys were positive. However, comments from some staff spoken with were different. One staff member told us that several calls were planned to be carried out at the same time which meant that they would be late for calls and then they would be called in for disciplinary actions. Another staff told us that they had raised with managers that there was no travel time between calls and they had been told to start the calls early. Another member of staff told us, "Things got worse over time, calls were being missed. The people planner system did not make a difference."

We saw that there had been several office staff changes since our last inspection. The registered manager told us that some office staff had moved on as they were not able to carry out their roles efficiently. However, some staff also told us that they did not feel that the service was being managed well because there were lots of staff changes, missed and late calls, and poor communications with some people that received a service.This showed that there was not always good working relationships in the service which

led to some instability in the management structures and staff changes. We had received some concerns about the management of the service and this showed that there was not always an open and inclusive culture where staff felt able to raise concerns and where they felt they would be listened to.

We saw that there was a new management structure in place that consisted of a registered manager, deputy manager, care coordinators and team leaders. Most staff told us that they felt supported in their role because they had received training although two staff told us they had not received training at Temple Mead Care Ltd although they had had training with previous employers.

People told us they were generally happy with the service they received but some people were not happy because their calls were not taking place at the time they preferred and felt that office staff did not always respond to their calls when they contacted them. One person told us that their calls had been blocked by the office so that they were not able to raise their concerns. Some staff told us that they had been informed to ignore issues raised by some people who were seen to be regular complainants. One staff told us that they were given too many calls and threatened with disciplinary action when they were unable to achieve them. This indicated that there was not an open and inclusive environment where people were always listened to and valued for their views.

We saw that spot checks were undertaken to ensure that staff were providing care according to people's assessed needs. The registered manager told us and staff confirmed that in the past spot checks were undertaken on a patch basis so staff may know that they were likely to be checked. However, the system had been recently changed so that staff were not aware of who was going to be spot checked because these were based on the people using the service rather than the staff.

There was a registered manager in post at the time of our inspection. We saw that when incidents had happened in the service the registered manager had notified us about these as required to do so by law. The registered manager told us that they were keeping themselves informed about developments in the care sector.