

Valeo Limited

Templefields

Inspection report

Temple Road
Dewsbury
West Yorkshire
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Tel: 01924461056

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Templefields is a residential care home providing personal and nursing care to people with autism and/or learning disabilities and associated challenging behaviours. The service is registered to provide support to up to 14 people and there were 12 people using the service at the time of our inspection. People live in either the main house or coach house and the property is situated on the outskirts of Dewsbury.

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

There had been a lack of leadership and oversight at the service which had led to a deterioration in the quality of care and people's experience of living in the home. The provider had access to a range of specialist support to support people to live fulfilling, although this help had not always been identified as required.

Restraint was used at the service as a last resort and when all other measures had been considered. Records did not adequately analyse incidents where restraint had been used. More detailed records of all behaviours that challenged were needed to ensure the effectiveness of and achieve positive outcomes for people and for staff.

We looked at how the service managed risks to people and found some improvements were required in how the service assessed and managed risk. Recorded risk reduction measures were often generalised and did not show the necessary control measures were in place.

Medicine management procedures were in place. There was no evidence to confirm all staff medication training was up to date and their competency levels checked. The provider identified this and addressed by their own processes. Some staff training was out of date and this impacted on the quality of care provided.

Staff understood people with capacity had the right to make their own decisions. Some mental capacity assessments were not decision specific and best interest decisions processes didn't follow best practice. We have made a recommendation the provider considers current guidance on Mental Capacity Act (MCA) and best interest decision making.

The service applied some of the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence. The outcomes for some people did not fully reflect the principles and values of Registering the Right Support for the following reasons: not everyone had choice and control, and this was often limited through the actions of other people living there. Concerns had not been appropriately managed by management to ensure restrictions were limited.

Staff were very dedicated and committed to people at the service. Some said they spent more time at the

home than with their own family and they genuinely cared about people. We saw some great rapport with people they supported during the onsite visit and how some staff talked about the people they cared for. However, lack of oversight had led to some areas of care becoming less personalised, but once recognised, the provider put in resources to address these issues. They implemented systems to support staff to ensure they provided the best of care to people and achieved positive outcomes.

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

Rating at last inspection

The last rating for this service was good (published 6 September 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

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. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to safeguarding service users from abuse and improper treatment, staffing and good governance.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. We met with the provider several times during this inspection to discuss our concerns. The provider has sent us an action plan and regular updates to demonstrate how they are actively making improvements at the service. If we receive any concerning information we may inspect sooner

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 not always safe.

Details are in our safe findings below

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below

Requires Improvement ●

Is the service caring?

The service was not always caring.

Details are in our caring findings below

Requires Improvement ●

Is the service responsive?

The service was not always responsive

Details are in our responsive findings below

Requires Improvement ●

Is the service well-led?

The service was not always well-led

Details are in our well-led findings below

Requires Improvement ●

Templefields

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 Care Act 2014.

Inspection team

The first day of inspection was carried out by one inspector. The second day of inspection was planned with two inspectors and an assistance inspector, but the inspection was cancelled on the day due to risks associated with the COVID-19 pandemic. These inspectors continued to review information from the provider to conclude the inspection.

Service and service type

Templefields is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We contacted Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support

our inspections. We used all of this information to plan our inspection.

During the inspection

During the site visit on the first day of inspection we spoke with the locality manager, the deputy manager, a senior member of staff, and a member of support staff.

The second day of inspection was aborted due to the risks associated with COVID-19. We continued to seek further clarification remotely, to validate evidence we found and support the continuation of this inspection. We reviewed a range of records including care plans. We also reviewed available records relating to the management of the service, including policies and procedures were reviewed.

Following the inspection, we spoke with four further members of staff by telephone. We also spoke with the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We also spoke with a commissioner for the service to gain their views about the service.



Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems in place to safeguard people. There was information at the service on whistleblowing and most staff told us their concerns would be acted upon. However, the service was not always following the provider's policies. The service supported people with behaviours that challenged others but processes around this were not robustly managed.
- The service used restraint as a last resort to manage behaviour, but records in relation to this use were inadequate.
- Some staff did not feel they had adequate skills to manage some of the behaviours. We raised our concerns immediately with the provider to ensure people's rights and choices were more appropriately managed.
- Staff had been trained in safeguarding people from abuse and knew the commonest forms of abuse such as financial, sexual and physical. Some staff required a refresher of their training to fully understand their role in safeguarding.

The service could not adequately evidence they were protecting people from the risk of abusive practices. This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Learning lessons when things go wrong

- There was a system in place to record all accidents and incidents. However, incidents were poorly recorded and there was no evidence lessons were learnt. This was highlighted with the provider who immediately acted to ensure this improved to meet their expected standard and outcomes.

Assessing risk, safety monitoring and management

- Some risk assessments were detailed but some essential risk assessments were missing, and risk reduction measures were often generic. This meant essential information to help control the risk did not underpin the relevant care plan
- Checks to ensure the building was safe and met legal requirements were completed, recorded and certificates were in place.

Staffing and recruitment

- The provider had systems in place to ensure staff were recruited safely, and all the appropriate checks were carried out to protect people from the employment of unsuitable staff.
- There were sufficient levels of staffing during the day and people had designated 1:1 time with staff. We

did question the number of staff available during the night, as this limited the choices people had in relation to what time they might want to get up in the morning. We recommended they undertook a fire simulation exercise to ensure there were enough staff to support a safe evacuation.

Using medicines safely

- We were unable to inspect how the service managed medicines safely. However, the provider quality team has looked into this aspect of service delivery to assure themselves this was safe. Our assessment of their information confirmed they were ensuring medicines were managed safely.

Preventing and controlling infection

- The service had recently been inspected by the local infection control and were working to an action plan. People using the service assisted with ensuring the environment was clean.

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 the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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 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 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 and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Mental capacity assessments were in place in people's care plans, but they were not all decision specific.
- Staff understood the broad principles of the MCA, and in particular about ensuring people with capacity could make unwise decisions. However, for two people living there, the assessments of capacity and associated best interest decisions were not in line with best practice. It was unclear whether people had or lacked capacity to make some specific decisions. Best interest decisions were made without adequate balancing of the benefits and burdens of each decision or information about who had been consulted.

We recommend the provider consider current guidance on MCA and best interest decision making and take action to update their practice accordingly.

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

- There was inconsistency in the way people's physical, mental and social needs were holistically assessed, to ensure their care, treatment and support was delivered in line with legislation, standards and evidence-based guidance to achieve effective outcomes. We saw some clear, detailed recording, but some records lacked the detail to show this.

Staff support: induction, training, skills and experience

- Some staff highly praised the training they received, and most staff told us they had the skills to perform in their roles.
- The staff training matrix was provided during our inspection which showed some staff training was out of date and competency checks were not available.

- Some staff told us they felt supported but other staff told us they had not been adequately supported when they needed help from senior staff. Staff supervision and annual appraisal of performance was also not undertaken at the provider's required frequency.

The registered manager had not ensured all staff training and competence checks had been updated. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

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

- People were supported to eat and drink enough to maintain a balanced diet. Staff said, "We encourage healthy eating. We explain to people what is good for them and what isn't. We have a weekly menu. They choose what they want to eat but we encourage actual meals. When [name] says, "can I have kebab" we encourage to make a homemade (healthier) burger."

Staff working with other agencies to provide consistent, effective, timely care

- There was evidence to show that staff worked with a variety of agencies to support people at the service. The provider had a number of inhouse professionals who could be called upon to offer specialist advice and support.

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

- The home adequately met people's needs and there was an outdoor enclosed area for people to use.

Supporting people to live healthier lives, access healthcare services and support

- Each person had a health action plan. Key workers were responsible for updating these following a health appointment.
- Social workers occupational therapists, chiropodists. GPs and psychiatrists, supported people, and this was evidenced in people's care plans.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Supporting people to express their views and be involved in making decisions about their care

- Staff were aware of the importance of supporting people to make their own choices and said people could choose how they wanted to spend their day.
- From our observation and review of evidence, we were concerned some staff were making choices on people's behalf and some staff were not providing care in a person-centred way. The provider recognised this and acted immediately to address this issue providing training and development opportunities for staff. Their own observational supervisions identified this was a small number of staff and most staff were providing personalised care with positive outcomes.

Ensuring people are well treated and supported; respecting equality and diversity

- Some care practices were undertaken in a task-based way which lacked person centredness. For example, staff gave standard verbal responses to some behaviours from people, which limited their understanding to change the way they behaved. The records confirmed this and showed people were "told off" which was not effectively managing some of the behaviours that were the most challenging
- In contrast, other care practices were personalised, and we received positive feedback from a commissioner on outcomes the service had achieved for one person due to the encouragement and care from staff at the service.

Respecting and promoting people's privacy, dignity and independence

- Staff understood and promoted people's privacy. One said, "I would read the care plan and understand the support they need and listen to them as to how they want us to do their personal care."
- Staff promoted independence and individuality, supporting people. They could give us examples where they had supported a person to gain life skills in activities of daily living.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- We reviewed three care plans in detail and a number of records associated with the care of people. On the whole they contained a lot of detail, but some information had been copied and pasted between care plans which meant they lacked concise information to ensure staff had the necessary information to follow. Staff told us they knew people well and their likes and dislikes, but this useful information was not always recorded.
- People's choices and control over their preferences had reduced as a result of the service supporting a person whose needs they could not meet and this had a knock on effect for other people.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service met this standard. They had information available to people in different formats to support people's understanding and communication.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to follow their interests and take part in activities that were socially and culturally relevant and appropriate to them, including in the wider community.
- People were encouraged and supported to develop and maintain relationships with people that matter to them, both within the service and the wider community. On the first day of inspection one person was celebrating an occasion and family were invited to this celebration.

Improving care quality in response to complaints or concerns

- Staff told us people had made complaints in relation to how their care was affected by the behaviours of a person who lived at the home. One staff member said they responded to these concerns, "We had service users in one by one. They were upset and anxious. We ended up doing this twice." We did not see the records of this as these were held by the registered manager.

End of life care and support

- Staff told us they did not support people at the end of life. However, they had done so in the recent past. They had limited knowledge around end of life care planning.

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 the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Quality assurance processes had not identified all the areas which needed to improve. Where they had identified the need to improve, responsive actions had not been taken promptly.
- There was a lack of available audits to show how the service was using information to drive up standards. Poor recording and analysis of events, accidents and incidents, had led to a deterioration in standards. Staff training was not all up to date. Care plan audits were not effective in ensuring up to date information was recorded in people's care plans.
- Due to the outbreak of COVID-19 the onsite aspect of our inspection ceased but we continued to seek information from the provider to ensure people were provided with safe care and treatment. The provider acted as soon as we raised concerns. They were proactive in putting in management support and other support measures to address the issues with quality assurance. A service improvement plan was put in place and the provider could demonstrate the improvements they were making.

This failure to consistently monitor the service to ensure the continuous and sustained improvement in care was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- There was a registered manager in post, but they were absent during this inspection. Some information stored electronically was not accessible as was not held centrally. The provider had already recognised this as an issue and had plans in place to rectify this to ensure they too had access to all information in the absence of staff.
- There was a lack of leadership at the service. The service provided to people had been negatively affected by a person whose needs they could not effectively meet. This had affected both staff and service users and had impacted on morale at the service which had been positive at the last inspection.
- Staff gave mixed feedback about management of the service. Some had concerns about lack of management support, and low morale whilst others were really positive, which showed the divide amongst staff. One staff member said, "I love it. I love working with all the service users. It changes every day I spend more time with the guys than with my family."

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 was open and honest and fully understood their legal responsibilities in terms of duty of candour.
- There were procedures in place for reporting any adverse events to CQC and other organisations such as the local authority safeguarding and deprivation of liberty teams.

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

- People and staff were involved in developing the service.
- Some staff did not feel listened to and did not feel their concerns were acted upon.

There were effective systems in place to engage people fully considering their equality characteristics.

Working in partnership with others

- There was evidence of partnership working. The service worked with a number of commissioners from different local authorities.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment The processes in place to ensure people were safeguarded from abuse and improper treatment lacked oversight to ensure they were used proportionately and appropriately.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Quality assurance processes had not led to the necessary improvements.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The service failed to ensure all staff had the essential training refreshed at the required intervals. Staff had not received adequate supervision and appraisal of their performance to assist their development.