

Quality Care Selby Limited

Temple Manor

Inspection report

Temple Hirst
Selby
North Yorkshire
YO8 8QN

Tel: 01757270887

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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 ● |

Summary of findings

Overall summary

About the service

Temple Manor is a residential care service providing personal and nursing care to a maximum of 18 people aged 65 and over, some of whom are living with dementia. There were 16 people using the service at the time of the inspection.

Accommodation and communal areas are all on one floor, with single occupancy bedrooms. The service is situated in the rural community of Temple Hirst.

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

Staff knew about people's individual care needs and people said they received good support.

People's medicines were administered safely, and people said these were given on time and when needed.

People told us they felt safe and well supported. The provider followed robust recruitment checks, and sufficient staff were employed to ensure people's needs were met.

Staff followed good infection protection and control standards and people said the service was clean and smelt fresh.

Staff had received training and development around management of dementia and demonstrated a good understanding of dementia care. They worked with people's individual strengths to ensure their independence, wishes and choices were promoted.

Communication was effective. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People ate nutritious, well cooked food, and said they enjoyed their meals. Their health needs were identified, and staff worked with other professionals, to ensure these needs were met.

People participated in a wide range of activities and enjoyed the company of others in the service.

People were able to see their families as they wanted. There were no restrictions on when people could visit the service. People were involved in all aspects of their care and were always asked for their consent before staff undertook support tasks.

The service was well-led; systems were in place to assess and improve the quality of the service and complaints were responded to thoroughly. There was an open culture and learning was encouraged to drive improvement.

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

Rating at last inspection

The last rating for this service was good (published 8 February 2017). Since this rating was awarded the provider has altered its legal entity. We have used the previous rating to inform our planning and decisions about the rating at this inspection.

Why we inspected

This was a planned inspection based on the previous rating. We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. 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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Temple Manor

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

This inspection was carried out by one inspector.

Service and service type

Temple Manor 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 the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who works with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection-

We spoke with four people who used the service and three relatives/visitors about their experience of the care provided. We spent time observing the environment and the dining experience within the service. We

spoke with four members of staff including the registered manager, care staff and cook and two visiting health care professionals.

We reviewed a range of records. This included two people's care records and ten medicine records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Staff were trained in safeguarding and had the skills and knowledge to identify and raise concerns internally and to relevant professionals.
- The registered manager monitored and analysed accidents, incidents and safeguarding concerns to aid learning and reduce the risk of them happening again. People said they felt safe in the service and were well looked after.

Assessing risk, safety monitoring and management

- The environment and equipment were safe and maintained. Staff had completed fire safety and health and safety training, and emergency plans were in place to ensure people were protected in the event of a fire.

Staffing and recruitment

- Staff were recruited safely. Appropriate checks were carried out to protect people from the employment of unsuitable staff.
- There were sufficient staff on duty to meet people's needs, to enable people to take part in social activities and to attend medical appointments. People told us they received care in a timely way. A person said, "Staff are great. They are friendly and listen to what I am saying. I am really enjoying my stay here."

Using medicines safely

- Medicines were received, stored, administered and disposed of safely. Staff involved in handling medicines had competency assessments completed to ensure their practice was safe.

Preventing and controlling infection

- The service was clean and tidy throughout. Staff had received infection prevention and control training and followed the provider's policy and procedure to ensure people were protected from the risk of infections spreading. A visitor said, "I chose this place for my relative as it looked nice and smelt clean and fresh."

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed, and their preferences were considered when arranging their care. Assessments were used to develop care plans which supported staff to provide care in line with people's personal routines.
- The registered manager had introduced aspects of best practice to the care records, including care plans for oral health care and communication.

Staff support: induction, training, skills and experience

- A staff induction and training programme was in place. Staff were up to date with training that the provider deemed as mandatory. Specialist training based on people's specific needs had been completed. For example, dementia care. One visitor said, "Staff are caring and watchful. They engage my relative in activities which they enjoy; this reduces their anxiety and restlessness."
- Staff were supported through supervision and annual appraisals. The registered manager worked with staff and observed their practice; they received feedback on their performance.

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

- People had access to a varied and balanced diet. Menus were flexible and were adapted to suit people's preferences and requests. People said the food was nice; a relative commented, "I often stay for a meal. The food is excellent."
- People received fluids on a regular basis. Drinks were available in the communal areas and bedrooms.
- People's weight and nutritional intake were monitored by staff; appropriate action was taken if there were any concerns.

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

- People's health care needs were met in a timely way. Staff supported people to access a range of health care services and followed professional advice. Two health care professionals said, "Staff are knowledgeable and interact well with the district nursing team and people in the service. The care given to people is very good" and "This is a really nice service where staff respect people's dignity and give appropriate support."
- Information was recorded and ready to be shared with other agencies if people needed to access other services such as hospitals.

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

- The service was not purpose built, but the design and layout of the service met the needs of people who lived there. For example, bathrooms and toilets had aids fitted to assist people with using the facilities; specialist beds, mattresses and lifting equipment also meant people were comfortable when in bed or being assisted by staff to move from bed to chair.
- People had communal spaces to sit in and take part in activities. There was good access to outdoor space as a ramped walkway led onto a courtyard. This had benches, raised flower beds and a paved area for people to enjoy being outside in the fresh air. Flat walkways ensured people with mobility problems were able to move around with ease.

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.

- People were routinely involved in decisions about their care; staff sought people's consent and supported them to have choice and control over all aspects of their support.
- People's rights were protected; staff assessed people's mental capacity and made best interest decisions when needed.
- Staff recognised restrictions on people's liberty and appropriate action was taken.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were positive about their experience of the service. A person said, "Staff are very caring and there is a family-based atmosphere here that makes everyone welcome."
- Staff treated people as equals. They showed concern for people and were keen to ensure people's rights were upheld and that they were not discriminated against in any way. A relative said, "Staff are brilliant. Very approachable, we can ask questions and they are open and honest."

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

- People said they were able to make choices and decisions about their care and support. A person told us, "I get up and go to bed whenever I want. Staff come in and see me regularly and the manager always 'pops' in to say hello. I don't join in with activities much, but that's my choice."
- Communication between families and staff was good. The registered manager and staff kept relatives up to date with their loved one's care and health. A relative said, "I've been informed when the GP has been and they call me when required."
- Staff supported people to make decisions about their care and knew when people wanted help and support from their relatives. Where needed they sought external professional help to support decision making for people.

Respecting and promoting people's privacy, dignity and independence

- People were supported to maintain their dignity; staff helped people meet their personal care needs and dress according to their personal preferences.
- Staff spoke with people in a polite and respectful way and showed an interest in what people wanted to say to them. They called people by their preferred name, knocked on bedroom doors before entering and ensured people had privacy when supporting them with personal care.
- People were supported to be as independent as possible. Staff encouraged people to do what they could for themselves and helped when they needed it. A person told us, "I like to be as independent as possible and staff respect this. They give me minimal care at my request unless I ask for something specific."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

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

- Care records were detailed, up to date and reflected the care being delivered. When people's needs changed, their care and support was assessed and amended in their care file.
- People received person-centred care; staff had a detailed understanding of their needs and what was important to them. A person told us, "Staff listen to me and respect my wishes about my care."
- People and their representatives were involved in reviews of their care.

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 registered manager was aware of the need to make information for people available in formats they could understand. They said this was 'a work in progress'.
- People were supported to tell staff about their wishes and views; their care plans included information about how they communicated.

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 enjoyed the social activities arranged for them. They did arts and crafts, quizzes, board games and entertainers came into the service offering exercise sessions and musical afternoons.
- Activities were based on what people wanted on the day, although there were also weekly planned activities. People said, "I like to go in the garden and sometimes I listen to music" and "I have a daily newspaper and magazines delivered. I don't do activities - my choice to do this."
- People enjoyed attending a monthly in-house church service and said their religious needs were met.

Improving care quality in response to complaints or concerns

- People were informed of their right to complain and processes were in place to support them to raise any issues.
- Complaints were investigated and addressed in line with the provider's policy and procedure.

End of life care and support

- Staff liaised with healthcare professionals to ensure people had the right medicines and equipment in

place to help maintain their comfort and dignity.

- Staff understood the importance of providing good end of life care. They ensured people were comforted and had company when they needed it.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager was committed to providing good quality care to people. Relatives and people were kept up to date with changes in the service and their views were sought by the provider.
- Staff morale was high. They felt listened to and told us the registered manager was approachable. They understood the provider's vision for the service and worked as a team to deliver high standards of care.
- The service was well run. It was welcoming and friendly; people were treated with respect and staff acted professionally.
- Systems and processes were in place to ensure the service was assessed or monitored for risk, quality and safety.

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; Continuous learning and improving care

- Regular checks were completed by the staff and registered manager to make sure people were safe and happy with the service they received. People's feedback had been used to continuously improve the service.
- The registered manager communicated all relevant incidents or concerns both internally to the provider and externally to the local authority or CQC as required by law. A relative said, "I am happy with the level of communication between the manager, staff and myself. You can get hold of someone when you need to."

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

- People, relatives, staff and health care professionals were asked for their opinions of the service. Meetings, satisfaction surveys and one to one discussion were used to gather feedback. This was analysed and followed up by the registered manager.

Working in partnership with others

- The service had good links with the local community and worked in partnership with other agencies to improve people's opportunities and wellbeing.