

Minster Care Management Limited

# Temple Court Care Home

## Inspection report

Albert Street  
Kettering  
Northamptonshire  
NN16 0EB

Tel: 02084227365

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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: Temple Court Care Home, is a care home that is registered to provide personal and nursing care to 54 older people including people with a physical disability and people living with dementia. At the time of our inspection 24 people were living at the home.

People's experience of using this service:

Quality assurance systems and processes were not effective. They had not identified that risk assessments and care plans had not been completed; non-compliance with health and safety guidance in relation to bedrails; incorrect and missing personal emergency evacuation plans (PEEPS); inconsistencies in the completion of Mental Capacity Act (MCA) documentation; inconsistent recording of people's fluid intake in care records and an inaccurate record of staff training.

Risk assessments did not always accurately reflect people's needs. Risks to people becoming trapped in gaps between bed rails, bed frames and their mattresses had not been identified or reduced.

The manager was not aware of all incidents and accidents that had occurred which meant they were unable to ensure appropriate action had been taken to safeguard people.

Documentation for use by the emergency services to identify people's needs and their whereabouts to support a safe evacuation were inaccurate putting people at risk of an unsafe evacuation.

Confidential information was not always securely stored.

Activities were available for people to access, these were being developed and needed embedding into practice.

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 were able to personalise their rooms to their choosing. We have made a recommendation about personalising bedroom doors, so people are able to easily locate their rooms.

People were supported by staff that had been safely recruited. Staff knew how to report safeguarding concerns and had a good knowledge of infection control procedures. We observed the environment to be clean with a pleasant odour.

People were supported to access healthcare appointments and were referred to healthcare professionals as needed.

People received their medicines at the time they needed it, Medicines were safely stored.

People were supported by kind and caring staff, that knew them well and enjoyed their jobs.

Rating at last inspection:

This is the first comprehensive inspection of this location.

Why we inspected:

This was a planned inspection.

Enforcement:

At this inspection we found the service to be in breach of Regulation 12 Safe Care and Treatment, and Regulation 17 Good Governance of the Health and Social Care Act 2008 (Regulated Activity) Regulations 2014.

Full information about CQC's regulatory response to the more serious concerns found in inspections and appeals is added to reports after any representations and appeals have been concluded.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. Should further concerns arise we may inspect sooner.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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** ●

# Temple Court Care Home

## 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

The inspection team consisted of one inspector, an assistant inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. In this instance their main area of expertise was as a family carer of people using regulated services.

#### Service and service type:

Temple Court Care Home is a care home. People in care homes receive accommodation and personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The manager had been in post since January 2019 and was awaiting registration with the Care Quality Commission. The registered manager 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:

The first day of our inspection was unannounced, the second and third days of inspection were announced.

Inspection site visit activity started on 01 May 2019 and ended on 03 May 2019.

#### What we did:

We reviewed information we had received about the service. This included details about incidents the provider must notify us about, such as abuse; and we sought feedback from the local authority, clinical commissioning group (CCG) and other professionals who work with the service. We used this information to plan our inspection.

We used information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. The provider completed and returned the PIR in March 2018 and we considered this when we made judgements in this report.

During this inspection we spoke with six people who used the service and eight relatives. As part of this inspection, we spent time with people who used the service and used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people that could not talk with us.

We spoke with 13 members of staff including the manager, clinical lead, nurse, chef, catering assistant, activities co-ordinator, administrator, team leaders, housekeeping, maintenance and care staff.

We reviewed 24 care records including three people's complete care records, individual risk assessments, personal emergency evacuation plans (PEEP's) and medicines records.

We reviewed four recruitment files, and other documents relating to the management of the service such as policies, audits, meeting minutes, medicines administration records, notifications we received from the service, audits, records of accidents, incidents and complaints.

We requested and received policies relating to the running of the service, training records and maintenance logs following our inspection.

# Is the service safe?

## Our findings

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

Requires Improvement: 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. Regulations may or may not have been met.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong:

- Risk assessments did not always accurately reflect people's needs. We observed one person choke on their breakfast. The person's risk assessment and care plan did not clearly identify the risk of choking. It did not reflect health professional advice or the action that needed to be taken to reduce this risk of choking. This meant staff were not clear how the person's food needed to be prepared, which increased the person's risk of choking. We raised our concerns with the manager, who told us the person's risk assessment and care plan would be updated.
- Risk assessments were regularly reviewed. However, we found risk assessments had not been consistently completed for the use of bed-rails. Records showed one person had become trapped between their bed-rail causing an injury. The person's risk assessment and care plan were not reviewed following this incident to identify what measures needed to be put in place to reduce the risk of this incident reoccurring.
- Gaps between people's mattresses and bedframes that put them at risk of becoming trapped had not been identified. This meant measures had not been put in place to reduce the risk of people becoming trapped or injuring themselves. After we brought this to the manager's attention they ordered gap fillers to reduce this risk.
- Risk assessments were not undertaken in line with current health and safety guidance to reduce the risk of falls over bed-rails when specialist mattresses were in use that increased people's height in bed.
- Personal emergency evacuation plans (PEEP) in people's care records gave clear instructions for staff to support people to leave the building safely in the event of a fire. However, we found that the 'grab file' for use by emergency services which contained everyone's PEEPs was inaccurate. Five people's PEEPS were missing from the folder, and 12 people's PEEPS had the wrong room numbers on them. This put people at risk of an unsafe evacuation in the event of an emergency such as a fire. We brought this to the attention of the manager, who ensured this was corrected by the second day of our inspection.
- Records showed health and safety checks for checking electrical appliances, firefighting equipment and water temperatures had been completed regularly. However, there were discrepancies in some areas. For example, a new member of staff identified there were 60 emergency lights to test, not 48 as identified by a previous member of staff. We could therefore not be assured checks had been undertaken on all emergency lights prior to January 2019.
- Staff knew how record accidents and incidents. However not all accidents and incidents had been reported to the manager. This was a concern as the manager could not ensure that appropriate action had been taken to safeguard people and ensure accidents and incidents did not re-occur.

This is a breach of Regulation 12 Safe Care and Treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Equipment was serviced in line with the manufacturers recommendations and clinical equipment was checked weekly to ensure it was in good working order.
- We observed people's call bells to be in reach when they were in bed. However, one person told us, "I struggle with the call bell...it is okay if I'm in bed but doesn't really reach when I'm in my chair."

Systems and processes to safeguard people from the risk of abuse:

- Not everyone felt safe living at Temple Court Care Home. One person told us, "I don't always feel safe as there are people wandering about the corridor." A relative told us, "I don't feel my [relative] is safe at the moment. [Name of person] wanders the corridor and is scaring [Relative]. We observed a person entering people's bedrooms. The manager told us some people had expressed a wish to move to the ground floor when it opened, and this would address this issue as more mobile people would be on the first floor.
- Some people required continuous monitoring and support to keep them safe, we observed this to be provided by staff throughout our inspection.
- Safeguarding systems and processes were in place. Staff completed accident and incident forms when they arose. However, the manager was not aware of all accidents and incidents that had occurred. This meant the manager was unable maintain a true oversight of the accidents and incidents that occurred and ensure appropriate action had been taken to safeguard people. There was also a risk that they were unable to identify whether any of the incidents should have been referred to the local authority and notified to the CQC. We discussed this with the manager who advised us they were going to look at the recording system.
- Staff knew how to recognise, and report abuse and how to escalate concerns if required. One staff member told us, "I would speak to a team leader or I would go to deputy or higher if I felt it wasn't dealt with."
- Staff felt confident about raising concerns relating to people's care. One staff member told us, "A lot of staff know about the whistle-blower policy."

Staffing and recruitment:

- Records showed the service had undertaken recruitment checks to ensure people were protected from being supported by unsuitable staff. This included records of agency staff however, we found the service did not check whether agency nurses were registered with the Nursing Midwifery Council.
- The manager completed the providers dependency tool to determine the level of staff needed to safely meet people's needs. Rota's showed staffing was provided as per assessed need.
- There were enough staff to meet people's needs. One staff member told us, "[Manager] is really good at making sure we have enough staff. If someone calls in sick, we can get another member of staff, so we are not short."
- The use of agency staffing had reduced, which had a positive impact on the consistency of care people received. One staff member told us, "We have a more stable staff team of good staff and are aiming to use no agency staff."
- People told us, when they called for assistance using call bells. Staff responded quickly, this was observed during our inspection.

Preventing and controlling infection:

- The environment was observed to be clean and there was a pleasant odour throughout the premises.
- Staff had access to personal protective equipment such as gloves and aprons and we observed these to be used appropriately. A relative told us, "They've [staff] always got gloves on for catheter care."
- Staff had a good knowledge of infection control procedures. One relative told us, "Before Christmas there was a suspected [virus] and the home was very quickly in a lock down situation. All relatives were advised of risks, there were signs on the doors and it was managed very well."
- Temple Court Care Home was inspected by the Food Standards Agency in April 2019 and received a rating of 'Good'. This means the home had good food hygiene practices and safety systems, with only a few minor areas for improvement.

Using medicines safely:



- Staff followed safe protocols for the receipt, storage, administration and disposal of medicines.
- Protocols were in place for the administration of as required medicines and provided enough detail for staff to know what medicines to give and when.
- Records showed medicines that needed to be given at a set time were given as needed. One relative told us, "Administration of [person's] medicines is time critical and they [staff] have been really good here."
- Where people needed their medicines given to them disguised in food or drink, the home had consulted a pharmacist and the person's GP. Medicines profiles instructed staff how people liked to take their medicines.

# 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.

Requires Improvement: 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 with appropriate legal authority. We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. The provider had appropriately submitted Deprivation of Liberty Safeguards (DoLS) applications to the local authority.

- Where mental capacity assessments had been completed, they did not always clearly evidence whether people had the capacity to consent to particular decisions about their care. Decision specific best interest decisions had not always been completed. For example, the service had not considered whether the use of bed rails was in people's best interest for people that did not have the capacity to make this decision themselves. We brought this to the attention of the manager who advised these would be reviewed.
- During our inspection we observed people to be offered choice. For example, at breakfast one person was asked what they would like for breakfast, when they requested toast they were offered a choice of condiments. A relative told us, "Often [Name of relative] refuses care, and they [staff] accept it as they can't force [Name]. They always go back and try again."
- Staff supported people in the least restrictive way possible. For example, two people received continuous supervision and support as they were at risk of falling. We observed staff to remain with the person they were supporting whilst respecting their wishes to mobilise around the home.

Staff support: induction, training, skills and experience:

- Staff told us they felt supported by the management team and had regular supervisions.
- An induction programme was in place for new staff. This included shadowing more experienced staff members until confirmed as competent. One staff member told us, "When I started, I shadowed an experienced staff member for three days and got to know the residents."
- Nursing staff had been supported to access additional training to ensure they were able to competently meet people's healthcare needs. This included wound care training and training on equipment for delivering pain medicines at the end of people's lives.

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

- Pre-assessments were undertaken by the registered manager to determine whether Temple Court Care Home could be able to meet their care needs.
- The management team were aware of standards, guidance and the law. However, we found current health and safety guidance in relation to bed-rails was not being followed. The manager told us this would be addressed following our inspection.
- The management team told us of plans to introduce the National early warning score to assess acute illness severity. This would enable staff to monitor people when unwell and identify at the earliest opportunity when medical assistance was required.

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

- Recording of fluids by staff was at times inconsistent. One person needed to be offered milkshakes twice a day as they were at risk of not eating or drinking enough. This hadn't always been recorded as given. One staff member told us, "There are some inconsistencies with recording, but we are working to address these." This put people at risk of not eating or drinking enough as an accurate record of their intake was not maintained for nursing staff to identify any concerns.
- We observed people to be eating breakfast of their choosing including cereal, toast and a cooked breakfast.
- An external company provided readily prepared meals for the mid-day and evening meal.
- Menu's detailed two choices. A member of staff told us pictures were available to help people choose their meal. Another member of staff told us, "People sometimes ask for other foods. One person likes to request sausages, so we make sure we have these available."
- There were enough staff available to support people to eat and drink enough at mealtimes and mealtimes were observed to be a relaxed and social occasion.
- Staff told us, and we saw posters advising the lunchtime meal had been moved to a later time. Staff told us the previous time was too close to breakfast and that people were eating better following this change as they were hungry.
- Visitors were welcomed to join their family members for a meal. One relative told us, "It is first class food, and I can have a meal here as well."

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

- People had been supported to personalise their bedrooms with their own belongings.
- People's bedroom doors had their names on. However, doors looked the same. Many people living at Temple Court Care home had dementia. We recommend the provider personalise bedroom door signs to assist people with dementia to locate their bedrooms.
- The environment had been decorated to a high standard. We observed hand rails to be painted a different colour to the walls and picture signs on bathrooms and toilets to enable people with dementia to orientate themselves.
- The first floor of the home contained two long corridors. The activities co-ordinator told us of plans to enhance the environment by adding memory boards and interactive displays to make it more suitable for people with dementia living at the home.
- There were different areas available for people to use for their preferred activities, and private space to spend time with their families or visitors, or to have time alone.

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

- Records showed people had accessed their GP and health or social care professionals when they needed them, and staff had documented health professional advice in people's daily notes. However, we found care plans and risk assessments were not always updated to reflect this advice. For example, one person's

nutrition care plan advised they needed foods fortified and fortified drinks given. Advice from the dietician gave specific instructions for fortifying meals and drinks, such as adding double cream to breakfast and offering homemade milkshakes twice daily. This was not included in the person's care plan and therefore put the person at risk of not receiving the correct diet.

- Care records detailed health professional involvement and evidenced referrals to them had been made as required.
- Staff recognised when people needed healthcare support and co-ordinated appointments with professionals. One relative told us, "They [staff] arranged for intensive physiotherapy coming in four times a week" Another relative told us, "They [staff] keep me updated if [relative] has had any health appointments."
- Handover sheets summarised people's health needs, allergies and whether they required resuscitation. This ensured staff could quickly access key information to handover to emergency services in the event of a medical emergency.

# 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.

Requires Improvement: People did not always feel well-supported, cared for or treated with dignity and respect.

Respecting and promoting people's privacy, dignity and independence; Ensuring people are well treated and supported; respecting equality and diversity:

- Staff did not always recognise the importance of confidentiality. People's confidential care records were stored in a lockable cupboard, in a lockable office. However, during our inspection we observed the room and cupboard to be unlocked and open when staff were not present. The computer containing confidential information was also unlocked. This meant records were not stored securely.
- We observed one person living at the home enter people's bedrooms without their permission. On these occasions people's privacy was not protected. One person told us, "The home is worse now than when I first came here as they have people wandering about."
- We observed staff to knock on people's doors and seek permission to enter their bedrooms.
- People we spoke with confirmed staff closed bedroom doors and blinds when providing personal care. One person said, "The staff are very good with privacy and maintaining my dignity."
- Staff explained to people what they were doing when supporting them to minimise any distress.
- Care and consideration had been taken when supporting people to get dressed in the morning. We observed people's hair to be styled, and people wearing their jewellery.
- People's independence was promoted. We observed staff encouraging people to do as much for themselves as possible. One relative told us, "Staff encourage [Name] to get more involved with going to the dining room to have lunch and joining in activities." A member of staff told us, "[Name] told me they want a job in the laundry. [Name] helped me to fold towels today and folded them really well."
- We observed kind and caring interactions between staff and people living at the home. One relative told us, "I ask [Name of relative] are they [staff] kind and they always say, yes they are kind...they are very caring."
- People were supported by staff that enjoyed their job. One staff member told us, "I enjoy the job here, I like the [people]." Another staff member told us, "Staff are all working to the same goal, we want it to be a nice and good home for people."
- We found staff to interact positively with people, care was not rushed. A relative told us, "The Atmosphere here at the home is very good." A staff member told us, "People are mostly happy being here, there is the odd day here and there where they want to go home... you just need to explain this is their home now. You may need to go back and say that a few times to reassure them."
- We saw compliments from this year that said, 'Thank you for all the care and love you showed for our [relative], [relative] was very happy here and that was because of all of you' and 'We will never forget the care and love you gave our [relative].'
- People were supported to maintain relationships with family and friends. We observed visitors coming and going throughout our inspection. One relative told us, "There are no restrictions on visiting."
- People were supported by staff that embraced their diverse needs. People's cultural needs had been

considered. One staff member told us, "[Name] has holy communion once a week."

- Training regarding equality and diversity was not mandatory. We recommend the provider introduce equality and diversity training to ensure staff recognise the importance of supporting people in a way that recognises and embraces these needs.

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

- People were in control of their care and told us staff did not do anything without their permission.
- People living at Temple Court Care home were mostly supported by their families to help them speak up about their care, they did not require the support of an advocate. An advocate is someone that can help people speak up, so their needs are heard and support with important decisions. The manager knew how to seek advocacy support should people require this.

## Is the service responsive?

### Our findings

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

Requires Improvement: People's needs were not always met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- An activities board with pictures and words was displayed in the lounge. There were however no activity timetables in other areas of the home or in people's bedrooms, so people did not always know what activities were available.
- There were very few objects of interest such as newspapers, magazines and games in communal areas and books were out of reach for people unable to mobilise.
- An activities co-ordinator was employed by the home and had organised activities. However, staff told us not many people chose to attend. One person told us, "I don't go to activities, but know they go on." A staff member told us, "I am hoping when more [people] move in that they'll want to do more activities."
- We received mixed feedback regarding the activities. One person told us, "I recently went to do a painting activity, but they [staff] gave me a flower to paint. It was childish." A relative told us, "Yesterday, they planted seeds. [Name of relative] really enjoyed it."
- The activities co-ordinator told us of plans to further develop the activities to meet people's individual needs, such as arranging a coffee morning with another care home. A boat trip had been planned for later in the year and further days out were being arranged. We saw posters for a family barbecue and outside entertainment. The activities programme needed further development and embedding in practice.
- Children from a local nursery attended the home one a week. One staff member told us, "[People] absolutely love it when they [children] come in."
- A 'This is me' document detailed people's likes, dislikes and past interests. Staff told us care plans were person centred. One staff member told us, "Care plans have enough information about people, and as you work, you learn more and more about individual."
- Care plans were in place to instruct staff how to support people if they became distressed. One person's care plan instructed staff to support them in a quiet environment listening to classical music.
- We observed people to receive personalised support that was not rushed. One staff member told us, "We all know what people like and don't like, and care is very focussed on them. It is not task orientated." People received care when they needed or requested it.
- Staff were knowledgeable about people's hobbies and interests. We observed staff and volunteers from local colleges speaking with people about these during our inspection.
- Staff we spoke with knew people well. One relative told us, "[Name of manager] even knows [Name of relative] likes [Name of singer] and [Name of relative] has only been here a week."
- Staff understood the requirements of the Accessible Information Standard. People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others. Picture cards were in use for one person to assist them to communicate whether they were in pain and to make choices.
- Hospital passports were being completed by the activity co-ordinator for everyone living at the home to ensure that if they were admitted to hospital, staff would have information regarding their likes, dislikes,

preferences and communication needs.

Improving care quality in response to complaints or concerns:

- The provider had a clear policy and procedure in place to manage complaints and feedback.
- Easy read complaints information was displayed in the home.
- Records showed there had been no complaints since January 2019. Complaints prior to this had been investigated and action had been taken. For example, referring to a charity for the visually impaired for advice and support. However, we found written responses to complainants had not been provided in line with the providers own policy. The manager told us, any future complaints would be responded to in writing within 28 days.
- Relatives told us if they had any concerns they felt confident these would be addressed. One relative told us, "There are no complaints from us, I would definitely complain if there were any issues."

End of life care and support:

- At the time of the inspection, there was no-one living at the home receiving end of life care. The manager told us, people would be supported to remain at the home at the end of their lives if this was their wish.
- Training had been provided to nursing staff to administer medicines to people at the end of their life in preparation for a change in people's needs.
- End of life care plans were in place that considered people's preferences and wishes for end of life care, should this be required.



# 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

Requires Improvement: Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements:

- The manager had not yet registered with the Care Quality Commission (CQC), they had been in post since January 2019 and had applied to be registered with the CQC. The manager understood the regulatory requirements and records showed all legally required notifications had been submitted.
- Quality assurance systems and processes were not effective. They had not identified risk assessments and care plans that had not been completed; non-compliance with health and safety guidance in relation to bed-rails; incorrect and missing PEEPS; inconsistencies in the completion of Mental Capacity Act documentation; inconsistent recording of fluid intake in care records; an inaccurate record of staff training and accident and incident data not being reported to the manager.
- Not all staff were clear about their roles as they were a new staff team. It was unclear whose responsibility it was to check mattresses fitted snugly between bed-rails and bed frames to reduce the risk of people becoming trapped.
- We observed it to be normal practice for the door to an office containing confidential data to be open and unlocked when it was unoccupied. We found records were not locked during these times and the computer to access confidential information to be unlocked. This had not been identified and addressed by the management team.

This is a breach of Regulation 17 Good Governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There had been several changes in the staff team. New staff were still getting to know people. One relative told us, "There are new staff who need to take time to understand the ways of my [relative.]"
- An allocation sheet had been implemented to ensure each staff member was aware of their responsibilities during their shift. One staff member told us, "The allocation sheet is really helpful. We now look after individual people during our shift and are responsible for food, fluids and personal care." Another staff member told us, "It is organised here now, it didn't used to be." A member of the management team told us "[Allocation sheet] has really helped as people's roles and responsibilities are clear and we can check back if there are any issues."
- Daily 'flash' meetings took place. Records showed these were used to discuss staffing issues, maintenance, housekeeping, food, fluids and any concerns.
- Performance issues were being addressed by the management team to ensure the work force were competent and meeting the requirements of the home.

- Nurse meetings discussed any clinical areas for improvement such as falls monitoring and the timely completion of accident and incident reports.
- Regular staff meetings took place to share best practice, discuss people's needs and to identify improvements. Records showed areas of discussion were training, supervisions, infection control. We recommend the provider discuss safeguarding during these meetings.
- Regular staff meetings took place to share best practice, discuss people's needs and to identify improvements. Records showed areas of discussion were training, supervisions, infection control.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility:

- Improvements had been introduced to enhance people's care experience such as a local nursery visiting once a week to spend time with people living at the home.
- The manager was open and honest with us during our inspection. The manager told us they would act to address the concerns identified during our inspection.
- Staff told us the culture in the home had improved and that they found the manager supportive. One staff member said, "[Managers] door is always open and [manager] is very approachable. [Manager] wants the best for the [people] and to do a good job, [Name] is very dedicated. Another staff member said, "[Manager] knows everyone by name and their needs.

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

- People's feedback on their care experience was sought, the activity co-ordinator undertook a survey with each person. In the most recent survey 81% of people said their home was a nice place to live and 95% said they liked the way staff speak to them. There were no actions from this survey as no areas of concern were identified.
- Surveys had been sent to family members, the provider was awaiting the return of these.
- Residents and family meetings were undertaken regularly. Records showed during a residents meeting people had said the fish with fish and chips was too hard. Feedback was provided to the external catering company. Records showed people's experience of the fish had improved. Fish and chips from a local chip shop were also introduced monthly.
- The manager told us, and records showed the provider planned to introduce a 'You said, we did' board so people and their relatives could see what changes were being made because of their feedback.

Continuous learning and improving care:

- The manager had devised an action plan following quality assurance visits from the local authority and clinical commissioning group. We saw improvements had been made because of these. For example, protocols for as required medicines had been implemented and additional clinical skills training for nurses had been undertaken. However, we could not be assured improvements would be sustained or were embedded in practice.
- Whilst the manager had only been in post since January 2019, we received positive feedback about changes that had been implemented. Staff told us, "There has been a massive improvement. The energy in the home... Staff are more upbeat... Residents are happier;" "[Management team] have introduced a lot of improvements, and ideas... In a few months it will have improved even more;" and, "Since [Manager] came, it's more organised and getting better."
- A member of the management team told us, "Staff are keen to improve, 99% have a positive attitude."
- The management team told us of planned improvements such as introducing 'resident of the day' to review care plans and risk assessments and ensure they accurately reflected people's needs and more face to face training.

Working in partnership with others:

- The provider worked in partnership with people, their relatives, social workers, commissioning authorities and sought support from other health professionals, as needed.
- The manager liaised with the hospital and other professionals to ensure they could meet people's needs and facilitate a prompt discharge to Temple Court Care Home.
- The home had partnered with the Princes Trust and told us, they would be helping to make changes to the living environment to make it more dementia friendly.
- The home had developed links with local colleges and supported students with placements. This benefitted people living at the home as students supported people with activities and spent time talking with them about their hobbies and interests.

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	The provider failed to keep people safe from unsafe care and treatment.

### The enforcement action we took:

We imposed conditions on the provider's registration to provide detailed information and action plans demonstrating how they are ensuring compliance with the regulations.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The provider's quality assurance systems and processes were ineffective.

### The enforcement action we took:

We imposed conditions on the provider's registration to provide detailed information and action plans demonstrating how they are ensuring compliance with the regulations.