

B & M Investments Limited

Templemore Care Home

Inspection report

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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?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Templemore care Home is a residential care home providing accommodation and personal care for up to 65 older people, younger adults or people with dementia. At the time of the inspection the service was supporting 61 people in one adapted building. The service was separated into three units.

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

Risk assessments required further information recorded regarding risks, strategies and health conditions. Records of care tasks were not always consistently recorded to evidence tasks had been completed.

Records of injuries required improvement. Unexplained injuries were not always investigated to establish a cause and not all injuries had the required information needed to ensure staff could complete follow up checks.

Staffing deployment requires reviewing. Although staffing levels were assessed and maintained. The lay out of the building made it difficult to ensure staff were in the right place when needed. We recommended the provider review how staff are deployed within the building.

People's needs were assessed before they moved into the service. However, not all care plans held enough detailed information regarding their health conditions to support staff to know what to do in the case of an emergency.

Systems and processes to ensure oversight of the service were not always fully effective. Improvements were required to audits to ensure they captured all the information and actions could be implemented to make improvements.

Cleaning schedules were not always consistently recorded. However, the home appeared clean and staff used personal protective equipment (PPE) effectively to reduce to risk of infections.

People were supported by staff who were kind, caring and compassionate. Staff interacted well with people and knew individual needs. People told us staff were respectful and promoted their independence.

People told us the food was nice and they had choices of meals offered daily. People were regularly offered drinks. People were supported to access health and medical appointments as required. People received medicines as prescribed by trained staff who followed best practice.

The environment was safe and appeared clean. The hallways had dementia friendly signs and handrails to support mobility within the home. Activities were offered and encouraged by staff.

People were supported to stay in contact with their friends and families. Relatives were kept up to date on

their loved ones changing needs or any incidents that may have occurred

People, relatives and staff knew who the registered manager was and felt comfortable raising any concerns, complaints or suggestions. The registered manager was visible in the service and operated an 'open door policy' for anyone who needed to discuss anything. People and their relatives were asked to feedback on the service annually.

Staff felt supported by the registered manager and received regular supervisions and meeting to discuss the service and to ensure staff had the information required to fulfil their roles and responsibilities.

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

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 23 May 2019)

Why we inspected

The inspection was prompted in part due to concerns received about lack of interactions with people and personal hygiene tasks not being supported by staff. A decision was made for us to inspect and examine those risks.

The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection.

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 have identified breaches in relation to oversight of the service at this inspection.

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. 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 caring.

Details are in our caring findings below.

Good ●

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 ●

Templemore 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. 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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was completed by two Inspectors. An Expert by Experience contacted people and their relatives via telephone following the inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Templemore Care Home 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. 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

We spoke with five people who used the service and four relatives about their experience of the care provided. We spoke with eight members of staff including the registered manager and care workers and a visiting professional.

We reviewed a range of records. This included seven people's care records and multiple medication records. We looked at two 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.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

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 requires improvement. At this inspection this key question has remained the same. 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

- Not all unexplained injuries were investigated. We found when people had a bruise or skin tear that had no reason of cause recorded the registered manager had not always completed an investigation into how this injury had occurred. The registered manager implemented new systems to check any injuries daily after the inspection feedback.
- Not all injuries had been recorded appropriately. For example, we found records of injuries did not always contain the size, shape or colour. This meant that follow-up checks were not always effective in identifying if the injury was healing.
- The registered manager and staff had a good understanding of what to do to make sure people were protected from harm or abuse and had received training on safeguarding.

Assessing risk, safety monitoring and management

- Not all risk assessments were completed for known risks to people. Risk assessments were not in place for when a person could not use a call bell, or for risks associated with scalding and emollient creams. The registered manager agreed to implement these immediately.
- People were at risk of pressure damage. For example, when a person required support with their pressure area care, repositioning tasks were not consistently recorded within the specified timeframes. However, the district nurse told us the staff were good at reporting and following advice on pressure damage care.
- Environmental risks had been mitigated. For example, radiators had covers and window restrictors were in place.
- People and their relatives told us they felt safe at Templemore Care Home. One relative told us, "They [staff] have gone above and beyond, they have gone out of their way to keep people safe."

Staffing and recruitment

- The registered manager completed a dependency tool to identify how many staff were required to meet people's needs.
- The rota confirmed that staffing levels were consistent. However, due to the layout of the building and the deployment of staff, there were areas of the home that did not appear to be staffed appropriately.
- People, relatives and staff told us; staffing levels required improvement. One person said, "Staffing is difficult as there are three areas, so staff are running up and down." A staff member told us, "We could use another staff member to float between areas."
- Safe recruitment practices were in place and the provider used references and the Disclosure and Barring service (DBS) to ensure staff did not have any criminal convictions and were suitable to provide support for

the people living at the service.

- Not all risk assessments were completed for staff. For example, risk assessments had not been completed when a staff member had a medical condition. The registered manager agreed to complete this immediately.

We recommended the provider reviews staff deployment within the building to ensure staffing levels are sufficient to meet individual needs.

Preventing and controlling infection

- We were not fully assured that the provider was promoting safety through the layout and hygiene practices of the premises. Cleaning schedule were in place, but we found gaps in the recording of tasks being completed for most weeks. High touch areas were not recorded as being cleaned regularly throughout the day. However, the home appeared clean with no unpleasant odours.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Using medicines safely

- People's medicine administration records (MAR) were signed appropriately to evidence medicines were given as prescribed. However, thickener for fluids had not been signed for. The registered manager implemented a new signing recorded after the feedback.
- People were administered medicines by trained staff who followed best practice.
- When people had as required (PRN) medicines we found appropriate PRN protocols in place and staff had recorded the reason for administering the medicine. This supported health professionals to monitor and review the effectiveness of these medicines.

Learning lessons when things go wrong

- Trends and patterns were reviewed monthly and lessons learnt shared with staff.

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.

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

- People's needs were assessed before any care was provided. However, not all the information had been transferred in the care plan. For example, one person's medical conditions had not been identified within their care plan. This meant that staff did not always have the information required to support the person safely.
- Some care plans required additional information and did not contain specific details linked to risks. For example, if a person had a catheter or was cared for in bed, we found limited information on how much fluid the person required. When a person had risks associated with constipation we found limited information regarding what was normal regarding their continence. Care plans were updated immediately after the inspection.
- Care plans included the equipment people needed to remain safe and information for staff to understand how and when to use them was documented.
- Information regarding personal preferences and choices were documented within care files. For example, likes and dislikes and times to get up and go to bed.
- Staff told us that care plans had improved and were reflective of people's current needs. One staff member said, "The care plans are fairly detailed and have plenty of information for each resident, including, risk assessments, general key facts to know about the residents and history. Every day we are learning new things with our residents and they will have a change in preference and things they like as they grow with us."

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

- Food records for people with diabetes did not always evidence a specific diet was followed. The registered manager gave examples of what staff did to meet this need, but these had not been recorded. This meant people could be at risk if their diabetic diet had not been followed.
- The kitchen staff had detailed information on each person's needs for nutrition and hydration, and when a person required a specific consistency for their food this was well presented.
- People had access to fluids throughout the day. People told us staff always offered drinks regularly or ensured they had access to drinks within their rooms.

Staff support: induction, training, skills and experience

- Some staff were out of date on their training. Records evidenced that not all staff were trained in moving and handling, dementia and mental health. The registered manager had 'training weeks' planned for all staff to ensure refresher courses were completed and staff had completed all the required training.

- Staff felt they received adequate training for their roles. One staff member said, "I have received all the correct training for my role." Another staff member told us, "I have had lots of training. I think everything is covered."
- New staff completed an induction before starting work. The registered manager completed competencies checks to ensure staff understood their roles and had the skills to complete their tasks.

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 had been completed and within people's files the outcome was documented. However, we did not see any evidence of best interest meetings or decisions being completed if someone lacked capacity.
- Staff ensured people were involved in decisions about their care; and knew what they needed to do to make sure decisions were taken in people's best interests.
- Care plans were developed with people and/or their relatives. However, we found no consent to share information recorded. The registered manager agreed to ask people and document when people consented to information being shared with friends or relatives.

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

- People were supported to access health and medical appointments as required. We found evidence of people accessing doctors, dentists and opticians regularly.
- A health professional working with the service gave us positive feedback on how staff made referrals. We found referrals were made to district nurses, dietitians and speech and language therapists as required.

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

- The service had dementia friendly signs to help people navigate throughout the home. There were handrails in communal hallways to support people with their mobility.
- The building had areas for people to meet with their friends and family. Communal rooms were situated throughout the home including, hairdressers, cinema, activity rooms as well as multiple lounges and TV rooms.

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 remained the same. 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 told us that staff were kind and caring. One person said, "They [staff] would do anything I need." Another person said, "They [staff] are very kind people."
- Relatives told us that staff knew their loved one well. One relative said, "They [staff] know what [person] likes and dislikes." Another relative told us, "[Staff] spent a lot of time getting to know more about [person's] preferences and choices, and I feel that all needs are being met."
- Staff interacted with people in a compassionate manner and relationships between staff and people appeared respectful. Staff knew people well and understood how they liked to receive their care and support.
- People's care plans included their likes, dislikes and history. People cultural and religious needs were documented.

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- People felt involved in their care. One person said, "They [staff] are always asking if they can do more for me, but there is nothing more I need."
- People felt their independence was supported. One person said, "You are respected to do your own thing, but you can get help." Another person told us, "Staff keep you independent, they do not do more than is needed, they are there if you need them, just not in your face."
- Relatives told us staff respected people's privacy and dignity. One relative said, "Staff respect [person's] privacy and ensure that [person] has access to a call bell should they need any support during their shower time."

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 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

- Records of care tasks were not always completed appropriately. For example, we found gaps in the recording of oral health for some people and large gaps in some people's bowel monitoring charts. This meant staff could not always evaluate people's needs and wants, as records were not clear if a person had refused, if staff had not completed the records or if the tasks were not completed. The registered manager implemented regular reviews of these records, following the inspection.
- Care plans included regular prompts for staff regarding what support was needed and how to support the person with that task. Additional prompts were added after the inspection feedback.
- The registered manager had asked people and documented information regarding their religion or culture that could impact on how they wanted their care given.
- People, relatives and staff all told us that staff knew people well and supported them in a person-centred way. One person told us, "They [staff] know me well and are good at their jobs." A relative told us, "They [staff] are still getting to know [person], staff have a genuine interest in finding out about what [person] likes and they try to meet these needs."

End of life care and support

- At the time of our inspection no one using the service required end of life support. However, when appropriate people had a 'do not attempt cardiopulmonary resuscitation order' [DNACPR] in place.
- People had end of life plans in place, however they required additional information regarding how the person wanted to be supported in the time leading up to death. For example, if they wanted any music or sounds playing or if they if they wanted a priest or minister to deliver their last rites.

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.

- People's communication needs were recorded within their care plans and the service had pictorial signs and documents to support people to understand and communicate.

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 told us that activities took place and we observed staff interacting and engaging people in an exercise class. One person said, "Three of us went for a pub lunch recently, it helped me to feel freedom and

not caged in (linked to the COVID pandemic)"

- Relatives told us they were supported to stay in contact with their loved one. A relative told us, "We were offered video calls through lockdown."
- Relatives told us they felt welcomed in the home. One relative said, "They always offer me a cup of tea or coffee and a biscuit." Another relative told us, "Staff are always friendly and welcome you in."

Improving care quality in response to complaints or concerns

- The provider had a complaints policy in place, and complaints seen had all been responded to within the providers timeframe.
- People, relatives and staff told us they knew how to complain and felt the registered manager would listen to their concerns and deal with any issues appropriately.

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

- Systems and processes to ensure care was delivered in line with people's individual needs required improvement. The registered manager did not audit tasks completed such as, food and fluid charts, oral health records, repositioning records, the recording of bowel movements or safety checks. We found gaps in the recordings of all of these tasks.
- Audits of care plans had not identified when information was missing. For example, one person did not have the required information regarding their epilepsy or diabetes.
- Audits completed on cleaning were not effective in rectifying concerns. We found gaps in the cleaning records for July, August and September 2021 and limited evidence of high touch areas being cleaned to reduce the spread of COVID-19.

We found no evidence of harm to people. However, the provider failed to ensure adequate systems and processes were in place to assess, monitor and improve the quality and safety of the care provided. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Systems and processes were effective in auditing medicines, environment, safeguarding and incidents and accidents.
- The registered manager understood their legal responsibility to notify the Care Quality Commission of deaths, incidents and injuries that occurred or affected people using the service. This was important because it meant we were kept informed and we could check whether the appropriate action had been taken in response to these events.

Continuous learning and improving care

- The registered manager was very open and transparent throughout the inspection.
- Improvements to the systems and processes already in place to ensure oversight of the service were made immediately after the inspection. However, we could not be assured of sustainability as these improvements were completed after the inspection feedback.

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 registered manager understood and had acted on their duty of candour responsibility.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People, relatives and staff were all asked to feedback on the service by way of an annual survey. The responses were all positive and when suggestions for improvement were made, we saw actions had been put into place.
- Significant people were kept up to date on any changes to a person's needs. Relatives told us the service kept in communication with them and updated them on significant events or incidents.
- Staff were supported to make suggestions and raise any feedback they had. Staff attended daily meetings to share information and had regular one to one meetings to discuss any concerns or feedback. Staff told us, they felt supported by the registered manager.

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	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider failed to ensure adequate systems and processes were in place to assess, monitor and improve the quality and safety of the care provided.</p>