

Medici Healthcare Ltd

Temple Grove Care Home

Inspection report

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

About the service

Temple Grove is a residential care home providing personal and nursing care to younger and older people. The service can support up to 65 people, 55 people were being supported at the time of inspection.

Temple Grove accommodates people across four units, each of which has separate adapted facilities. One of the wings specialises in providing care to people who require support with complex care needs, such as spinal injuries. The service also provides respite support to people. Respite is when a service provides care to a person for a period of time, without them living there permanently. This could include support when coming out of hospital.

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

Everyone we spoke with and heard from gave the highest feedback about the service and the kindness and compassion that staff showed people. A person told us, "I'm not treated as just a resident, I'm treated as my own special person." Another person said, "Couldn't think of a nicer nursing home. Always 'life and laughter' here. I'd recommend to absolutely everyone."

People felt listened to and the personalised dedicated support had a profound impact on their wellbeing. Relatives told us how much this meant to them and their loved ones. Staff had considered every aspect of support required for end of life care and created innovative ways to support people and their relatives during this difficult time. Activities were thoughtfully planned centred on people's interests and staff promoted strong links with the community.

Everyone we spoke to was highly complementary about the registered manager and how the service was run. One relative said, "The registered manager really has her finger on the pulse. She is so caring." The management team spoke with great passion about the service and encouraged staff to provide the best possible care to people.

The registered manager and quality training manager used creative ways to listen to people's views and acted on them to improve. Community involvement was strongly promoted and opened up new networking opportunities for people.

The management team had good oversight of what happened day to day. They had developed tools to help track the quality of the care and support, so they could improve it. There was a culture of everyone being involved in the continuous improvement of the service.

Equality and diversity were deeply embedded into the home. People's differences were highly respected and supported. Staff worked hard to promote people's independence mitigating any risks, so they were not restricted from doing what they wanted to do. A relative told us, "My relative is treated as a person, not a number. Staff are absolutely brilliant and care so much."

People and relatives told us they felt safe and were supported by a strong, knowledgeable staff team. People were involved in recruiting staff, so they had a say about who would support them. People received their medicines safely and were supported to have as much control as they wanted over their medicines.

Everyone we spoke to was confident that staff had the skills and knowledge to meet people's needs. People were supported by a range of health and social care professionals to improve their wellbeing. People's nutritional needs were consistently met, and they were positive about the quality and quantity of food provided.

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 31 January 2017).

Why we inspected

This was a planned inspection based on the previous rating.

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 safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was exceptionally responsive.

Details are in our responsive findings below.

Outstanding ☆

Is the service well-led?

The service was exceptionally well-led.

Details are in our well-Led findings below.

Outstanding ☆

Temple Grove 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.

Inspection team

There was an inspector and an inspection manager on the first day and two inspectors on the second day.

Service and service type

Temple Grove is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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. At Temple Grove, the registered manager was also the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We 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 ten people and six relatives about their experience of the care provided. We spoke with 20 members of staff including the registered manager, quality and training manager, senior team leaders, welfare leads for staff and people, domestic staff, nurses, mental capacity lead and care staff. We also spoke with six visiting professionals, including a GP.

We reviewed a range of records. This included six 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.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they continued to feel safe and protected from harm. One person told us they needed two staff to help them move and this was always provided.
- Staff had all received training in safeguarding and understood how to recognise concerns and who to report these to.
- One staff member said, "If I felt staff were inappropriate, if something had changed in a resident for example they were out of character, had unexplained marks or had changes in their appearance, I would express my concerns. I have no worries doing this."

Assessing risk, safety monitoring and management

- People told us that risks to them were managed well. One person said, "Staff look after me and are there promptly when I need them." Another person told us, "I have a lot of skin issues, but they manage this brilliantly."
- Relatives were reassured that their loved ones were safe. One relative said, "I can sleep at night now knowing my (relative) is well cared for. I have peace of mind which I haven't had before."
- Staff had a good understanding of risks to people and supported them in ways that reduced these. For example, when people were at risk of choking staff sat with them when they ate or drank.
- There were detailed guidelines about how to manage risks to people including managing the risks of skin damage.

Staffing and recruitment

- People told us there was always enough nurses and staff to support them and our observations confirmed this. One person said, "You press a bell, and someone comes straight away. It's like falling into cotton wool. Staff came and support me so well and with love."
- Relative's agreed that there were enough staff to meet people's needs. One relative said, "So well staffed here which makes a real difference. There's always someone here."
- We observed that when people rang their bells, they were answered promptly by staff. We saw that staff took their time supporting people in a patient and caring way.
- Staff were recruited safely. The provider had completed background checks on new staff as part of the recruitment process. People were involved in recruiting staff, so they had a say about who might support them. The registered manager told us, "We always recruit 10% more than we need to ensure there is always enough staff to cover sickness. As a result, we have had no need for agency staff in three years."

Using medicines safely

- People were supported to have their medicines safely by trained and competent staff. One person told us, "They support me to manage my pain and I'm so grateful. They suggested we change the times I took (my medicines) and it's made a huge difference."
- The registered manager had changed their policy to enable people to be more independent in taking their medicines. They said, "Some people wanted to manage their own medicines, but we realised our policy was restricting for those who physically couldn't meet the criteria. We've now changed our policy to fit people."
- Since the introduction of the new policy, six people were managing their medicines themselves. Staff had completed thorough risk assessments with them regarding this. One person told us, "They made it happen and I like having control over my medicines." Another person reflected in their medicines review, "It works really well, and I feel very involved with my care."
- Medicine administration records (MAR) were well completed. Staff regularly audited MAR's to check for errors. One staff member said, "We check when we give out medicines to see if there are any gaps."

Preventing and controlling infection

- The home was clean, tidy and well maintained. People told us the home was always 'spotless.'
- Staff had all received training in infection control and had a good understanding of how to prevent the spread of infection. People had been involved in the training and had helped create posters with photos of them demonstrating how to wash their hands correctly. The posters were displayed throughout the home. Staff used Personal Protective Equipment such as gloves and aprons when supporting people with personal care or when preparing food.
- The quality and training manager was part of an infection control champion's initiative run by the local authority. They said, "This really gave further understanding of how to reduce and manage outbreaks of infection in care homes. It was also a great networking opportunity."
- There was a large laundry room with industrial washing machines and tumble dryers. This was well organised by a team of domestic staff who offered washing and dry-cleaning facilities for people.

Learning lessons when things go wrong

- The registered manager had a good oversight of accidents and incidents. They were reviewed regularly for patterns or trends. The registered manager said, "Even when things go wrong, we take it as a learning experience. We share with everyone what happened, what we did and what we can learn."
- One person had been involved with an incident with their moving and handling equipment. Following investigation, the registered manager and quality and training manager had implemented new documentation to remind staff of procedures to follow when people's needs changed.
- A professional said, "The home really took on board lessons learned. They've written in all care plans. We were happy with the outcome and staff evidenced their learning. They took on board areas to improve on and implemented changes."

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 remained the same.

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

- Before people moved into Temple Grove, they were involved in assessments about their support needs, preferences, wishes and routines. A relative said, "The discussion was really personalised. It wasn't with us, it was with our relative and we were invited to share our views. Our relative was included in everything."
- People's health and social care needs were assessed using a variety of effective tools, based on best practice guidelines. For example, people's medicines records followed guidelines set by The National Institute for Health and Care Excellence (NICE).
- People at risk of skin damage had comprehensive Waterlow assessments. The primary aim of this tool is to assess the risk of people developing a pressure sore and implement actions to reduce this happening.

Staff support: induction, training, skills and experience

- People, visiting professionals and relatives told us staff had the skills and knowledge to meet people's needs. One professional said, "The staff are appropriately educated. They are competent and largely experienced." Another professional said, "They seem to be very well trained and know about patient's needs"
- Staff had received specific training related to people's needs. Staff were then observed to check their ongoing competency. We saw staff putting their training into practice, for example when supporting people to move safely. Staff were knowledgeable about people and their needs.
- All nurses were complex care trained and received the clinical training they needed. This included support to revalidate with the Nursing and Midwifery Council to demonstrate they had appropriate knowledge and skills to work as a registered nurse.
- The quality and training manager had designed and implemented their own induction programme based on best practice guidance, so it was specific to the service.
- Staff had regular supervision and appraisals. One staff member said, "The managers have an open-door policy. We also have meetings, it's a great support system."

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

- People and relatives told us food was, "Excellent" and, "Very tasty" and that there was lots of choice. One person said, "I'm intolerant to quite a few things and they make me my own version of what's on the menu so I can still eat like everyone else."
- One relative said, "Food is excellent, my relative has put on weight since being here, which they needed. The chef will always do something else if you want it." Another relative said, "If our relative doesn't like the

menu, they will make them want they want, whenever they want it. They offer us meals too, so we can all sit and eat together. It's wonderful and the food is very nice."

- Some people were at risk of choking and had been assessed by the Speech and Language Team (SaLT) who then produced guidance. We saw staff supporting people in line with this guidance. This included preparing food in a specific way, ensuring people were positioned correctly and sitting with them to encourage slow eating.
- The registered manager told us that some people were no longer at risk of weight loss. They said, "We analyse risks each month and high-risk scores have lowered. We now have 78% of people on low MUST (risk) scores. This is due to staff vigilance, support and encouragement to eat."

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

- People told us that staff supported them and involved other professionals to improve their health and wellbeing. One person told us, "I came in with a lot of health issues, but these have improved enormously thanks to the staff."
- Professionals were complimentary of staff's positive approach to team working with others. One professional said, "I can trust the senior staff to know when the person is ill and contact us. I can rely on them to make sound decisions. They follow guidance and listen to what we say."
- People had support from occupational therapists, physiotherapists, specialist nurses, SaLT and GP's. The registered manager had sourced a spinal injury association therapist. They said, "We identified this was a need for people and brought in the professional to provide peer support to people."
- Staff told us that they supported people with complex health needs to improve. They gave an example of one person who had come into the service with a severe wound. A staff member said, "We worked closely with the tissue viability nurses to heal their wound." We saw evidence of how the person's skin had improved and then fully healed.

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

- People spoke highly of the maintenance staff. They told us, "The maintenance person is so polite and helpful and does all sorts of things" and, "The maintenance person is great, they put all these bookshelves up for me, so I can store and see all my DVD's."
- People's bedrooms were decorated to the colour of their choice and filled with personal belongings to make them feel homely. One person said, "I wanted purple walls. When I came out of hospital, I came home to this (purple walls), it was a lovely surprise."
- The building had been designed with large communal areas, bedrooms and wide corridors to enable people with moving and handling needs to manoeuvre easily. Communal bathrooms contained specialist mobility equipment such as hoists and assistive baths to enable people to get in and out.
- The home was surrounded by gardens, grounds and a lake, which people liked to walk around. One person said, "The garden has been improved so my view is better. They have done more to the garden which is nice. I am very happy to have found this home."

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 told us that they were given choices by staff. One person said, "They talk to me always about choices. They ask me what I need and what I would like to do."
- Staff had a good understanding of the Mental Capacity Act and how it applied to people they supported. One staff member said, "It's about listening to choices and gaining professionals input to support people's understanding." Another staff member said, "Just because someone can't communicate, doesn't mean they don't have capacity. You have to find a way that works for them."
- A professional told us, "Staff listen to people's views and respect them, even if they disagree with the decision. One person chose not to follow guidelines and they've involved all professionals needed."
- The service had their own MCA and best interest lead, who was responsible for monitoring DoLS applications and completing MCA's with people and others. Some people had DoLS requests made but these had not been authorised yet. One person had conditions attached to their DoLS and these were being met.
- We saw that people who were assessed as lacking capacity had specific MCA's that reflected their views and the views of others such as family, friends and professionals.

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 remains 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

- Everyone we spoke with told us that staff were kind and caring. People told us, "Staff go out of their way to do more than their duties" and, "It is absolutely fantastic, I cannot speak highly enough. Service I get here is first class." People smiled when talking to us about the support they received, and we saw people hugging staff.
- Relatives were positive about the service. They said, "Care is absolutely amazing. They all care so much and so deeply" and, "We didn't think this kind of place existed. I've never seen my relative so happy and we are so grateful."
- Professionals told us how impressed they were with the service. One said, "Staff find innovative ways to improve people's lives as much as possible." Another professional told us, "This is by far the best care home I have been in."
- Staff knew people so well that they recognised the slightest changes to their health and wellbeing and acted quickly to reduce impact. For example, one person had moved in with very ill health and professionals felt they would need palliative care.
- The person had minimal verbal communication skills, but due to staff recognising signs that they were becoming unwell, the person had been supported quickly through three bouts of illness. One staff member said, "They are a different person now. They go out and have been to the opera which they loved."
- Another person became unwell during the inspection and staff supported them to hospital. A professional said, "Because the staff member involved knew the person so well, they were able to take instant action at the slightest sign of ill health and infection was picked up quickly."
- Staff were compassionate and highly motivated and told us, "I love my job and this place" and, "I could not ask for a better job."
- Some of the staff's relatives lived at the service. The quality and training manager said, "We love and believe in this place so much that we would absolutely choose it for our loved ones."
- Equality and diversity were promoted. There was an equalities champion who trained staff about the equality principles of fairness, respect, equality, dignity and autonomy (FREDA). Staff wore their FREDA badges, which had been designed by the team and people. Each unit had written their own mission statement. For example, one unit displayed, 'Kindness is spreading sunshine into people's lives no matter the weather'.
- Since the previous inspection, staff had focused on people's differences and preferences and how important these were. They worked with people and others to ensure these were consistently met, in a

personalised way.

- A person had not been able to practice their faith for many years. Staff reached out to the local community to fulfil the person's spiritual needs. The person was now visited by an Imam and members of a local mosque, to support with their faith. This had made a significant difference to the person's wellbeing, they were now engaging more and showing more interest in life.
- The registered manager said, "It is amazing to see the transformation in the person now that they have found their faith again. They are still building their confidence and we are still learning as a team, but we hope to get there together."
- Other people were leading their own religious forums with those that shared their faith. One staff member said, "We started off by supporting the group, but now people manage it all on their own." A person told us this meeting was very important to them.
- Staff told us about how they had promoted people's relationship choices. One staff member said, "We supported a same sex couple who told us they had previously been mistreated. This was so sad for us to hear and we were determined that they had the most positive experience here." We viewed a 'Thank you' poem from the people, describing staff as, "Beautiful people with beautiful hearts", who saw them for who they were, instead of judging them for their choices.

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

- Since the previous inspection, staff had found new ways of listening to people's views and taken immediate action to make improvements in innovative ways.
- People's views were considered about every matter. Advocates had been arranged to help people make choices and air their views. Everyone we spoke to told us people were at the heart of their care and supported to live the life they wanted.
- People told us they had meetings with staff from their unit, where they chose who they wanted to support them each week. One relative said, "They will always ask our relative when she wants personal care and how she wants it. She's in charge of her care."

Respecting and promoting people's privacy, dignity and independence

- Since the previous inspection, staff had worked with people and improve their independence. The impact on people was extremely positive, with people telling us it made them feel confident and highly valued.
- The promotion of privacy, dignity and independence was at the heart of the service's culture and values. One person told us, "They absolutely respect you and look after you. I am so fortunate to be in such a caring home." Relatives agreed, one telling us, "Everyone's dignity is so very well respected."
- We saw examples of how people had been supported to re-gain and maintain their independence and people told us this had a profound impact on their lives.
- For example, the activities co-ordinator had given training to people in using technology such as iPads and video calling. A staff member said, "Most people didn't know what it was or how to use it and so were nervous about trying. After the training, they all wanted to have a go." This had drastically improved one person's communication with their family, who they now video called regularly.
- One person had experienced poor mental health and had been unable to leave the home. Staff provided consistent emotional support and sought guidance from professionals. The person was now joining in activities and going out into the community.
- Another person had been supported to purchase and learn how to use an Ipad. They said they could now manage their finances and shop independently, which 'made a difference' to them.
- Staff had adapted garden equipment so that the person could water the garden independently. The registered manager said, "We knew gardening was really important to them and the effect it has had on their wellbeing is remarkable. They love doing it." Staff had also sourced specific equipment to help them mobilise and they told us this had improved their confidence and level of independence.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now improved to outstanding.

This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

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

- Since the previous inspection, staff had gone the extra mile to improve people's physical and emotional wellbeing. For many people, this had a profound impact on their lives.
- Without exception, everyone we spoke to was overwhelmingly positive about the service. A relative said, "All I can do is praise Temple Grove. My (relative) has come along leaps and bounds since here. She is so well cared for, she's so happy and her wellbeing is amazing."
- One person told us they no longer experienced ill health because of good care. They said, "I reported back pain when I moved in, I was on morphine. Within five days of me telling them, my pain was sorted out. I was on insulin but now that's all gone. It is marvellous and all due to their care." The person explained to us that nursing staff had supported them to better understand and manage their diabetes which had led to them not needing medicine.
- Another person moved into the service in poor health. Following support from staff, they no longer required medicine for a health condition and were able to eat and drink normally. A staff member said, "The difference in them is amazing. They are no longer withdrawn and seem so happy." We saw this person being supported by staff. They were smiling, laughing and joking throughout interactions and told us they really enjoyed eating food now.
- One person had expressed that they wanted to live with their relative, however due to their extremely complex needs, there were concerns about their nursing needs being met. Nurses at Temple Grove spent several months training with the relative so that they were able to manage the person's needs and they were able to go home as they wished.
- Since the previous inspection, staff had worked hard to ensure people were at the centre of their care and used innovative ways to increase people's understanding of their support and inclusion with their care plans.
- For example, a person with some skin issues was declining support. With the persons' permission staff took photographs of the person's skin so they could explain and show why the support was crucial. After seeing the photographs and discussing with staff, the person better understood that it would be in their best interest to receive support. Photographs were taken at intervals, so the person could see how quickly their skin was improving.
- Staff used these photographs as part of a skin integrity passport. This was reviewed with the person regularly, so they could give input into how their skin was improving and the support they wanted to receive.

- Staff had worked hard to respond creatively to people's health needs including encouraging people to drink more. Some people said they were not keen on fruit juice and wanted healthier options. Staff worked with people to create, 'Temple Tonics'. They worked with a dietician and used healthy ingredients and vitamins to create smoothies. People had been involved in taster sessions and chose their favourite four flavours.
- People said they really enjoyed these new drinks which encouraged them to drink more. The registered manager said, "In the summer months, we froze the tonics so people were having those in the form of ice lollies."
- The effects of this project had been analysed and there had been a decrease in the number of infections, as people were more hydrated. Because of this impact on people, the registered manager had been asked to talk about this project at a Malnutrition Universal Screening Tool (MUST) conference. Other external companies that provide food to people, had also expressed an interest in adapting this idea.

End of life care and support

- People told us that it was the little things staff did, that made such a difference to them. The staff had thoroughly considered these little things when providing end of life care.
- Since the previous inspection, staff had implemented a 'Bluebell pledge'. This was used following a person's death. Staff changed bedsheets to a blue colour, instead of stark white, created ambient lighting and temperature, removed all hospital equipment and placed bluebells in the room.
- Positive testimonials had been received from relatives. One relative said, "The staff did a wonderful job of making the room look so calm and peaceful, my relative looked so beautifully presented and serene". Another said, "When I came to visit my (relative) after he had passed away, he looked so peaceful and the room looked lovely and warm. It really made a difference at a difficult time."
- Following this, staff created a personalised Bluebell memorial book for the person, with messages and memories from other people and staff. One relative had written, "I was given this book at my (relative's) funeral. I thought this was really touching and a beautiful gesture, I loved reading through all the memories."
- We spoke to a relative whose relative had recently died at the service. They were extremely complimentary of the person-centred support provided during their loved one's last days and following their death. They said, "Staff let us stay overnight. It was snowing when they died, and the undertaker couldn't get here. So, we had a party and celebrated her life here which is what my (relative) would have wanted. They made it really easy here. We raided the larder, had a party and it was amazing. We washed my mum together and made her nice and comfortable."
- Since the previous inspection, the registered manager had also started a 'Heron's club' to support people who had lost loved ones. This was run by relatives who provided emotional support to others. The registered manager said, "They provide support and positivity to anyone who needs it. It isn't just about dying either. It can be difficult for people and their loved ones when people's needs change and this support group can really help."
- Staff and relatives told us how people's clinical needs were also met during end of life care by focusing on pain management and obtaining the right equipment for them to ensure they were as comfortable as possible. This included the management of skin integrity and hydration and involved additional support from professionals such as the hospice and counselling services.

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

- Since the previous inspection, there had been a focus on not only the amount of activities on offer, but how they related to people's preferences and hobbies. People were at the heart of developing the activities programme.
- People told us they had an active social life with a variety of activities available each day. One person said,

"I don't often like to do group activities, but staff come and sit with me and do other things with me that I like." A relative said, "They bring in children and animals and that makes people so happy - they take them out, there's always something going on."

- A professional told us that staff, "Think outside the box", when planning activities with people. They said they sang in a choir and mentioned this while talking to a person and staff. Staff knew the person would like this so arranged for them to listen to the choir and the person told us they had already bought a ticket for the Christmas show.
- People told us that their favourite activity was, 'Temple Toddlers'. Local parents and their young children visited the home to spend time with people. We saw photographs of everyone having a fun time.
- A person enjoyed gardening. The person had a complex health need, despite this they were not restricted. They told us staff had talked through the risks with them and had given them a high visibility jacket to wear when in the garden and a mobile phone. We saw them in the garden wearing the jacket.
- Two activities co-ordinator's and a welfare officer were employed. The welfare officer said, "I talk to people about their interests, histories and hobbies. We assess what support is needed using theory-based practice. It means we can find activities and tailor-make them to people's needs and wants."
- People told us they were supported to maintain relationships with those that were important to them. One relative said, "We come anytime we want. We see different staff and they are all the same kind, genuine people."

Meeting people's communication needs

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

- Since the previous inspection, staff had deepened their understanding of how to make information accessible to people and used this to improve people's communication skills.
- Staff knew people and their communication needs extremely well. They told us how people with limited verbal communication showed emotions and preferences using facial expressions and body language.
- One person had limited verbal communication when they moved into Temple Grove. Staff noticed that they were trying to form words and so sought support from a professional. The person was now speaking more words and had a word book that staff referred to and added additional words to.
- Staff told us that this thorough understanding of the person's communication needs had improved their interactions with others. A staff member said, "One time I could see that the person was trying to communicate something. They drew a picture and pointed at objects until I understood they wanted me to share some good news with the people they were sitting with. I communicated this with the group and they all toasted the person. This was a really special moment."
- Pictures and photos were made available to people if they needed visual prompts to communicate. There was an easy read 'Accessible Information Standards' poster around the home that had been created by the management and explained to people what it meant and how they could be supported.

Improving care quality in response to complaints or concerns

- Everyone we spoke to told us they had never had reason to complain, but if they did, they knew who to speak to and knew they would get an immediate response. One person said, "It's so brilliant here I have never had to complain."
- There was one recorded complaint. The registered manager had apologised and acted immediately to address concerns. They wrote to the relative explaining what they had done to improve. The relative had responded positively and thanked the registered manager for their quick and thorough response.
- We viewed a compliments folder which contained outstanding testimonials from people and their

relatives. One relative had recently fed back, "Care at Temple Grove is exemplary. If I had to go into a home myself, I'd want to be in Temple Grove." Another relative had written, "Temple Grove is a fantastic care home and the best in the area. I would recommend it in a heartbeat. Everyone is treated the same with extreme care, dignity, empathy and patience."

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 improved to outstanding.

This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

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

- Since the previous inspection, the registered manager had implemented new, improved ways of working that not only benefitted people but all those working at the service. They listened to people and staff about concerns and included them in ideas to improve. This made people and staff feel valued and empowered to the highest degree.
- Everyone we spoke to was highly complementary about the registered manager and the leadership of the service. One person told us, "I love the registered manager, I really do. She treats me the same as everyone else, not like a problem to be fixed."
- Relatives held the registered manager in high regard. They described the registered manager as, "Brilliant", "Fantastic" and, "Marvellous." One relative said, "The registered manager makes sure everyone gets the best possible care. She really is a brilliant, brilliant woman. I wouldn't know what to do if she wasn't here. She absolutely deserves a top star rating. She puts so much of herself into the service."
- Staff told us the registered manager played an integral part in the way they felt about their job. Staff were motivated, and staff turnover was low. Staff we spoke to had been working at the home for several years. One staff member said, "They have so much passion about people, it's infectious." Another said, "The registered manager is the best. Whatever you need, she stops everything to help. I've never known a manager like them. They're brilliant."
- Staff told us that a team working ethic was imbedded into the service and that, "There is nothing we can't solve together." Another staff member said, "We work as a team and more importantly, we are like family." There had been no need for agency staff for years, all shifts were covered by permanent staff.
- Staff told us that they always felt listened to and empowered to work to the best of their ability. Any concerns they raised were immediately addressed. They gave an example of feedback they had given to the registered manager about getting to work safely. A staff member said, "The local bus service is terrible and there is minimal street lighting so we didn't feel safe. The registered manager bought a minibus. Each day staff are picked up and dropped home after their shifts. This meant we could get to and from work safely."
- The registered manager told us the minibus had also been a huge benefit to people. People had fed back that hospital transport was inconsistent and meant they missed or were late for appointments. The registered manager said, "Now we can take people to their appointments and they don't worry about other transport arrangements."

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

- Everyone said they had continuous opportunities to give feedback. Most importantly, they said they were listened to and there was a constant drive to improve. One relative said, "We struggle to give constructive feedback as everything is so brilliant but every time we suggest something they do it straight away. For example, we suggested more vegetables in our relative's diet and this was done instantly."
- Surveys were sent out to people, their relatives, staff and professionals to gain feedback about the service. Feedback was also gathered during regular reviews. We saw that feedback was consistently high and was fed back to the staff team to promote a feeling of wellbeing.
- When feedback was received, the registered manager ensured changes were made to achieve positive outcomes for people. For example, following feedback about accessibility of the building, half a mile of the shared driveway was tarmacked so people and visitors could come and go more easily.
- The registered manager had promoted understanding of people's specific health needs by involving professionals and building links with the local community. For example, two people with a rare health condition had been supported to start their own forum and invited people from the area with the same condition. One staff member said, "We helped the person put an ad in the paper regarding the forum and contacted the CEO of the national organisation for the condition. They came to the first forum and talked to people. Lots of members of the community also attended."
- The person talked to us about this experience and said, "It's meant so much to me and has been a blessing. I feel understood for the first time." Their relative told us, "Staff went the extra mile. It's widened things up for our relative and thanks to staff they feel supported and understood. Staff are prepared to learn and grow and to do it with people." Another relative said, "This was a really positive thing for our relative as they had people they could talk to about it and could network with others going through the same thing."
- Links with the community were encouraged through activities. The service had strong links with a local school, whose choir and musicians came regularly to perform at the home. An annual sports day was held at the service and members of the public were invited. A staff member said, "Each unit makes their own banners and pom poms to cheer everyone on. Everyone gets really involved and people look forward to it."

Continuous learning and improving care; Working in partnership with others

- The registered manager and quality/ training manager were extremely passionate about learning and continuously sought ways to improve people's experience.
- They introduced a new staffing role for senior team leaders. These staff led each unit and were trained to give medicines alongside nurses. The registered manager said, "We have four nurses on duty but now if one is absent, it's not a problem. Senior team leaders can step in and because they have additional training, they can complete the same tasks as nurses."
- This had led to extremely positive outcomes for people. Previously, six people had required medicines to be given to them covertly (Covert administration is when medicines are administered in a disguised format including hidden in food/drink). Since the introduction of the senior team leaders, people no longer required this support. They said, "People know senior team leaders so well and see them every day. As a result, they appear to be more comfortable and happier and are not declining medicines anymore."
- The registered manager and quality and training manager had reviewed how medicines were ordered and received from the pharmacy. It was recognised that when all medicines arrived on the same day, there were too many for staff to check at one time leading to a risk of errors.
- The registered manager contacted the pharmacy and arranged for different units' medicines to be delivered on separate days. All staff said it worked well and risks of errors were now reduced. They no longer spent three or four hours to check medicines in, which meant nurses had more time with people.
- The registered manager was aware of national issues in health and adult social care. They recognised increased national concerns about a lack of hospital beds and delayed discharges home. As a result, they

had improved training in clinical skills for nurses. This enabled people to be discharged more quickly from hospital to Temple Grove, where their needs could be met on a temporary or permanent basis. The registered manager said, "We are eager to support the community nurses as well as the hospital teams by having the skills needed, so that people can be admitted more quickly to our home."

- Thorough and regular audits were carried out, involving people about all aspects of the service. The results fed in to the continuous improvement plans.

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

- The registered manager and quality and training manager had excellent oversight of the service, people and staff. A relative said, "The registered manager is brilliant because she's not remote. She's very hands on. She knows all her residents and all her staff inside out."

- Each month, the registered manager reviewed all records relating to people and staff, the environment, accidents, incidents and safeguarding. They reflected on patterns and trends and worked with staff to make improvements.

- The quality and training manager also completed spot checks as part of the quality assurance process. They said, "This really helps us identify what people experience. For example, when looking at food, it isn't just about the quality and quantity of food, but the lunch-time experience that people receive."

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 had a thorough understanding of the duty of candour and how it applied to people they supported. They said, "We don't want terrible things to happen, but when they do, we want to be honest and take accountability and learn from them."

- We saw that when incidents occurred, people and their relatives were fully involved with the process. Professionals such as GP's and the local authority were informed. Where appropriate, CQC were also notified.

- The registered manager said that they sought feedback from people and their relatives when all actions had been taken to address concerns. They said, "We ask if there's anything we could have done better and if they're happy. That's what really matters to us."