

Temple Manor Care Limited

Temple Manor Care Home

Inspection report

Temple Hirst
Selby
North Yorkshire
YO8 8QN

Tel: 01757 270377

Website: www.templemanorcare@hotmail.co.uk

Date of inspection visit: 02 April 2015

Date of publication: 08/06/2015

Ratings

Overall rating for this service

Good



Is the service safe?

Good



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Good



Overall summary

This inspection was undertaken on 02 April 2015, and was unannounced. The service was last inspected 12 August 2013 and was compliant with the regulations looked at.

Temple Manor is registered with the Care Quality Commission [CQC] to provide accommodation for up to 19 older people who are elderly or who have dementia. The service is situated in countryside at Temple Hirst, near Selby. There is a car park for visitors to use. Staff are available 24 hours a day to support people.

This service has a registered manager in place. A registered manager is a person who has registered with

the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have the legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff understood they had a duty to protect people from harm and abuse. They knew how to report abuse to the local authority or to the Care Quality Commission [CQC].

Staff knew people's needs well and were aware of risks to people's health and safety which helped staff to

Summary of findings

effectively supported people. There were enough staff on duty to meet people's needs during our visit. Staff were provided with training which helped them maintain and develop their skill.

People were provided with home cooked food and their food and fluid intake was monitored, where this was required. People were prompted or assisted with meals and drinks by patient and attentive staff who knew people's preferences. Advice was gained from relevant health care professionals to ensure people's nutritional needs were met.

People's bedrooms were personalised. Pictorial signage was in place to help people find their way around. An extension to create more bedrooms had been recently completed. The building was maintained and service contracts were in place to ensure a pleasant and safe environment was provided.

A visiting health care professional gave positive feedback about the help and support staff provided to people. They told us that staff acted upon their advice to promote people's wellbeing.

People's privacy and dignity was respected by staff. People made decisions about how they wished to live their life and about what help and support they wanted to receive. Staff gave people time to think about what they wanted to do and how they wanted to spend their time.

There was a complaints procedure in place. The registered manager undertook regular audits to help them monitor, maintain or improve the service. People's views were asked for and were acted upon to make sure people remained satisfied with the service they received.

Summary of findings

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. Staff knew how to recognise the signs of potential abuse and knew how to report issues. This helped to protect people.

People told us they felt safe living at the home. People were cared for by staff who knew about the risks present to each person's health and wellbeing.

Medication systems in operation were robust.

Information for staff to use in the event of an emergency was available.

Good



Is the service effective?

The service was effective. Staff effectively monitored people's health and wellbeing and gained help and advice from relevant health care professionals to help to maintain their wellbeing.

People's mental capacity was assessed and further assessment of this was taking place to ensure that people were not deprived of their liberty. Staff were knowledgeable about this which helped to protect people's rights.

People were provided with a nutritious diet. People who needed their nutritional needs monitored were kept under observation, so that people's nutritional needs were met.

There were enough skilled and experienced staff to meet people's needs. Training was provided to develop and maintain the staff's skills.

Good



Is the service caring?

The service was caring. People were treated with dignity, respect and kindness.

Staff were knowledgeable about people's needs, likes, dislikes and interests.

There was a welcoming and caring atmosphere within the service. People held friendly banter with the staff who respected people's diversity. They listened to people and acted upon what was said.

Staff attended to people in a gentle and enabling way to promote their independence and choice.

Good



Is the service responsive?

The service was responsive. People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

People's preferences for activities and social events were known by staff who spent time with people to keep them engaged.

Effective complaints procedures were in place. People could make a complaint if they wished. No complaints had been received since our last visit.

Good



Is the service well-led?

The service was well led. The home had a registered manager in place who promoted good standards of care and support.

Good



Summary of findings

The ethos of the home was positive; there was an open and transparent culture. People living at the service, their relatives and staff were all asked for their views and these were listened too.

Staff we spoke with understood the management structure in the home. There were effective auditing systems in place to ensure the quality of the service provided was maintained or improved.

Temple Manor Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the registered provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 02 April 2015 and was unannounced. A social care inspector undertook this inspection.

Prior to the inspection the registered provider was asked to complete a Provider Information Return [PIR]. This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the notifications and reviewed all the intelligence CQC had received to help inform us about the risk level for this service. We reviewed all of this information to help us to make a judgement. We spoke with the local authority prior to our visit to see if they had any information or concerns to share with us about the service. They stated they had no issues to raise.

During our inspection we undertook a tour of the building. We used observation how people were treated in the communal areas of the service. We observed a medication round and watched lunch being served. We looked at a variety of records; this included three people's care and medication records, as well as records relating to the management of the service, policies and procedures, maintenance, quality assurance documentation and complaint information. We also looked at staff rotas, three staff files which included training, supervision and appraisal records and information about recruitment.

We spoke with the registered manager and interviewed three staff and the cook. We spoke with people living at the home generally and interviewed three people in detail. We spoke with a visiting relative. We asked health care professional for their views during their visit to this service. The feedback we received from everyone was positive.

We used a number of different methods to help us understand the experiences of the people who used the service. A Short Observational Framework for Inspection [SOFI] was used to help us understand the experiences of people who used the service.

Is the service safe?

Our findings

People we spoke with told us they felt safe living there. A person said, “The staff are lovely, their approach to the job makes them lovely- you can tell immediately if they are suited to the work. I really feel safe here.” Another person said, “I feel safe here with the staff.” A relative we spoke with said, “I leave feeling she is safe where she is, the staff look after her needs, she has had a doctor a few times. I am quite happy with things.”

A health care professional we spoke with said they had never seen anything which had worried or concerned them. They said, “People are settled and happy.”

We found that the registered provider had effective procedures in place for protecting people from abuse. Staff were knowledgeable about the types of abuse that may occur and knew what action they must take to protect people. A member of staff said, “I have never seen any abuse, I would report issues straight away to the manager or provider, to the local authority or to the Care Quality Commission.”

We saw that the staff undertook regular training about safeguarding vulnerable adults and there was a whistleblowing policy [telling someone] procedure in place to help to advise the staff. There had been no safeguarding issues raised at the service since our last inspection. The registered manager and registered provider knew what action they must take to help to keep people safe from harm.

The care files we inspected confirmed care that any risks to people’s health or safety were assessed, managed and reviewed. We saw individual risk assessments were in place for each person. These covered the risk of falls or prevention of skin damage. We saw that this information was updated as people’s needs changed. For example, a person had been seen by a health care professional and equipment was being used to aid their mobility and reduce the risk of falls. Staff were knowledgeable about the equipment people needed to use to maintain their wellbeing.

Information was in place to inform the staff and emergency services about the help people needed in the event of a fire. It included each person’s capabilities during the day

and at night. Regular fire safety checks were undertaken on the emergency lighting, fire extinguishers and fire alarms. Staff received fire training which helped them prepare for this type of emergency.

Systems were in place to maintain and monitor the safety of the premises. The registered manager undertook a general environment audit which included people’s bedrooms. Furniture and fittings were assessed and water temperatures were monitored to help maintain people’s safety. We noted that if a repair was required, this was undertaken by contractors to maintain a safe environment.

The registered manager undertook monthly audits of accidents and incidents that occurred. They told us they looked for patterns to help them take corrective action and prevent further incidents from occurring. We saw help and advice was sought from relevant health care professionals to maintain people’s wellbeing.

There was a secure door entry system in place to ensure unauthorised people did not gain entry to the service. The registered provider lived on site and was available to give help and advice or to support staff with emergency situations.

Throughout the service there was hand washing facilities and sanitising hand gel for staff and visitors to use. Staff were provided with gloves and aprons, these were found in different communal areas as well as in people’s bedrooms. Cleaners had a schedule of work to undertake. This helped to maintain effective infection control.

Communal areas were free from obstacles or trip hazards. There was level access to the front door and garden areas so people who were unsteady on their feet could access these areas safely.

Staffing levels were constantly monitored by the registered manager. They told us how they placed staff on duty that had the right skills to be able to deliver the service that people required. For example, they ensured there was always a member of staff on duty who had undertaken training about how to handle medicines safely. There were enough staff to meet people’s needs. People who required some assistance were assisted by staff in a timely way.

We looked at the medicine systems in operation in the service. This included how medicines were ordered, stored, administered, recorded and disposed of, robust systems were in place. For example, people were identified by

Is the service safe?

photograph on their medication administration record [MAR]. Allergies were recorded to inform staff and health care professionals of potential hazards. We observed part of the lunchtime medicine round the member of staff

undertaking this was competent. They verified people's identity and stayed with them until their medicine was taken. We checked the controlled medicines at the service and these were found to be correct.

Is the service effective?

Our findings

People we spoke with said the staff looked after them well and met their needs. We received the following comments; “I put myself in the home. It is fine, I could not ask for more. They provide all I need.” And “They helped me set my room up so it works best for me. Staff get health care professionals for me from my surgery; if you want a doctor you can have priority treatment at the surgery.”

A relative we spoke with said, “Everything is alright, this is a second home to me, Mum is very well looked after with good staff who genuinely do listen to what you say and they are caring, rather than people just doing a job they are very cooperative and amenable. Mum was in a bad state – they have worked marvels with her. She has had a hip operation and is now just taking her first steps out of hospital the staff are pretty good at helping her. The registered provider is a genuinely nice chap, if you said [name] could this happen, they would do their best to make it happen.”

During our inspection we saw that the registered manager assessed people before making a decision if their needs could be met by the staff at the service. Only then were people offered a place at the service.

We observed staff delivering care and support to people in the communal areas. We saw staff understood people's needs, dislikes and preferences. Staff were skilled at encouraging people to do what they could for themselves which promoted people's independence and dignity.

We saw from the care records that we looked at that staff communicated with relevant health care professionals about people's needs. We saw that general practitioners, dentists, opticians, chiropodists, speech and language therapists and dieticians were involved in people's care by visiting them or by staff taking them to appointments which helped to maintain people's wellbeing.

Staff undertook regular training in a variety of subjects which included; moving and handling, medication administration, safeguarding, first aid, infection control, dementia and The Mental Capacity Act 2005. Staff we spoke with told us that training was on-going and had to be completed which helped to develop and maintain their skills. A member of staff said, “We undertake training every year this includes moving and handling and first aid, we do

it all together it's got to be done.” A programme of supervision and appraisal was in place to help support staff and this helped to highlight further training or support that staff required.

The Care Quality Commission [CQC] is required by law to monitor the operation of the Deprivation of Liberty Safeguards. People had their mental capacity assessed and where necessary the registered manager gained advice from the local authority to ensure they acted in people's best interests and did not deprive people of their liberty. No one had a DoLS in place at the time of our inspection. We saw appropriate policies and procedures were in place for staff to refer to and this helped to protect people's rights.

The registered manager told us that advocates could be provided locally for people. We saw this service was advertised in the home to inform people it was available to them.

People at the home had their nutritional needs assessed and there was information available to staff about each person's likes and dislikes and food allergies. This information was well known by the cook. People's views were gained, for example, at residents meeting someone said they would like spam fritters and a person had given the cook a family recipe for spicy lentil soup, these items were now being served.

Special diets were provided, the cook told us there was no fixed budget for food, and people could have whatever they wanted. She said, “[name], likes porridge with cream and treacle, fried eggs, fried bread and black pudding. The registered provider is not bothered if things are in budget or not he says ‘just feed them’. Small and large portions of food were offered to people as well as second helpings.

A cooked breakfast was offered and fresh fruit was placed in the communal areas for people to eat. Drinks were made at set periods throughout the day as well as spontaneously. We observed lunch, the arrangement of the dining room had a sociable atmosphere, people spoke with each other and listened to music, whilst staff assisted and encouraged people to eat. There was banter between people and the staff. Staff ate their lunch with people which gave a family feel to lunch time. At tea time people chose from hot and

Is the service effective?

cold food, supper was provided. Most people ate independently and had plenty of time to eat which ensured people's nutritional needs were met. People chose where they wished to have their meals.

We saw the building was suitable for hoists and for special equipment such as hospital beds with pressure relieving

mattresses. These were provided to people who had been assessed as requiring this equipment to help to maintain their wellbeing. Pictorial signage was provided throughout the service to help people find their way around. Some people had their names or photographs or pictures on their bedroom doors so they knew which their room was.

Is the service caring?

Our findings

People we spoke with told us they were satisfied with the care and support they received. One person said “You would not get better care than here. They tell me it’s no 1 in Yorkshire and Humberside. I believe it. I could not get better I’m sure. I put myself in the home, its fine I could not ask for more, they provide all I need.” Another person said, “They [staff] know what I like and they deliver it. They have a lot to care for, they are busy at times, but everyone gets the care they need. No one goes without. I feel I am cared for here. If I didn’t feel this I’d say so. If I weren’t well and needed the doctor staff would get the doctor.” Staff treated people with dignity and respect.

A relative we spoke with said, “It is wonderful care she is getting here. They are good staff, they are caring, patient and kind. My relative has never said she does not like it. The staff look after me when I visit. The provider has asked me many times if I want to stay for dinner.”

A visiting health care professional said, “They understand the resident’s needs, I’ve never any worries, people get the care they need staff are very resident centred. I get the impression staff have a good knowledge and understanding of residents needs what scares them and what they are bothered about. Staff treat people holistically. It is very homely here, a personal service.”

The registered manager told us how they provided a family run service which was a home from home for people. The registered provider told us people could have whatever they wanted which made them happy.

We observed that the staff observed people and were quick to offer help and support to people where this was required, yet still promote people’s independence. For example, a person had brought their pet into the home, the staff and registered manager offered assistance to walk the pet and accompany the person to help support them if they wished to do this for themselves.

If people needed to go to hospital the registered provider said, “I take people to hospital appointments, in an emergency one of us will go with them. We go out of our way to make sure they are okay. We like to do this so residents don’t get upset. I would not like to go in an ambulance on my own, so they don’t.”

We observed the staff and registered manager constantly asked people if they were alright or if they needed anything. Staff listened to the feedback that people gave to them before acting upon this. For example, a person said they would like to have a cup of tea; this was immediately made for them. We saw that people looked relaxed and happy in the company of the staff. We observed that staff addressed people by their preferred name and knocked on their bedroom doors and waited for a response before entering.

Staff we spoke with told us how they treated people as they would wish to be treated. A member of staff we spoke with said, “We treat people like family.” The management team led by example to ensure people felt at home and were cared for. For example, a member of staff told us “The provider is such a kind man, so approachable very open he has everyone’s best interests at heart. For example a resident’s son does not drive. The provider goes to Selby to pick him up. He takes a resident out for a drink and he took him for a meal the other day.”

Visitors were made welcome by staff and were encouraged at any time and were invited to stay for meals. People were encouraged to go out with their relatives so they lived the life they chose.

The registered manager told us that they held residents and relatives meetings on the third Wednesday of each month. No-one attended the last one they said ‘there was no interest, we are approachable people, relatives always pop in and chat with us, they are generally happy with what we provide for people.’ We observed that people were consulted about their meals and activities to be provided during our visit.

Is the service responsive?

Our findings

People we spoke with told us that the staff were responsive to their needs. One person said, “I have a problem, I keep falling over, I’ve got a Zimmer rotator to help me. If I need help I use my bell staff come quickly to me. It’s fantastic here.” Another person said, “I enjoy it here, I can do what I’d like to within reason. I get on alright with the staff they are all very helpful.”

A relative we spoke with said, “The provider takes Mum to the out patients department, when I haven’t been able to escort her. If Mum is not well the manager picks up the phone and lets us know.”

A health care professional we spoke with said, “Staff accompany me when I am seeing a patient, The staff ask the service user if they want the staff to be there, they act on what is said. I have no worries or concerns.”

We saw hospital discharge letters on file or care plans from the local authority were in place to help inform the staff about people’s needs. This information was used as a base line for staff to be able to plan the care and support people needed to receive. People’s care plans recorded their individual needs and wishes. They contained detailed information about people’s health needs and about their preferences. We saw that as people’s needs changed their plan of care and risk assessments were updated. Staff told us how the person, or their family members, where necessary were invited to the care reviews so a discussion could be held about people’s needs. People’s preferences and goals were recorded. This helped to ensure that people received the care and support they wanted to receive. People we spoke with told us they were involved in reviewing their care.

Staff told us how they monitored people’s condition on a daily basis and reported issues timely to health care professionals to gain help and advice. Staff told us any equipment needed to prevent deterioration in people’s conditions. For example, we saw pressure relieving cushions and mattresses were in place for people who were at risk of developing skin damage due to immobility.

We observed that the registered manager spoke with the staff so that they had a good understanding of the care and support people required. They observed the support that the staff delivered in the communal areas of the service. Care was prioritised for example, if a person seemed a bit

anxious or wanted the bathroom staff attend to this quickly. Staff were observant, they watched as people got up from easy chairs to walk about. If a person seemed unsteady on their feet or was not walking well or said they felt tired staff assisted them to get to a chair or placed a wheelchair behind them so they were able to sit down.

During our inspection we discussed how staff shared information at handovers between shifts. There was a written handover sheet which provided information about people’s health and wellbeing as well as their emotional state. Information was included what people had taken part in and how they had spent their time. Any changes in people’s needs were recorded so staff were informed. Information shared with health care professionals was recorded so staff were aware about actions that had been taken.

People were weighed on admission, if their weight was too low they were monitored and a referral was made to the general practitioner or dietician. The cook was aware of this and they provided fortified and finger foods to help encourage people to eat.

During our visit a person was seen by a health care professional and then had to go to hospital. Staff ensured that relevant information about the person’s care, support and medicines was sent with them. The registered provider accompanied the person so that they would not be on their own.

The registered manager analysed any accidents and incidents that had occurred, this helped them to identify any trends or patterns and take corrective action to help prevent further issues from occurring. This information was shared with the staff and advice was gained from relevant health care professionals to reduce the risks to people’s wellbeing.

There was a key worker system in place. This is where a member of staff is allocated to be the main point of contact for a person; they also undertake their care reviews. A member of staff said, “I review the care notes, we sit with the person and go through everything.”

There was no activity co-ordinator provided at the service. The care staff provided a range of activities for people. Zumba was provided on a Saturday afternoon, a singer visited to perform on alternate Wednesday afternoons. On the day of our inspection people were making Easter

Is the service responsive?

Bonnets. There were films shown on the evenings in the lounge. Staff told us that people enjoyed the old films. Manicures took place and we saw staff undertaking quizzes and sitting and reminiscing with people.

The cook told us that special themed meals took place; one had been undertaken at Halloween and another for Easter. Links with the local community were evident, people were taken to local pubs for a drink and a local hairdresser visited the home.

There was a complaints procedure displayed in the entrance hall of the service. People we spoke with said they

had no complaints to raise. Staff told us if someone had a complaint they would report this to the management team if they could not sort the issue out straight away. No complaints had been made since our last inspection. The registered manager told us how they would record complaints and investigate issues when they arose. The registered provider told us, "We say to relatives if there are any issues no matter how small just tell us and we will sort things out, you know your relative better than us, so just tell us what you need to make them happy."

Is the service well-led?

Our findings

People we spoke with told us they felt that their views were acted upon by the staff and by the management team. We received the following comments: “I like the management, they are approachable, both the manager and owner. We had some residents meetings, 5 of us sat together and we gave our views about the service. I have no suggestions for improvements.”

“I love it here, from day one I have really enjoyed it here.” and “I would be able to say if I was not happy, the management team listen to any issues I raise. They know that the residents are here and this is our home and they want to keep us, I am very happy here.”

A relative we spoke with told us that they were treated as part of a large family and said their views were important to the registered manager and registered provider. They were seen to ask people and visitors for their views during our visit. Resident and relatives meetings were scheduled and this information was displayed. The registered manager said they felt this was due to the management teams ‘open door’ policy which enabled people to speak out and give their views informally at any time.

The ethos of the home was to promote people’s independence, and to encourage people to live the life they chose. Staff were very clear about the values and beliefs of the service. The registered provider said, “We have great staff and great cook sits them who make this a great place. The staff work hard and we all appreciate this, they make this the best place it can be. In the end it’s not the years in your life that count it’s the life in your years.”

The registered provider lived on site and made himself available to listen to people or to support staff at any time. There was a photograph board displayed showing the management team and staff with names displayed on it help inform people about the management structure in place.

The registered manager assessed and monitored the quality of service provided. A range of audits were in place

to help the registered manager monitor the service provision, safety of the premises, and the environmental, staff training, recruitment, care and medicine records. Where any issues were found action had been taken to put things right.

Staff we spoke with told us they would not want to work anywhere else. They said they loved coming to work and felt there was a good family atmosphere within the service. They confirmed that the registered manager and registered provider were both approachable and they confirmed both said people could have whatever they needed.

A yearly staff survey was undertaken by staff and regular meetings occurred to gain their views. Staff said they did not have to wait for meetings to occur because they felt able to discuss anything with the management team. The minutes of these meetings were available for staff who had been unable to attend.

There was a compliments book in the entrance to the service, we looked at this, the last comment read; “I think you have a superb facility here, very pleasant staff and all your residents seem very happy. Thank you for the care that has been given.” The registered provider had joined carehome.co.uk we saw that and there were varying positive comments on their website; the service was displaying a number of awards gained from this site.

The registered manager told us they were committed to the continuous development and they were increasing their knowledge about dementia. They were currently looking at guidance and suggestions from the Alzheimer’s Society to see if any improvements could be made to the service. We saw that a quality survey had been sent to people in December 2013.

We received notifications about accidents and incidents that occurred, which helped to keep us informed. The registered provider had joined the federation of small businesses and Etas where they could gain professional help and advice about any issues.