

B & M Investments Limited

Templemore Care Home

Inspection report

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Northamptonshire
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service: Templemore Care Home is a care home providing accommodation and personal care to a maximum of 65 people aged 65 and over. At the time of the inspection 63 people were living at the service.

People's experience of using this service:

People experienced good care however they did not always receive timely support and had to wait to have their care needs met.

People and their relatives told us they felt safe at the home.

Potential risks to people's health and welfare were assessed and effectively monitored.

Safe staff recruitment practices were followed.

Medicines were safely managed.

Staff received appropriate training and supervision to perform their roles.

Mental capacity assessments were completed, and any best interests' decisions were made with the involvement of people's representatives and relevant health care professionals.

A variety of nutritious meals were provided, and people were able to eat, and drink sufficient amounts.

People's care was personalised to meet their individual needs. Their diversity, cultural and religious needs were promoted and respected.

People's privacy and dignity was maintained.

Positive caring relationships had been developed between people and the staff team.

People and their relatives were involved in all aspects of care planning where appropriate.

People had opportunities to take part in activities that were of interest to them.

The provider operated an open and transparent culture with a focus on responding to people's individual needs.

Systems were in place for people to raise any concerns or complaints.

Systems were in place for people, their relatives and staff to provide feedback and influence service development.

Robust quality monitoring systems and processes were followed and action was taken to make improvements.

The provider, registered manager and staff team worked well with professionals and external organisations. They effectively used good practice guidance to enhance people's quality of life.

The registered manager maintained excellent community links with the general public, local schools and a children's nursery, and participated in community events.

Rating at last inspection: Last comprehensive inspection rated Requires Improvement (published 28 March 2018). Focussed inspection changed overall rating to Good (published 7 September 2018).

Why we inspected: This was a planned inspection based on the rating at the last comprehensive inspection.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as

per our re-inspection programme. If any concerning information is received, we may inspect sooner.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was 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 responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our Well-Led findings below.

Good ●

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

Inspection team:

The inspection was completed by one inspector and one assistant inspector.

Service and service type:

This service is a residential care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

This inspection was unannounced.

What we did:

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The provider returned the PIR and we took this into account when we made judgements in this report.

We reviewed the information we held about the service. We also contacted health and social care commissioners who place and monitor the care of people using care services, the local authority safeguarding team and Healthwatch England, the national consumer champion in health and social care to check if they had any information which may support our inspection.

During the inspection we spoke with six people who used the service and two relatives. We also spoke with seven members of care staff and the registered manager. We also met a visiting healthcare professional and asked for their feedback. We looked at four people's care records and two staff files. We also looked at other information related to the running of and the quality of the service. This included quality assurance audits, training information, staffing rotas, and arrangements for managing complaints. After the inspection the registered manager sent us additional documents to help conclude our inspection.

Is the service safe?

Our findings

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

Requires Improvement: Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment:

- Improvements were required to staffing arrangements. Staffing arrangements had improved since the last inspection however further improvements were required to ensure everybody received timely support.
- One person said, "Sometimes I feel there is not enough staff. They say, 'I'll be back to you as soon as possible'. It can be 20 minutes but they do come back."
- We saw at mealtimes staff struggled to provide people's meals in a timely way, and provide them with the support they required. During lunchtime, people became fed up of waiting for their pudding and left the dining room. Most people subsequently came back however the staffing arrangements did not ensure people were safely supported at mealtimes.
- The registered manager confirmed there had been changes to staffing arrangements and this was continually reviewed to try and improve people's experiences.
- Safe staff recruitment practices were followed. Staff had appropriate checks before they were able to provide care to people.

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

- Systems were in place to ensure people were protected from harm.
- Staff received training in safeguarding procedures.
- Staff understood their responsibility to report any concerns of abuse. One member of staff said, "I would raise the alert to the manager. It would be the manager who would do the safeguarding form."
- Safeguarding investigations were completed appropriately.

Assessing risk, safety monitoring and management:

- People had risk assessments in place. Risks associated with each person's care had been identified and managed. However, people's risk assessments had not always been regularly reviewed.
- People's risk assessments were reviewed and updated after an incident, for example after a fall and appropriate action had been taken to help manage the risks.
- Staff were knowledgeable about risks associated with people's care, and risk assessments provided appropriate guidance to staff.

Using medicines safely:

- People and their relatives told us they received their medicines appropriately. One person told us, "I take mine [medication] after my meals."
- Staff were patient and did not rush people to take their medicines.
- Staff were trained in medicines management.

- We reviewed people's medicine administration records (MAR charts) and saw that people's medicines were clearly documented and signed for appropriately.

Preventing and controlling infection:

- The home was well maintained and clean. One person told us 'We've got lovely rooms, always clean. Everywhere is very clean.'
- Dedicated housekeeping staff worked to ensure the home was kept clean and hygienic.
- Staff wore personal protective equipment (PPE) to help prevent the risk of infection.

Learning lessons when things go wrong:

- Accidents and incidents were dealt with appropriately.
- The registered manager was keen to learn from each incident, and they were reviewed to identify if any improvements could be made. For example, following a fall, the incident was reviewed to identify if any action could have been taken to prevent the incident, or if any follow up action could be taken to prevent similar incidents in the future.

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.

Good: People's outcomes were consistently good, and people's feedback confirmed this.

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

- People's care needs were assessed before they moved into the service, to ensure that effective care could be delivered to them.
- People's diverse needs were detailed in their care plans. This included support required in relation to their culture, religion, lifestyle choices and diet.
- Staff had a good knowledge of each person, and the preferences they had regarding their lifestyle, and choices.

Staff support: induction, training, skills and experience:

- New staff received an induction which helped them to understand the service and the people that lived there. All staff were required to complete the Care Certificate which gives staff a set of standards to work to.
- Staff told us they felt well supported but they did not always receive regular supervisions on a one to one basis. The registered manager had begun a programme of observation and feedback on staff to help improve their performance.
- We saw staff had been supported to achieve additional skills and development during their time at the service.

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

- We saw that people were able to choose their meals and snacks. One person told us 'The food is delicious. My favourite is sausage, egg and chips. If you don't like it there's always a choice.' Another person told us, 'The food is quite good. Very filling.'
- Staff were aware when people had nutritional concerns and monitored and supported people to have those needs met. For example, people who were at risk of weight loss were supported to have additional portions or fortified food.

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

- People were supported to remain healthy and had access to a variety of health care professionals when they needed them. A visiting health care professional said, "There is a good feel here, there are no bad vibes and it has got better over the last year. We did have some concerns with pressure sores but that's got a lot better. Staff follow our instructions and there is a really caring environment here. I have no concerns."
- Care plans documented in detail any health care requirements that people had, and clearly identified any involvement with healthcare services.
- The home had successfully implemented a 'healthy' month – swapping sweet snacks for healthier options and encouraging exercise and movement which people had enjoyed.

- The registered manager had good relationships with other agencies including the local authority. This helped to manage and monitor people's care and help them to provide safe and consistent care.

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

- The home was well designed to support people's needs, particularly people with dementia.
- Throughout the home there were stimulating activities for people to interact with when they wished, and they were able to safely access outdoor space.

Ensuring consent to care and treatment in line with law and guidance:

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.
- People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. We found that they were.

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.

Good: 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:

- We saw staff treated people with kindness and respect. One relative told us 'The staff are lovely, caring people.' Another person told us 'I can honestly say how lovely this place is, I would recommend it. The carers are very good.' Another person told us 'I think it's a wonderful place, everybody is so pleasant.'
- Staff said they enjoyed their job. One staff member said, 'I love care, it's made me learn more about compassion.' Another staff member said 'I enjoy my job, interacting with the residents. We have a good team that help each other out.'
- Staff respected people's protected characteristics, for example, people's religious or cultural beliefs were supported with their food choices.
- The service celebrated cultural events, for example Chinese New Year and St Valentine's Day.

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

- People and their relatives were involved in their care and we saw from records that family members were contacted by staff where appropriate.
- Staff ensured people's needs were met. They demonstrated that they knew people's likes and dislikes. One staff member said 'You get to know them here. [Person] doesn't like gravy on her food so we put it in a separate pot.'

Respecting and promoting people's privacy, dignity and independence:

- Staff treated people with dignity and respect. One staff member said 'Some people wear skirts. If they are in a recliner chair we put a blanket over them [to maintain their dignity].'
- Staff were patient with people and supported them to maintain their independence. For example, whilst standing or helping people to move, they were not rushed, and staff worked with people at the pace they were comfortable with.
- One person told us 'I help set the tables.' And a relative told us 'I came in the other morning and [person] was helping them [staff] to make the bed.'

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery.

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

- People had care plans in place which gave guidance to staff about people's preferences and how they liked their care. They were regularly reviewed and updated as people's needs changed.
- One staff member told us 'The care plans are updated monthly but if something changes we can do it straight away.' We saw that some care plans had not been updated on a regular basis but had been updated when people's needs changed. The registered manager was aware of this and had actively decided to use their time to observe, monitor and review the care people received. The purpose of this was to use this to amend people's care plans and improve the quality of care people received.
- People and their families were involved in care planning to ensure their care was exactly how they liked it. One member of staff said, 'We have families involved to give us information for the care plan and the residents can help as well if they can.' People and their relatives were given choices about all aspects of their care and staff respected their choices.
- People enjoyed the activities organised by the staff. One person told us 'There's always something going on. I never get bored.' An activity was taking place in the home during the inspection where a member of staff was showing people pictures of celebrities and quizzing them on who they were and what films they were in. There was music playing throughout the home in the different lounge areas and different activities were arranged for each day.
- The registered manager understood their responsibility to comply with the Accessible Information Standard and could access information regarding the service in different formats to meet people's diverse needs.

Improving care quality in response to complaints or concerns:

- People and their relatives were happy to approach the staff or management team and felt their concerns would be listened to.
- One person said, 'I have no moans, if I did I'd say.' Another person told us '[If I had any problems] I would go to someone in authority.'
- The registered manager acted on complaints and resolved them. Trends for complaints and concerns were reviewed with learning points highlighted to staff.

End of life care and support:

- The registered manager had a good understanding of end of life care and what is required to support somebody during this stage of their life.
- Staff received training in end of life care and people were asked about their end of life wishes.
- People were supported with palliative care at the home and staff worked with other agencies to provide this care.

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.

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Following an internal inspection, the registered manager recognised that the quality of care could be improved. They had embarked on a programme to better train staff to recognise the individualities of each person.
- The culture within the home was changing to ensure it was not driven by the tasks that needed completing, but by the attention and support each person required.
- The registered manager was committed to promoting openness and shared learning from any opportunities to improve the service.

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

- Statutory notifications were submitted to the CQC as required.
- The provider had displayed their CQC rating in the home and on their website. It is a legal requirement a provider's latest CQC inspection report is displayed at the service where a rating has been given. This is so people, visitors and those seeking information about the service can be informed of our judgments.
- The registered manager regularly reviewed staff roles and worked to ensure each staff member understood their responsibilities.

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

- The registered manager engaged with people and their visitors, explaining what was happening within the service and encouraged them to be involved. Regular newsletters were produced with pictures of past events and information of upcoming events.
- Annual questionnaires were completed with people using the service, staff and healthcare professionals. The results were analysed and shared with relevant parties, with changes to working practices to help provide a better quality of care.
- Members of the public living with dementia, or supporting people with dementia were able to visit the home at the home's 'memory café'. This was a monthly event open to everyone, aimed at supporting each other.

Continuous learning and improving care:

- The registered manager completed audits of the service and took on the learning from external audits. For example, when a pharmacy had audited the medications and identified action points, including ensuring

each person had a recent photograph with their medication records, this was completed.

- The service was regularly reviewed and audited with a focus on improvement and learning from incidents. This included hospital admissions, end of life care, accidents and incidents, and medication errors. Following each incident, the registered manager considered what changes could be made to prevent a reoccurrence if it had been identified there could be improvements.

Working in partnership with others:

- The registered manager had developed fantastic relationships with local community groups. For example, partnerships had been arranged with local primary schools and a children's nursery. They visited the home, chatted with people and encouraged participation in activities. This brought joy, laughter and stimulation to people at the home.
- The registered manager also worked in partnership with other local community services, to plan an event for the Alzheimer's Society. The fundraising event supported everybody at the home to go to the local park and enjoy a walk or a picnic if they wished.