

Teme Care Limited

Temecare Limited - Teme Court Residential Care

Inspection report

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Tel: 01905426837

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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 ●

Summary of findings

Overall summary

We made an unannounced inspection on 5 April 2016. Teme Court offers accommodation for up to 21 older people who may be living with dementia. At the time of our inspection there were 20 people residing at the home.

There was a registered manager in post. 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 legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they felt safe living at the home. Staff understood their responsibilities to identify and report potential harm and abuse. They knew who to contact if they had any concerns for people's well-being. The registered manager and provider regularly reviewed accidents and incidents to reduce the possibility of people being harmed. Staff knew the risks to people's well-being and health, and worked with external organisations so people would receive the right care.

People, relatives and staff thought there was enough staff to care for people in a safe way and to meet their care needs. The registered manager had undertaken checks on the suitability of people who worked at the home, so people's safety was promoted. Staff who administered people's medicines had received training and checks were undertaken so the registered manager could be sure people were receiving their medicines in a safe way.

Staff had received training and support to develop their skills and knowledge, so they could provide care which met people's needs. Staff showed a good understanding of the principles of the Mental Capacity Act, (2005) and applied their knowledge so people's rights were protected. The registered manager had followed the legal requirements of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS) where this was needed for people's safety.

People were able to make choices about the food and drink they had. Staff knew what people's individual dietary requirements were, and staff checked that people were eating and drinking enough so they would remain well.

People were cared for by staff that were caring and kind. Staff knew about people's individual life histories and their preferences. Staff spent time chatting to people about things which interested them. Staff respected people's dignity and privacy and made people's visitor's feel welcome at the home.

People and their relatives knew how to raise any concerns or complaints. The registered manager used feedback from people living at the home, so the care they received could be developed further. Where people had made suggestions these had been actioned.

The registered manager and the provider had developed systems to monitor the quality of the service people received. We saw action plans were developed for improving the home further for the benefit of the people living at the home.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

This service is safe.

People were cared for by staff that had the knowledge and skills to protect them from harm. There were enough staff to keep people safe and meet their care and safety needs. People received medicines in safe way.

Is the service effective?

Good ●

The service was effective.

People were supported by staff who knew their individual risks and how to care for them. People received care they had agreed to, and staff encouraged people to make decisions about their care. People were supported by staff to eat and drink enough to remain well. People had access to health services so their well-being was maintained.

Is the service caring?

Good ●

The service was effective.

People were supported by staff who knew their individual risks and how to care for them. People received care they had agreed to, and staff encouraged people to make decisions about their care. People were supported by staff to eat and drink enough to remain well. People had access to health services so their well-being was maintained.

Is the service responsive?

Good ●

The service was responsive.

People and their relatives were encouraged to develop their care plans so care met people's individual needs. People's suggestions and concerns were listened to and the provider took action when any concerns had been identified.

Is the service well-led?

The service was well-led.

Checks on the quality of care were regularly undertaken by the registered manager and provider, so people benefited from a consistent approach to care. Changes were being introduced by the registered manager and provider to further improve the service,

Good 

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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 was planned to check whether the 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.

We made an unannounced inspection on 5 April 2016. The inspection team consisted of one inspector.

We looked at the information we held about the service and the provider. We looked at statutory notifications that the provider had sent us. Statutory notifications are reports that the provider is required to send us by law about important incidents that have happened at the service.

We looked at information we held about the provider and the services at the home. This included notifications which are reportable events which happened at the home which the provider is required to tell us about. We also checked information which had been sent to us by other agencies. We requested information about the home from the local authority and Healthwatch. The local authority has responsibility for funding people who used the service and monitoring its quality. Healthwatch is an independent consumer champion, which promotes the views and experiences of people who use health and social care. We used this information to focus our inspection.

Before the inspection, the provider completed 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. This information helped us focus the inspection.

We spoke with seven people who lived at the home and five relatives. We spoke with three care assistants, the cook, deputy manager, registered manager and the provider. We looked at two people's support plans, quality assurance documentation, and three staff recruitment files, minutes for meetings and the

complaints records.

Is the service safe?

Our findings

People living at the home we spoke with told us they felt safe. One person told us, staff often reassured them when they felt anxious and made them feel safe living in the home. They told us, staff often used terms of endearment when speaking with them. They gave us an example, of our staff reassured them when using the stair lift and how they walked behind the lift as it went up the stairs, to let them know they were there. Another person told us, how staff helped them stay safe by walking alongside them when they used their walking aids to give them confidence and reassurance.

A relative told us, they felt their relative was safer living at the home "As previously due to their health deterioration they used to put themselves in danger." Another relative said, "[Person's name] is safe here I have no doubts."

We spoke with staff about what actions they took to ensure people were protected from abuse. They explained that they would report any concerns to the registered manager and take further action if needed. Staff were aware that incidents of potential abuse or neglect should be reported to the local authority. The registered manager was aware of their responsibilities, and knew how to report any concerns to the correct authority in a timely way. Staff said, they really knew the people that lived at the home and their families well. They felt they would recognise any changes in the people they cared for and report it to the registered manager. All the staff members we spoke with told us they were confident that any concerns raised would be investigated and reported by the registered manager to the local authority. In order to keep people safe. We saw from people's support records when staff had noticed any marks or bruising on people they were recorded on body maps and if necessary investigation and medical advice had been sought.

Between different staff shifts, staff attended a handover meeting to discuss and up-date people's care and support requirements. Staff told us, this supported them to be aware of any current concerns about each person's health and wellbeing. Staff said, sharing information with their colleagues at handovers contributed to the safe care of people living at the home. A staff member told us, how they would report any changes or concerns. They gave an example of how they had an incident, where they had immediately approached the registered manager for advice so appropriate action could be taken. In order to reduce risks.

Where staff had identified potential risks for people, there were assessments in place to assist people to stay safe. For example, we saw a person who was at risk of falling, had a pressure mat outside their room door, so staff were alerted when they started to walk around the home. We saw the risk assessments were reviewed monthly by senior management. We also saw people's care plans were reviewed regularly to ensure people's care and support needs were kept current in order to keep people safe. One person confirmed to us they had been consulted about their care plan when their needs changed.

We checked with people if they thought there were enough staff on duty to meet their individual needs. One person told us, they thought there were and a relative told us whenever time they visited the home weekdays or weekends the staffing levels remained the same. The registered manager showed us they used

a staffing tool calculator to help them decide on the amount of staff required to ensure they could meet the needs of the people living at the home.

We looked at the way the provider recruited staff to work in the home. Staff confirmed and records showed before starting their employment they had a Disclosure and Barring Service Check (DBS) to ensure they could be suitably employed to work at the home. A DBS check identifies if a person has any criminal convictions or has been barred from working with people.

We checked the recruitment to ensure appropriate checks were made by the provider to ensure staff were suitably employed and fit to carry out their roles effectively and safely.

We looked at how people were supported with their medicines. People told us, they received their medicines on time and in the way they preferred to take them. We saw people were offered their medicines with a drink and the staff explained to them why they needed to take them. We checked a random sample of medication and found the amount of tablets tallied with the records. Medicines were stored safely. We saw staff from training records staff had been trained to administer medicines for people. The registered manager told us, "Only when I am totally satisfied staff are safe giving out medicines, are they allowed to administer them."

Is the service effective?

Our findings

People spoke positively about the staff and felt they were well-trained so could understand and meet their needs. One person told us, "If the care I receive was a defined like a football team then they would be in the first division". One relative described the staff as, "Marvellous". Another relative described staff as, "Brilliant how they help my [relative's name]".

We spoke with staff about their training and looked at the provider's training records. We saw new staff had been given the opportunity to work alongside experienced staff for two weeks before working on their own with people. One new staff member explained how, it had been very useful spending time with experienced staff and going through care plans, policies and generally getting to know people's individual preferences. They told us this had, "Ensured continuity of care for people and made sure they were able to stay in their preferred routines. It had helped them feel more confident in their new role". Staff told us, they were able to discuss and identify their own training requirements at their supervisions.

Staff we spoke with understood they needed to ask people consent before supporting them and to ensure people had few restrictions on them as possible. One staff member told us, "I always ask people's permission before I do anything for them."

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA. Currently only one person had an authorised DoLS in place but the registered manager had made applications to the authorising authority on behalf of other people living in the home to restrict their freedom of movement in order to keep them safe.

We looked at how the MCA was being implemented. We spoke with the registered manager about her understanding of the act, she showed us mental capacity assessments had been completed stored in people's care plans in line with best interest guidelines.

We asked people about the meals they were served in the home. Everyone we spoke with complimented the cook and the food she prepared. People confirmed they were offered a choice of meal and we saw staff ask everyone what they would like for their lunch. Meals were served in a dining room which had a relaxed atmosphere with music playing. Tables were laid with table cloths, condiments and gravy boats for people to help themselves. Some people's independence was assisted by the use of specialist equipment such as

plates and specialised cutlery. Where staff were required to assist people eating their meals they sat next to them and discreetly helped them cut up their food. However we did see that one person waited twenty-five minutes for their meal to be served and started to become anxious, when they were the last person to be served.

People were offered a choice of drinks throughout the day and jugs of squash were available in the lounges for people to help themselves.

The cook told us, she was aware of people requiring specialist diets such as soft food diets and for people who were diabetic. Where people had allergies to certain food these were recorded and avoided to promote their health. Staff recorded and monitored people's food and fluid intake to ensure people drank and ate sufficient quantities to stay healthy.

We saw from the care records and people confirmed with us they had access to a variety of health professionals, such as the GP, dentists, and opticians as required. One person told us, how their GP had visited them following their surgery. Relatives told us, they were informed if their relative required medical attention.

Is the service caring?

Our findings

People told us, staff were caring. One person said, "Staff are very good, they're very helpful." Another person told us, "Staff treat me alright, if they didn't I'd tell them." One person described staff as "Lovely." A relative told us, they were always made very welcome in the home when they visited their relative. They said, "Whenever we turn up we are welcomed and offered drinks." Another relative said, "I have a good rapport with all the staff."

When we spoke with the cook and they explained how they made a special effort for people's birthdays, by baking them a birthday cake because it made people happy.

Throughout the inspection we saw people were treated with, kindness, patience and respect. Staff assisted people at their own pace and were careful not to rush people. For example, when people walked from the dining room to the lounge, they chatted and reassured them they were going in the right direction. We could see from people's reactions and conversations between them and staff, people felt comfortable in their presence. We saw lots of laughter and banter between them.

Staff recognised the need to respect people's dignity and privacy, when one person wanted reassurance about their personal care needs, staff quietly and discreetly assisted them.

Staff demonstrated they had the knowledge to meet people's needs, but were mindful to give people the opportunity to stay as independent as possible. One person told us, "I don't need any help with such things like showers, staff know this, but they are available if I need them."

We saw another person enjoyed helping around the home, so took on the duties of setting and clearing the tables. Their relative told us, "It was very important [Person's name] didn't become deskilled and enjoyed being active around the home."

The registered manager told us, they thought it was important for people living in the home were involved in decisions about their care and support. Before people came to live at the home an assessment took place which included people's preferences were discussed. These preferences were recorded in people's support files for staff to follow. The registered manager was in the process of using this information to make detailed signs for people's bedrooms to help people recognise their rooms. Relatives confirmed they had been consulted on behalf of their family member if it was appropriate to represent their wishes and preferences. One person told us, they liked the pictures on their door as it helped them find their own bedroom.

We saw staff supported people in ways that took account of their individual needs, choices and helped maintain their privacy and dignity. Staff were seen to discreetly assist people with their personal care needs and closed doors to ensure people's privacy was protected. Staff told us "I always make sure I help people with their dignity, I try to keep them covered up as much as possible, when helping them with personal care." Staff knew people by their preferred names, when speaking to them.

People told us, they were supported to follow their individual diverse religious beliefs. People were given the opportunity to have religious representatives come to the home. We saw the local vicar visited the home to

offer a communion church service, for people who couldn't get to the service at the local church.

Is the service responsive?

Our findings

People told us, they were involved with the development of their care plan when they first arrived to live at the home. A relative we spoke with said, "When [Person's name] came here we spent time with staff talking about all their likes and dislikes, they wanted to know all about their past jobs and life."

One relative described how their family member's mental and physical health had improved since being at the home. They said, their skin condition and anxiety levels had improved greatly and so their relative was more relaxed. Although the person missed their own home, they thought they had now settled and started to interact with more people and staff.

We saw in care planning records that staff recorded as much information as possible about each person living in the home, their interests, history and preferences. We saw care records were reviewed monthly, so staff had up-to date guidelines and information to assist them. For example, The registered manager was in the process of introducing my life books so staff could understand people's life prior to living in the home. We saw a member of staff use this information to good effect when they were able to hold a conversation with a person about their interests regarding long distance transport.

We asked people how they liked to spend their day. We saw some people enjoying colouring books, cards and dominoes. We saw there were a number of different past times available for people to use if they chose. However some people told us, they felt there was not enough organised activities within the home. One person told us, "I get bored, I used to do a physical job, I don't just like sitting around." A relative told us, "[Person's name] does nothing much apart from sit in a chair all day."

When we discussed our findings with the registered manager they told us, the activities co-ordinator was not on duty that day, usually there was more on offer. We asked the provider about people's comments that on the day of our inspection there were not many activities on offer. The provider said in the past they had organised music and exercise sessions from an external provider, but people tended not to want to join in.

We saw an example of how one person liked to follow their previous professional interests of health and safety. The staff had organised for the person to join them on the fire safety course.

We were shown by the person how they had been involved with the fire training course for staff and passed. They proudly displayed their certificate of achievement to us. The provider told us, they were in the process of building a new larger lounge and garden for people to use (including specialised raised beds for people with mobility problems to use).

People told us, there were regular meetings with the registered manager to discuss what was happening in the home. For example the development of the new garden and sun lounge. People said, they were looking forward to using the new facilities but were just waiting for the new furniture to arrive. Relatives told us, there had been meetings that kept them up to date with improvements at the home.

People and their relatives told us, they felt happy to approach the registered manager or the provider if they wanted to raise a concern or complaint. Although they had not needed to they felt confident if they did have

a complaint it would be taken seriously, and responded to promptly.

We saw the provider had received 'thank you cards' from people and their relative's one card read, "Thank you for looking after [Person's name], they are very happy, spoilt and they think the food is great."

Is the service well-led?

Our findings

People we asked told us, they thought the home was well managed. People knew who the registered manager and deputy manager were and felt happy to approach them. Throughout the inspection we saw the registered manager and deputy manager assist people individually with their care and support needs. One person told us, "It's well managed here." A relative commented, "The management, it's brilliant."

People told us, they were encouraged to make suggestions about how the home was run, and let us know about the questionnaires they completed and residents' meetings they attended. Staff told us, about some of the changes which had been introduced as a result of feedback from people. For example we saw minutes from the December 2015 meeting; people had been consulted on which restaurant they would like to go to for their lunch. People had been asked about the new extension and decided it should be changed from just a dining room but to incorporate a sun lounge for people to enjoy. The registered manager was in the process of sending out this year's survey to people and their relatives.

Staff said, if they had any concerns for people's well-being they could discuss these immediately with the deputy or the registered manager. One staff member told us, "If I notice any changes in the people I care for I report it immediately." They were confident the registered manager or deputy manager would respond without delay. They felt this benefitted people because there was no delay in getting help for people from other health professionals if required.

Staff told us, they felt supported by the management of the home. One staff member said, "It's managed well here, I love it." Staff told us, they were encouraged to make suggestions about developing the care people received at regular staff meetings and during their one-to-one meetings with their line managers.

The registered manager told us, about the monthly checks they did so they could take action to protect people and improve the service. We saw the registered manager looked at the number and type of incidents and injuries, complaints and how staff kept people safe. The registered manager undertook these checks so they could consider if the way care was given needed to be changed. With support from the deputy manager, the registered manager also checked people had the right medicines, equipment and that building was well maintained. Checks were also made to make sure staff had the right training to care for people in safe and effective ways.

The registered manager told us, they felt supported by the provider, who regularly visited the home to check on the quality of care provided. The registered manager said they listened to her suggestions and had invested in improving the home environment. There were also plans to improve the garden, making it more accessible for people to maintain their hobbies.