CareQuality Commission

Temple Manor Care Limited

Temple Manor Care Home

Inspection report

Temple Hirst
Selby
North Yorkshire
YO8 8QN

Tel: 01757270377

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11 January 2017

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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

This inspection took place on 11 January 2017. The visit was unannounced.

We last inspected this service on 14 April 2016 to look specifically at the safety of the service. At the April inspection we identified a breach relating to:

Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 – safe care and treatment. The provider was not meeting the requirements relating to fire safety and the testing of electrical appliances was not being carried out as required.

Prior to the April visit, we had also carried out an inspection on 2 February 2016. At the February inspection we identified breaches relating to:

Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 – safe care and treatment. Communal bathrooms were not clean and there were risks of infections being acquired and,

Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 – good governance. Audits were not being completed and were not robust enough to identify issues relating to care records.

After both inspections, the registered provider sent us an action plan telling us about the actions to be taken. During this inspection we found that the assurances from the registered provider had been implemented with the necessary improvements being made across the service.

Temple Manor Care Home is owned by Temple Manor Care Home Limited. The home is in Temple Hirst, near Selby. It is registered to provide care for up to 19 older people some of whom may be living with dementia.

There was a registered manager. 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. Thorough recruitment processes were followed prior to staff starting work. This reduced the risk of unsuitable people being employed.

People were supported and cared for by skilled, well trained staff who took a pride in their work.

We found that people were encouraged to exercise choice and control in every aspect of their lives wherever possible. Key people were involved in best interests meetings for people who required additional support with decision making.

Any risks around peoples care were identified. Where risks were identified action was taken to minimise these whilst protecting individual's rights and freedoms.

People had food and drink to meet their needs. People were supported to receive their medicines as prescribed and to access their health care appointments to make sure they received appropriate care and treatment. A number of health care professionals were present in the service on a daily basis working alongside staff.

We observed good relationships were present between people who used the service and staff. We did not meet any relatives during our time in the service but left contact details in case relatives wished to share their views. Staff were knowledgeable about the people they supported. This was confirmed in feedback we received about the service.

People had comprehensive care and support plans in place. These guided staff on people's preferred approach to meet their care needs. An example of this was how one person liked to have their clothes protected whilst eating at the table.

A complaints procedure was in place. People confirmed they knew who to speak to if they had any worries or if they were unhappy about something. People told us they had not raised a complaint but said they knew how to if they needed to. People told us they thought they would be listened to if they raised an issue. They said the registered manager and the registered provider would act upon any concerns raised with them.

The registered provider undertook a range of audits to check on the quality of care provided. People were asked for their views and their comments were used to identify improvements.

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.

Management processes and systems promoted people's safety and welfare. The registered manager knew about local safeguarding protocols and staff were trained in the use of these.

Robust recruitment checks were followed before new staff began work. Staffing arrangements were suitable to meet the needs of people who used the service.

People were supported to take their medicines safely and in accordance with the prescriber's instructions.

Is the service effective?

The service was effective.

Staff were trained to meet people's needs, choices and preferences. They were knowledgeable about individual's care and support needs.

People's rights were protected because the registered provider involved them, or their relatives, in decisions made about their care. Where people could not consent, best interests meetings were held to ensure their view was taken into account.

People received food and drink to meet their needs.

People were supported to access health care to make sure their care and treatment needs were met.

Is the service caring?

The service was caring.

People spoke positively about staff and told us they were friendly and patient. People's independence was promoted

People's rights to privacy and dignity were respected. We saw during our inspection that positive relationships existed between people who used the service and staff. This was also confirmed

to us when we spoke with people.

Is the service responsive?

Good

The service was responsive.

People's care and support needs were regularly assessed. Care and support plans were kept under review and updated, to meet people's changing care needs and circumstances.

People had access to in house entertainment and staff knew how best to keep people occupied and stimulated.

People knew who to speak to if they were worried or unhappy about something. People were confident that action would be taken if they raised a complaint.

Is the service well-led?

Good

The service was well-led.

There was a registered manager. The registered manager and registered provider demonstrated an open, person centred culture.

Effective management systems promoted people's safety and wellbeing.

The quality of the service was monitored to ensure that shortfalls were identified and action taken to drive forward continuous improvement and provide a good standard of care.

Care Quality Commission

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 was planned to check 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 unannounced inspection took place on 11 January 2017. It was carried out by one adult social care inspector.

Before the inspection, we had received a completed Provider Information Return (PIR). The PIR asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the PIR and other information we held about the service as part of our inspection. This included the notifications we had received from the registered provider. Notifications are changes, events or incidents the registered provider is legally obliged to send CQC. We contacted commissioners from the local authorities who contracted people's care. We used all of this information to plan the inspection.

We spoke with five people who used the service either individually or in small groups. No visitors or relatives were present during our inspection. We left leaflets and inspector contact details for the registered manager to hand out to allow people the opportunity to share their views about the care being provided. At the time of writing this report, no one had contacted us. However, we noted comments from nine relatives about their experiences between March and September 2016. The information had been added to a review of the service on a public internet forum.

Some people who lived at the service had complex needs and were not able to verbally communicate their views and experiences to us. Due to this we used a formal way to observe people during this inspection, to help us understand how their needs were supported.

We spoke with staff including two care assistants, a senior care assistant, the chef, administrator, the registered manager and the registered provider. During our visit we also spoke with a visiting doctor. We reviewed a sample of records relating to the management of the service such as the quality assurance,

recruitment and staff training. We also checked the fire and electrical maintenance documents and infection control audits. We reviewed three staff files, three care plans and a random selection of medicine records.

Not all of the people we met could tell us directly about their care. Therefore, we observed the interaction between people who used the service and staff to gain an impression of their care experience.

Good

Is the service safe?

Our findings

People told us they felt safe and that staff were committed to their work. Comments included, "I feel safe. The owner lives on site which is an added bonus." And, "[Name of staff] is very good. I couldn't be in a better place than this." A doctor told us, "I receive good feedback from patients and their relatives. Staff are knowledgeable."

At the last inspection, the service did not have an up to date fire risk assessment in place and staff had not had adequate fire training. At this inspection, we found the service had taken steps to address this and the service was now safe.

The registered manager told us they had not raised any safeguarding alerts since the last inspection, but had notified us of an incident. There was a system in place to log and investigate safeguarding concerns, should they arise. The registered manager understood their role and responsibilities with regard to safeguarding and their responsibility to submit statutory notifications to CQC.

Staff told us they would report any concerns to a senior member of staff, the registered manager or the registered provider if they suspected abuse or had concerns about the people who used the service or any of the staff.

People who used the service or their relatives were involved in the planning of individual care and treatment in relation to the management of risks. Assessments were used to identify any risks to the person who used the service, whilst minimising any restrictions placed upon them. These included, for example, any risks due to the health and support needs of the person such as mobilising outside, falls and pressure ulcer prevention. Risk assessments also included information about when people might become anxious or distressed and guidance on the correct staff approach on these occasions to help calm the situation and reduce the distress.

We found staff safeguarded people from experiencing any discrimination or unequal treatment, which could result in their needs not being recognised or met. External agencies were involved as appropriate to give staff any additional guidance about people's care needs and additional support they might require. Examples included the involvement of district nurses where people needed dressings or support with continence needs.

We reviewed the recruitment processes and found there was a robust recruitment system that staff followed. All the required checks were completed before staff started their induction process and worked with people unsupervised. Pre-employment checks included references and checks with the Disclosure and Barring Service (DBS). This service helps employers make safer recruitment decisions and prevent unsuitable people being appointed.

We found there were sufficient numbers of staff available to keep people safe. Staffing levels were determined by the number of people using the service and their assessed care needs. The registered

manager told us that staffing levels were kept under constant review. These were adjusted as people's care needs changed in consultation with the commissioners or family members.

On call arrangements were organised well and staff told us they knew who to call if they needed advice at any time, including during the evening and night.

The service was showing some signs of wear and tear with regard to décor. Despite this it had a homely feel and was clean, fresh smelling and hygienic. We saw new bathing facilities had been fitted to one bathroom and there were systems in place to ensure the service was clean and well maintained. We saw evidence that regular safety checks were carried out and saw the records for these. A maintenance contractor was used where necessary and staff reported issues promptly to the registered provider. Servicing and maintenance certificates were in place. For example, we saw certificates for manual handling equipment, electrical appliances and fire safety equipment.

We saw people had a personal emergency evacuation plan (PEEP) in their files. PEEPS were kept to ensure guidance was available if the service needed to be evacuated in an emergency. The PEEPS took into account people's mobility, understanding and care needs.

Staff were aware of the reporting process for any accidents or incidents so that appropriate action could be taken. Appropriate systems were in place to audit incidents and accidents to ensure action was taken to help protect people. The registered manager told us they analysed this information for any trends and themes so that action could be taken to reduce the likelihood of them recurring.

Systems were in place to ensure a safe environment for people. These included for example, regular health and safety environmental checks on hoists, wheelchairs and fire safety equipment.

We looked at the arrangements for the storage and administration of medicines. Medicines were stored safely in a locked room. Fridge and room temperatures were monitored daily to ensure medicines were stored within safe temperature ranges. Perishable items, such as creams and eye drops, were stored in medication fridges as required. We looked at a random selection of people's medicine administration records (MARs), the controlled drugs register and medicine stocks. The MARs had been completed to show people had received their medicines as prescribed.

Controlled drugs (medicines that require special management because of the risk they can be misused) were stored in a separate locked cabinet. The controlled drugs register had been signed by two members of staff. There was a minor error with the balance in the register. This was investigated by the registered manager during our inspection and action taken to resolve it. Arrangements were in place to ensure that medicines were administered safely and in accordance with the person's healthcare needs. We could see that people received their medicines safely and as prescribed.

Good

Is the service effective?

Our findings

People were positive about the knowledge and skills of the staff. Comments from people included, "Staff are brilliant, we are very lucky here with that." and, "Nothing seems too much trouble: they answer call bells quickly."

At our last inspection in February 2016, we found people were supported by sufficient numbers of qualified, skilled and experienced staff.

At this inspection, we found that the service had maintained and improved this standard by appointing additional staff, including domestic assistants. Staff told us they received training to give them the skills they needed to meet people's needs, choices and preferences. Training included both face to face sessions and computer based learning. Staff told us that they were encouraged to put forward ideas for training opportunities and these were supported. Recent training had included, first aid, infection control, dementia awareness and moving and handling. Ten staff had a national vocational qualification ranging from level 2 to level 5.

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, and whether any conditions on authorisations to deprive a person of their liberty were being met.

The service had in place a policy outlining the principles of the MCA and how people should be supported with decision-making. Where people were unable to make decisions, best interest meetings were organised. These meetings involved key people who knew the person well and who could speak on their behalf, knowing what the person would have preferred should they have been able to express their wishes. We observed staff routinely sought consent and offered people explanations before support was provided. This was done in a discrete and helpful way. We saw staff got down to the person's eye level and made sure they understood what was being asked or offered to them. Staff had had a clear understanding of what MCA meant in practice and the impact it had on people who lived at the service. There was one DoLS authorisation in place at the time of our visit and the registered manager was aware of his responsibilities to apply for authorisations should these be necessary.

Staff confirmed they received regular supervision to enhance their skills and learning and this was confirmed in the records we reviewed. They said that they were well-supported to fulfil their roles by both the registered manager and the registered provider.

All the staff we spoke with told us they received positive support from the registered manager and registered provider to carry out their roles effectively. One member of staff told us, "I love it here. I would have a relative of my family looked after here." Staff also told us they regularly discussed ways they could improve people's day to day care. Staff told us they were willing to try anything to make someone feel special and valued. They told us the registered provider was approachable and if they needed to provide additional equipment, and it was justified, it was never an issue.

We checked how the service met people's nutritional needs. People's care records included nutrition care plans and identified actions such as the need for a modified diet. People required different levels of support and we saw this was recorded in their care records. Some people required minimal support with their nutritional requirements whereas others required full assistance with all their meals and drinks, to ensure their safety. We saw that speech and language therapists (SALT) had been consulted to provide individual guidance and support as required. We observed lunchtime and the way people received their main meal of the day. Food was home cooked and staff sat with people to share the meal and offer discrete support and encouragement appropriately. People were given ample time to enjoy each course before extra helpings were offered. Lunchtime was a relaxed social occasion and people clearly enjoyed the food and the opportunity to 'chat' about current events and family.

People were weighed on a regular basis according to their needs; this usually meant a weekly or monthly check by the staff which was then recorded in their care file. The care staff monitored their weight gain or losses and liaised with the doctor and dietician as needed. All visits and outcomes were recorded in the care files. We saw that input from these specialists was used to develop the person's care plans and any changes to care were updated immediately. This meant people's health and wellbeing was monitored so they remained well and received appropriate care and support.

Good

Is the service caring?

Our findings

People spoke in positive terms about the staff. Peoples' comments included, "The staff are always welcoming and extremely pleasant." and, "The care and attention I have received from the owners and staff has been exceptional." One person described staff as "caring and compassionate."

Some people who lived at the service had complex needs and were not able to verbally communicate their views and experiences to us. Due to this we used a formal way to observe people during this inspection, to help us understand how their needs were supported. People looked comfortable in their surroundings. People were at ease with the staff who supported them. Staff gently intervened to help if people looked to them for support and we noted how patient staff were when responding to questions, despite the number of times someone might ask about the same thing. In these cases, staff gently reassured the person and checked their understanding before walking away. We observed that staff had an in depth knowledge of the people they were supporting and we saw a variety of ways were used to encourage people to be independent and maintain their privacy.

We found positive relationships existed between people who used the service and staff. This was confirmed from our observations of people's interactions with each other and with the staff. Care being provided was person centred and focused on maintaining people's independence. We observed staff were attentive and kind.

We observed staff respected people's privacy and dignity. We were told people were encouraged to maintain control in their day to day living. This, staff said, was possible because they were caring for a relatively small group of people so they could be flexible and adapt to meet everyone's needs.

We observed staff routinely sought consent and offered people explanations before assistance and support was provided. Where personal care was provided or offered, people were assisted to either their bedroom or the bathroom so that their care needs could be dealt with in private. Staff were observed knocking on people's bedroom doors before entering.

Care plans included information about a person's lifestyle, including their hobbies and interests, and the people who were important to them. This showed that people and their relatives had been involved in assessments and plans of care. Staff told us that they kept up to date with people's changing needs through handovers at the start of each shift and reading the care plans.

Good

Is the service responsive?

Our findings

At our last inspection, we found there were gaps in care plan records and the systems the service used to review people's care needed to be improved. At this inspection, we found that the registered provider had improved this standard and the service was now consistently responsive.

Records showed that people's care needs were assessed before they moved to the service. Reference was also made to other significant people, such as relatives, to gather information. This ensured staff had as much information as possible about each person to enable them to decide if they could meet the person's needs. We saw that records included information about people's health and dietary requirements, together with their likes, dislikes and preferred lifestyle. This information was used to develop their care plan, which specified clearly how these needs were to be met. For example, with regard to mobility, personal care and meals provision. Staff were knowledgeable about the people they supported and knew about people's life choices and care preferences. This enabled them to provide a more person-centred service.

The service developed ways which helped people maintain independence and keep themselves occupied in a meaningful way. This included engagement with craft work, domestic chores or doll therapy where appropriate. There was also entertainment on offer. Some people who lived at the service had variable concentration spans and staff found that if they engaged them in tasks they had done previously at home, this could distract them and help them feel valued.

People who used the service told us staff worked flexibly to support them to lead a fulfilling life.

We looked at the arrangements in place to manage complaints and concerns that were raised. The service had a policy which staff followed. There had been no formal complaints in the last two years. We saw thank you cards and comments from relatives detailing their appreciation of the service. None of the people we spoke with had had to raise a formal complaint. They told us that if they were unhappy about something, they raised it at the time and action was taken immediately. These had been minor matters and had not needed to be made formal.

Good

Is the service well-led?

Our findings

At our last inspection we found the registered provider did not have robust systems in place to monitor and assess the quality of service provision. At this inspection, we found that the registered provider had improved this standard and the service was now consistently well-led.

We found audits were now taking place consistently and were effective in highlighting any issues before they arose. The registered provider and staff at all levels had a good grasp of the overall running of the service. We saw records of audits, including checks made on equipment to make sure it was safely maintained and in good working order. Other audits included medicines management, falls monitoring and analysis, care plan records and food provision. The provider information return (PIR) also contained information that indicated the registered provider monitored and reviewed the quality of care and support provided. There were also long term plans to continually upgrade and improve the service.

Staff told us they felt supported, and that they had ample opportunities to reflect on the service they provided through supervision and meetings as a team. Staff we spoke with were enthusiastic about their work and were clear about their roles and responsibilities. Staff told us they had a shared keenness to provide a good standard of care to people who lived at the service. We noted a lively and positive culture within the service. Staff morale was described as "really good" and staff got on well.

One member of staff, when referring to the registered manager, told us, "He has a laugh and a joke with us all. He gets on really well with the residents, they love him." Another member of staff said, "The manager knows what is happening and we work really well together." Staff also confirmed to us that on call arrangements were well organised. This meant staff could seek advice and help, out of hours, from a senior member of staff.

During our inspection the atmosphere throughout the home was welcoming and lively at times. This was initiated by staff and people who used the service. There were busy periods, for example during lunchtime, but staff were well-organised and worked efficiently without rushing people.

The registered manager was aware of notification requirements. We had received notifications about appropriate events that occurred at the service. Notifications are incidents or events that the registered provider has a legal requirement to tell us about. This enables us to check what action the registered provider and registered manager have taken in response to them.