

Care South

# Templeman House

## Inspection report

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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 unannounced comprehensive inspection took place on 2 and 3 March 2016. At the last inspection completed in March 2015 we found the provider had breached six regulations of the Health and Social Care Act (Regulated Activities) Regulations 2014. The provider sent us an action plan confirming what they would do to meet the legal requirements in regulation to the breaches. At this inspection we found the provider had made the necessary improvements and was meeting the regulations.

Templeman House is registered to provide personal care and accommodation for up to 41 people. These are mainly older people who are living with dementia. There were 29 people living in the home during our inspection.

Accommodation is arranged over three floors and there is a passenger lift to assist people to get to each floor.

At the time of this inspection the home had 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.

People and their relatives told us they were happy living at the home and felt safe there. Staff knew how to prevent, identify and report abuse and the provider had a system in place to protect people from the risk of harm.

People's needs were assessed before they moved into the home and during their time there. Areas of risk were assessed such as, skin integrity, falls and mobility and nutrition. Regular reviews were completed to ensure people's needs were continually assessed.

Staff appeared to know people well and gave good examples of how they preferred their care and support to be given.

People received their prescribed medicines when they needed them and appropriate arrangements were in place for the storage and disposal of medicines.

Equipment such as hoists, wheelchairs and pressure cushions were readily available, maintained correctly and used safely by staff in accordance with people's care records.

Some areas of the provider's infection control processes required improvement, however the provider took immediate steps and provided an action plan which achieved this.

The provider was in the process of recruiting further staff. There was a system in place to ensure people were

cared for, or supported by sufficient numbers of suitably qualified and experienced staff. The provider had good recruitment and selection procedures in place.

Staff spoke positively about the induction and training they received and told us they felt well supported to carry out their role.

The manager was aware of their responsibilities in regard to The Deprivation of Liberty Safeguards (DoLS). These safeguards aim to protect people living in care homes and hospitals from being inappropriately deprived of their liberty.

People were supported to make decisions and where people did not have the capacity, decisions were made in their best interest.

People's care records were regularly reviewed and maintained and accurately reflected the care and support they required.

People knew how to make a complaint and felt confident they would be listened to if they needed to raise concerns or queries.

There were systems in place to monitor and improve the quality of the service provided.

## 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 ●

The service was safe. Staff knew how to recognise and respond to abuse and understood the procedures in place to safeguard people from abuse.

Medicines were managed safely, stored securely and records completed accurately.

Staff were recruited safely and had the relevant experience and training to care and support people safely.

Some areas of the provider's infection control processes required improvement.

### Is the service effective?

Good ●

The service was effective. Staff received on-going support from senior staff who had the appropriate knowledge and skills. There were robust induction and supervision processes in place.

People were offered a choice of food. Hot and cold drinks were offered regularly throughout the day and people were assisted to eat and drink when required.

People accessed the services of healthcare professionals as appropriate.

### Is the service caring?

Good ●

The home was caring. People and relatives told us that staff were kind, caring and compassionate.

Staff had developed good relationships with people which created a calm atmosphere.

People and their relatives were involved in making decisions about their care and staff took into account people's needs and preferences.

### Is the service responsive?

Good ●

The service was responsive. People's needs were assessed and

care was planned and delivered to meet their needs.

People's care plans and records were kept up to date and reflected people's preferences and histories.

There was a complaints procedure in place and people knew how to complain and felt confident any complaints or concerns would be addressed.

**Is the service well-led?**

**Good** ●

The service was well-led. Staff felt supported well by the management team and were confident to raise concerns if needed and felt they would be listened to.

Observations and feedback from people, staff, relatives and professionals showed us the service had an open, welcoming culture.

There were systems in place to monitor the safety and quality of the service and drive continuous improvement.

# Templeman House

## 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 provider was 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 comprehensive unannounced inspection took place on 2 & 3 March 2016. Two CQC inspectors' and a specialist advisor visited the home on both days. We met with all of the people living in the home and spoke to those who were able to speak with us. Because some people were living with dementia we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We spoke with four relatives, the registered manager, the operations manager, five members of care staff, the assistant cook, two ancillary members of staff and sought the views of three GP practices who were professionally involved with the home. Before the inspection we reviewed information we held about the service. This included information about incidents the provider had notified us of. We also asked the local authority who commission the service for their views on the care and service given by the home.

We looked at six people's care and support records, and care monitoring records, the homes electronic medicine administration system and a selection of documents about how the service was managed. These included three staff training files, three staff recruitment files, three weeks of staffing rota's, meeting minutes, premises maintenance records and quality assurance records and a selection of audits and policies the home had implemented.

The provider had completed a Provider Information Return (PIR) before our inspection. This is a form that asks the provider to give us some key information about the service, what the service does well and improvements they planned to make.

# Is the service safe?

## Our findings

The majority of the people who lived at the home were not able to tell us what it was like to live there because they were living with dementia. People we spoke to told us, "I like it here, I really do" and "I'm very happy here. It's full of nice young people and a lovely garden. I like to sit in the garden when the weather is warmer".

Relatives told us they felt their relative was safe living at Templeman House. Comments included, "My father is very happy here, he loves to socialise, it suits him very well living here...I feel he is very safe here, I have no concerns". Another relative said, "My husband took a little while to settle at first, but everything is OK now, I don't worry at all, he's safe, I'm happy and I can relax for the first time in a long time". When we asked people if they felt safe living at Templeman House they replied, "Yes, I do".

Staff demonstrated a good understanding of protecting vulnerable adults. The provider had a system in place for staff to follow if they needed to report any suspected abuse. Safeguarding adults information was up to date with the current contact details for the relevant local authorities.

At our previous inspection in March 2015 we found shortfalls in the assessment, planning, monitoring and meeting of people's needs. People's risks had not always been appropriately managed or regularly reviewed.

At this inspection we found the provider was meeting this regulation. There was a system in place to ensure risks to people were assessed and plans were in place to reduce these risks. People had health needs assessed for areas of risk such as falls, moving and handling, use of the hoists, nutrition and pressure area care. Care records were reviewed each month or more regularly if people's needs changed. Care records and risk assessments were clearly written and gave straightforward guidance for staff to follow. For example, if people needed to be hoisted to mobilise from their bed to their chair the records gave clear written instruction. Guidance included how many care staff were needed to hoist the person, which sling to use and which colour coded loops to use to attach the sling to the hoist.

The provider had a system in place to ensure the premises were maintained safely. Regular checks were completed for fire safety equipment, electrical testing and water systems. Records showed the heating and hot water supply was due to be tested during February 2016. Correspondence was on file showing the water system service had been recently completed.

At the previous inspection in March 2015 we found there were shortfalls in the amount of staff employed on each shift. At this inspection records showed, and people told us the provider had recruited staff and the home was now sufficiently staffed. They told us that they received assistance from staff promptly, relatives also told us they felt there were enough care staff employed at the home. They told us they were always made to feel welcome and they had not observed people having to wait lengthy periods for support or assistance. We received mixed views from staff. Some staff said staffing levels were ok, others said at times they were short staffed, for example if staff were unexpectedly off sick, agency staff were then used to cover

the absences.

The manager told us they had actively recruited a number of care staff over the last year and were in the process of recruiting a further four members of staff. They said once these staff had been employed the home would be fully staffed. The manager said they had reduced the amount of agency staff they used, from 300 staff agency hours a month to less than eighty and now only used agency to cover staff absences such as sickness or high periods of annual leave. They said they used one recruitment agency and where possible employed the same staff members from the agency to ensure consistency for people living in the home. During our inspection there were two agency staff on shift. We spoke with both of them who both confirmed they had worked at the home before. Our observations showed the agency staff knew many of the people living there.

The provider used an independent staffing dependency tool to calculate the amount of staff needed for each shift to ensure people's needs were met safely. We reviewed the staffing rota's for a three week period leading up to the inspection, these reflected the staffing levels the manager had described.

Staff confirmed all appropriate checks had been undertaken before they started employment at Templeman House. The provider had recently implemented a clear 'at a glance' recording system for recruitment records. Records showed recruitment practices were safe and that the relevant employment checks, such as criminal record checks, proof of identity, right to work in the United Kingdom and appropriate references had been completed before staff began working at the home.

At the previous inspection in March 2015 we found appropriate arrangements were not in place in relation to the recording of medicines. At this inspection we found the provider had made the necessary improvements and was meeting this regulation.

An electronic medicine management system had been implemented during November 2015. Staff showed us how the system worked and told us they had found it to be very effective, safe and easy to use. One staff member told us, "It's so much easier, saves a lot of time and is easy to use...it's such a safe way to manage people's medicines, it's brilliant". The system required each member of staff to login with a protected identity, this ensured a clear audit trail was recorded to show which staff member had administered the medicine. The system used a barcode to match the medicines with each person and continually provided an update on stock levels, ordered medicines directly from the pharmacy and advised staff when people's medicines were due and how many to give. The system had in built safety checks to ensure medicines were not administered incorrectly and had the facility to print paper copies of medicine administration records should the electronic handheld devices fail for any reason.

The electronic system contained all the required safety processes that would normally be seen in a paper based system, these included, photographs of people and allergy information. If people were on PRN 'as required' medicines, the system ensured all doses of PRN medicines were recorded accurately to ensure safe administration of these medicines. Pain assessments were completed appropriately when people required.

We checked the storage and stock of medicines. Items were correctly listed in the medicines register and the levels of medicine stock were accurately reflected in the register. The provider had a medicine fridge to store medicines that required low temperature storage. The fridge temperatures were recorded daily with clear guidance displayed on what the correct temperature range should be.

We reviewed the records for three people who were receiving their medicines covertly. Medicine is given



covertly when it is hidden in food or a drink. Each person had a written authority from their GP to have their medicines administered covertly. Records showed the pharmacist had been consulted and guidance and instruction followed to ensure covert medicines were administered safely.

People who were prescribed creams had body maps in their care records. These gave clear guidance for staff on where to apply the cream, how much to apply and how frequently. The body maps were colour coded which helped staff identify which cream was used for each part of the body. For people who were prescribed medicine patches, a completed body map was in place which showed staff where to put the patches for maximum effectiveness.

At the previous inspection in March 2015 we found shortfalls in the infection control system in the home with a number of chairs and slings being stained and/or soiled. At this inspection we found the provider had made the necessary improvements. We checked people's slings and saw they were, clean, well maintained and had the number of their bedroom clearly recorded. The manager told us they had purchased new slings for people to ensure people had a consistent supply of slings which were kept in their own bedrooms.

At this inspection communal areas of the home and furniture and cushions were clean and free from tears, rips and soiling.

Staff used personal protective equipment such as gloves and aprons when clearing spillages, although on one occasion gloves were worn but the member of staff did not wear an apron. On the first day of the inspection we observed some members of staff wore protective plastic aprons when supporting people to eat their meals, on the second day of the inspection all members of staff were wearing fabric aprons when supporting people to eat.

Communal bathrooms and toilets, were clean and free from personal toiletries. Each had a pedal bin, however for a number of these the pedal was broken which meant staff would have to lift the lid with their hands, posing an infection control risk. We discussed this with the manager who told us they would ensure they were replaced as soon as possible. This was an area of improvement for the provider.

Some bedrooms had cloth covered commodes. Staff told us these were steam cleaned on a regular basis. One of the commodes had an area where the veneer was starting to degenerate. We brought this to the attention of the manager who confirmed in writing following the inspection the commode had been removed. The manager told us people preferred the material covered commodes to the stainless steel models because it made their bedrooms look more homely.

The sluice on the second floor had various boxes and equipment on the floor and a commode washer. Linen was being stored in this room which could pose a risk of cross contamination. We brought this to the attention of the manager who confirmed the linen would be removed straight away. Immediately following the inspection the manager confirmed in writing an alternative linen store had been created for the safe storage of all linen.

We saw the clinical waste bin was locked. The bin for domestic waste was overflowing and the area surrounding the bins had large amounts of fluff from the dryer in the laundry room and an old rug. This was an area for improvement for the provider.

During a tour of the premises, we saw two bedrooms had carpets which were visibly clean and in good condition but had a strong odour despite the windows being open to air the bedroom. We raised this with the manager who said they ensure the flooring in those bedrooms was replaced. This was an area of

improvement for the provider, who responded immediately with an action plan to show that these areas had been addressed.

## Is the service effective?

### Our findings

The provider had a clear programme of training in place. The manager told us following the previous inspection in March 2015 they had implemented a new system of monitoring staff training needs. The system was known as the 'Traffic Light' system and automatically highlighted when staff training needs were due for renewal and when training courses had been successfully completed.

Staff told us, "The training is brilliant here, I've done loads" and "We have a comprehensive induction process, where we do all our mandatory training. We go to head office for a week then do 'shadow' shifts for two weeks before we can go off on our own. We can have longer if we need to".

All staff completed a full induction process and were competency assessed by senior members of the staff team. All new care staff were completing the Care Certificate training and told us they were supported to undertake additional specialist training courses such as, catheter care, diabetes, mental health and managing challenging behaviour. The manager confirmed as well as mandatory training subjects such as safeguarding adults and health and safety all staff completed courses in dementia care, challenging behaviour and safe holding techniques.

Training was delivered by in house trainers that conducted the training course on site on a practical face to face basis. The deputy manager had been designated as a learning champion and would be monitoring all staff training.

Staff told us and records showed they received two supervision meetings, one observational practice supervision and one appraisal. Staff told us they found the supervision and appraisals to be supportive and helpful. Staff said, "We don't always see very much of the management team, they don't work on the floor but they are always there if we need them". Another staff member said they felt "Very well supported".

At the previous inspection in March 2015 we found shortfalls with care not being provided to people with their consent. At this inspection we found the provider had made the necessary improvements and was compliant with the regulation.

The Mental Capacity Act 2005 (MCA) provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals.

Records showed where people lacked mental capacity to make a specific decision, staff followed the principles of The Mental Capacity Act 2005 including making best interest decisions. Staff were knowledgeable about the procedures to follow where a person lacked the capacity to consent to their care and treatment.

The manager was aware of their responsibilities in regard to the Deprivation of Liberty Safeguards (DoLS).

These safeguards aim to protect people living in care homes and hospitals from being inappropriately deprived of their liberty. The manager told us they had completed DoLs assessments for all people living at the home and these were currently with the local authority awaiting their decision.

People's dietary needs were assessed, with people having their food prepared for them in a way which was safe for them to eat, for example, a 'soft' diet or fortified meals with added cream or cheese.

We observed the main lunchtime meal on both days of the inspection. The dining room was attractively laid out with contrasting linen tablecloths, napkins, condiments and flowers. There was a pleasant atmosphere with soft music playing in the background. There was plenty of room between the tables and seats which meant people could manoeuvre freely and be sat comfortably to enjoy their meal. We observed assistive eating equipment was available for people such as plate guards. The majority of people were able to eat independently. Where people required assistance to eat their meal staff sat at their side and engaged them in conversation. People were offered a choice of cold drinks, fruit squash or water with their meals. The food was well presented and looked and smelled appetising. The meal service was pleasant and relaxed with people being given ample time to enjoy their food.

The assistant chef served the meals from a hot trolley brought into the dining room and meals were dished up individually to people's specific requirements. Staff took a choice of meal around to everyone at their table so that they could choose which dish they wanted. On the day of our inspection visit people could choose between faggots or Shepherd's pie served with swede, cabbage and creamed potatoes.

There were menus on each table giving the choice of meals for each day, however on the first day of the inspection the menu's did not reflect the choices of meal being served. The assistant chef told us this was because they had changed the menu at the last minute due to an excess of meat being left from the day before, and rather than waste the meat they decided to turn it into Shepherd's pie.

The assistant chef spoke knowledgeably about people's likes and dislikes and how they preferred their meals. Records were kept of 'Residents Dietary Requirements'. Records contained information about people's dietary requirement and personal preferences. The chef spoke knowledgeably about specialist diets for people which included meeting the needs of people with diabetes and people who needed pureed or 'soft' food.

Drinks and snacks were served mid-morning and in the afternoon. Staff offered people a choice of drinks throughout the day.

People were supported to maintain their health and had access to healthcare professionals when required. There were records of professional visits in all the care records we reviewed. We received written feedback from four GP's that were regularly involved with the home. They told us they had no concerns with the home and communication and care given by the staff was of a good standard. This showed people's healthcare needs were being identified and they were receiving the input from healthcare professionals they required.

There was a secure garden for people to access and pictorial signage for the toilets and bathrooms. Signs for the lounge and various rest areas were not in a pictorial format, which could make it difficult for people living with dementia to orientate themselves around the home. We did not see any dementia appropriate resources for people such as reminiscence tools or tactile sensory boards. We discussed this with the manager who told us a programme to ensure the premises were more supportive for people living with dementia was due to commence, they confirmed the programme would cover all areas of signage. This was an area for improvement for the provider.

## Is the service caring?

### Our findings

People who were able to told us they were happy with the care and support they received. We asked people if the staff were kind and caring, people answered, "Yes, always" and "I should say so". Another person told us, "The staff are all very nice" and "The staff are very nice, always polite". One relative told us about the 'Valentines' evening the provider had recently laid on for people who lived in the home and their spouses. They said, "It was lovely, a candlelit dinner, lovely atmosphere and the food was excellent, we both enjoyed it immensely".

All the relatives we spoke with gave positive comments and views on the service and care provided at Templeman House. One relative said, "I can't praise the staff enough, they are very attentive and patient and kind, they are always more than happy to spend time with you, if people need more time to help them it is given". Another relative said, "The staff are wonderful, nothing is too much trouble, I'm always made to feel welcome".

At the previous inspection in March 2015 we found shortfalls around some people not being treated with dignity and respect. At this inspection we found people were treated with dignity and respect.

Staff interactions with people were friendly, caring and patient and it was clear staff knew the people they cared for well. People were well dressed and appeared content and comfortable. People were treated with consideration and respect by staff. We observed staff supporting people to move around the home and saw staff supported people patiently and gently, offering re-assurance and encouraging their independence.

Staff were respectful of people's wishes, knocking on people's bedroom doors before entering them and using people's preferred names when speaking with them. People's bedroom doors remained closed when they were receiving personal care and people told us staff always treated them with respect and dignity.

People's care plans had been completed in a person centred way and included a detailed summary on their life histories and memories. Care plans were then drawn up which reflected people's choices and wishes on how they preferred to spend their time at Templeman House. The provider runs a staff scheme that promotes dignity and there were two staff members who were dignity champions.

The provider was in the process of applying for recognition for an award within the 'Gold Standards Framework'. The Gold Standards Framework is an approach that helps to ensure high quality care for all people who are approaching the end of their life. Records showed advance care plans were completed for people which detailed their wishes on how they wanted to receive care and support at the end stages of their life. People were supported to have a peaceful death in the home if that was their wishes.

Care files and other confidential information about people were kept secured in a separate office. This ensured that people such as visitors and other people who used the service could not gain access to people's private information without staff being present.

## Is the service responsive?

### Our findings

People told us staff supported and cared for them as they wished. They said, "Everything here is OK, I've got no complaints" and "I don't bother them about anything, but if I want help I always get it". Relatives told us, "The staff provide care to my husband exactly as he wants it...I'm kept informed about everything...I'm getting some lovely memories". Another relative praised the staff for encouraging people's independence, they said, "They really go all out to make people feel at home, they maintain people's independence for as long as possible which is really good".

At the previous inspection in March 2015 we found shortfalls in the assessment, planning, monitoring of and meeting people's needs and monitoring, managing and mitigating the risks to people.

At this inspection we found the provider had made the necessary improvements and was meeting this regulation.

People had their needs assessed before they moved in to Templeman House to ensure that the home was able to meet the needs of people they were planning to admit to the home. Assessments covered areas including; skin integrity, weight, manual handling and medicines. The assessments showed relatives had been included and involved in the process wherever possible and were signed by all parties present.

Care plans were detailed and provided staff with clear guidance on how people preferred to be supported with their care. Records showed care plans were reviewed monthly or more frequently if people's needs changed.

There was a good system for summarising people's care needs. A laminated form called, 'Key Points of Care' was placed on the inside of each person's wardrobe. This form gave clear, detailed guidance for staff on how the person preferred their care to be given. For example, how much support they required for their personal care and how they preferred care to be given. It gave clear guidance for staff should the person require hoisting or if they had any particular preferences, for example if they preferred female members of staff to support and care for them.

Care plans gave clear guidance for people's specific care. For example, if people required hoisting to move from their bed to their wheelchair, their care plan explained which hoist and sling staff should use and how to attach the sling correctly to ensure the person felt secure and safe when being hoisted. People had their own slings which were kept in their bedrooms and had been clearly labelled with their bedroom number to ensure the correct sling was used for them.

Risk assessments had been carried out to check if people were at risk of malnutrition. The records showed that most people's weights were checked at either monthly or weekly intervals depending on the degree of risk. Records showed that people were referred to their GP or the dietician if there were any concerns about their nutritional intake. People had been prescribed dietary supplements to improve their nutritional intake and food/fluid charts were used to record and monitor what people were eating and drinking. This showed

there were suitable arrangements in place to make sure people's dietary needs and preferences were catered for.

People told us they enjoyed the social activities the provider ran. The provider employed an activities co-ordinator who worked part time during week days and had a variety of activities they supported people with. Activities included, nail painting, reading aloud to people, musical events, reminiscence conversations and gentle physical fitness. Relatives spoke very positively about the variety of social events and occasions the home ran, such as garden and Christmas parties. Trips out were arranged but these were scheduled for the warmer weather months.

People were supported to purchase an ice-cream of their choice from an ice cream van that called to the home each week. This enabled people to be involved with buying something of their choice and engaging and reminiscing with others. Local schools and colleges visited the home and provided one to one interaction/reminiscing sessions with people as well as performing plays or singing.

People and their relatives told us they felt comfortable to raise any concerns about the service and felt they would be listened to. The provider's complaints procedure was clearly displayed and gave guidance for people on how to complain and what actions would be taken. Records showed complaints analysis was carried out each month in accordance with the provider's complaint policy. Compliment cards had been received, comments included, 'Thank you for five years of loving care'.

# Is the service well-led?

## Our findings

A GP who was involved with the service told us, "My impression from my experiences at the home is that it is well led...care team leaders provide useful contributions to my management of my patients and interact with our surgery in an excellent way". Relatives commented positively on the management team in the home saying, "The manager is very approachable, we are kept informed about everything".

At the previous inspection in March 2015 we found there were shortfalls in the governance of the home and record keeping. At this inspection we found the provider had made the required improvement and was meeting this regulation.

People described the culture of the home as, "Open, homely and very welcoming". People and their relatives said they were confident to raise any concerns or issues with the management team and they would be listened to. People, relative and staff said communication in the home was "Very good". Staff told us, "Communication here is good, information is passed to each other at the beginning of every shift and we write it all down".

Staff told us they had regular team meetings where they felt comfortable to raise any issues or concerns. Meeting minutes were recorded which contained a detailed agenda, staff attendance at the meeting, apologies from those who could not attend and a summary of topics discussed.

The manager told us previous resident and relative meetings had not been well attended. To address this issue the manager had commenced the issue of a two monthly newsletter to people and their relatives to ensure people were kept fully informed about topics within the home. Newsletters were freely available in the reception area and the manager told us they were delivered to people's bedrooms and sent to relatives by e mail. The newsletter for November/December 2015 included a message from the manager, a welcome to new residents and announcements and events that were relevant to the home.

The provider had a system of quality assurance measures in place to monitor the quality of service provided to people to ensure people's care needs were met. Examples of audits completed were, care plan reviews, accidents and incidents, medicine management, call bell monitoring and emergency response. The manager, deputy manager and care team leaders carried out a schedule of monthly audits which were then reviewed by the operations manager. The provider's quality assurance head office team undertake a full comprehensive audit of the home three times each year and review all audits undertaken to ensure continuous improvement. We reviewed a selection of completed audits and found the records were detailed and included, an improvement action plan, area of non-compliance, action required, completion date, actions pending, update on actions and the completed actions percentage rate.

The provider had a wide range of policies and procedures in place. We reviewed a selection of these policies including, complaints, infection control, safeguarding adults, nutrition and hydration and whistleblowing. The policies were detailed and up to date which demonstrated the provider's policies and procedures were current and kept under regular review.



The provider had built relationships to maintain involvement with the local community. Examples included an increased involvement with the local football Community Scheme. This involved members of the football club including players and coaching staff visiting the home and encouraging people to play sit down football, and enjoy 'post-match' refreshments. Some people also visited the local football stadium to watch matches and go behind the scenes or attend hosted afternoon tea events. One person had been supported to go to all home games to maintain their lifelong passion as a season ticket holder.

A memory garden had been developed in the grounds. People, friends, past relatives and neighbours from the local community were welcomed to join staff in a memorial service followed by bulb planting and afternoon tea in memory of loved ones. The provider hoped to continue with this event annually as they had received very positive feedback from people who attended.

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