B & M Investments Limited

Templemore Care Home

Inspection report

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Ratings

Overall rating for this service	**Good**
Is the service safe?	**Requires improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Good**

Overall summary

This unannounced inspection took place on 7 December 2015. Templemore Care Home provides personal care and support for up to 72 people. The service offers long term residential care for the elderly, specialist dementia care and short breaks (respite care). At the time of our inspection 63 people were living at the home.

The service is required to have 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.

Staffing levels in one area of the home did not always ensure people's needs were met; however this was addressed by the management team by the end of the inspection. Risk assessments were in place but required more detail for staff on how to mitigate the risks identified.

Summary of findings

People demonstrated that they felt safe in their own home. Staff understood the need to protect people from harm and abuse and knew what action they should take if they had any concerns. The recruitment practice protected people from being cared for by staff that were unsuitable to work at the home.

People were supported to take their medicines as prescribed. Records showed that medicines were obtained, stored, administered and disposed of safely. People were supported to maintain good health and had access to healthcare services when needed.

Staff were highly skilled; plans were in place for new staff to complete the Care Certificate which is based on best practice. The provider's mandatory training was updated annually.

People were actively involved in decisions about their care and support needs. There were formal systems in place to assess people's capacity for decision making under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). People felt safe and there were clear lines of reporting safeguarding concerns to appropriate agencies and staff were knowledgeable about safeguarding adults.

Care plans were written in a person centred approach and focussed on empowering people; personal choice, ownership for decisions and people being in control of their life. They detailed how people wished to be supported and people and their families were fully involved in making decisions about their care. People participated in a range of activities both in the home and in the community and received the support they needed to help them do this. People were able to choose where they spent their time and what they did.

People had caring relationships with the staff that supported them. Complaints were appropriately investigated and action was taken to make improvements to the service when this was found to be necessary. The registered and deputy manager were accessible and worked alongside care staff to monitor the quality of the service provided. Staff and people were confident that issues would be addressed and that any concerns they had would be listened to.

The management team were passionate about people receiving person centred care and people and staff being involved and included in decisions about the future.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires improvement

The service was not always safe.

Staffing levels did not always ensure that people's needs were safely met.

Risk assessments were in place but more guidance to staff on how to mitigate risks identified was required.

People felt safe and comfortable in the home and staff were clear on their roles and responsibilities to safeguard them.

Safe recruitment practices were in place.

There were systems in place to manage medicines in a safe way and people were supported to take their prescribed medicines.

Is the service effective?

Good

The service was effective.

People were actively involved in decisions about their care and support needs and how they spent their day. Staff demonstrated their understanding of the Mental Capacity Act, 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

People received personalised care and support. Staff received training to ensure they had the skills and knowledge to support people appropriately and in the way that they preferred.

Peoples physical and mental health needs were kept under regular review.

People were supported relevant health and social care professionals to ensure they receive the care, support and treatment that they needed.

Is the service caring?

Good

The service was caring.

People were encouraged to make decisions about how their care was provided and their privacy and dignity were protected and promoted.

There were positive interactions between people living at the home and staff.

Staff had a good understanding of people's needs and preferences and promoted peoples independence to ensure people were as involved as possible in the daily running of the home.

Is the service responsive?

Good

This service was responsive.

People were listened to; their views were acknowledged and acted upon and care and support was delivered in the way that people chose and preferred.

Summary of findings

People were supported to engage in activities that reflected their interests and supported their physical and mental well-being.

People using the service and their relatives knew how to raise a concern or make a complaint. There was a transparent complaints system in place and complaints were responded to appropriately.

Is the service well-led?

Good

This service was well-led.

A registered manager was in post and they were active and visible in the home. They worked alongside staff and offered regular support and guidance. They monitored the quality and culture of the service and responded swiftly to any concerns or areas for improvement.

There were systems in place to monitor the quality and safety of the service and actions identified were completed in a timely manner.

Records relating to staff files and training contained accurate and up to date records.

People living in the home and staff were confident in the management of the home. They were supported and encouraged to provide feedback about the service and it was used to drive continuous improvement.

Templemore 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 provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 7 December 2015 and was unannounced and was undertaken by two inspectors.

Before the inspection we contacted health and social care commissioners who place and monitor the care of people living in the home. We also reviewed the information we held about the service, including statutory notifications that the provider had sent us. A statutory notification is information about important events which the provider is required to send us by law.

During the inspection we spoke and interacted with 15 people who used the service, six relatives/family members and 11 members of staff including care staff, kitchen staff and members of the management team. We also spoke to two visiting professionals.

We spent some time observing care to help us understand the experience of people who lived in the home. We reviewed the care records of six people who used the service and six staff recruitment files. We also reviewed records relating to the management and quality assurance of the service.

Requires improvement

Is the service safe?

Our findings

There was not always enough staff to meet people's needs in one area of the home. People's care needs had changed in recent months and although the registered manager had recognised this and asked the local authority to reassess peoples care needs; the impact it was having on the other people in that area was significant. People had to wait a lengthy amount of time for staff assistance; people were left in the communal lounge without the presence of staff for some considerable time and there were instances when people did not receive the reassurance and emotional support that was required. We raised these concerns with the deputy manager who took immediate action and authorisation was received from senior management that an extra member of staff could be deployed to that part of the home until the situation was resolved.

Risk assessments were in place which identified areas of risks; however the was not enough guidance on how to mitigate risks. For example one person had a risk assessment about unobserved falls in their bedroom, garden or courtyard. There was little guidance about how to minimise the risk and it was recorded that the person would not be unaccompanied whilst outside. We also noted that whilst risk assessments were reviewed on a monthly basis they contained insufficient detail to determine if the risk was still present, if there was an increased risk or if any improvements had been made. Accidents and incidents were kept under review and there was a system in place to analyse this information so that action could be taken to prevent further incidents or to refer people to specialists teams for example; the falls team or occupational therapist.

People said that they felt safe living at the home. One person said "I feel totally safe and protected." Relatives also said that they thought the care and support provided by staff ensured their family member was always safe.

People were supported by a staff group that knew how to recognise when people were at risk of harm and what action they would need to take to keep people safe and to report concerns. This was because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. The provider's safeguarding policy set out the responsibility of staff to report abuse and explained the procedures they needed to follow. Staff understood their responsibilities and what they needed to do to raise their concerns with the right person if they suspected or witnessed ill treatment or poor practice. The provider had submitted safeguarding referrals where necessary and demonstrated their knowledge of the safeguarding process. Staff were familiar with the term 'whistle blowing' and were able to confidently explain who they would contact if they had any concerns about any aspect of people's care at the home.

People were safeguarded against the risk of being cared for by unsuitable staff because there were appropriate recruitment practices in place. Staff were checked for criminal convictions and satisfactory employment references were obtained before they started work. Where staff were required to commence work before their disclosure and barring check (DBS) had come through the provider had a risk assessment policy in place which ensured that staff could commence their induction and training and did not work with people unsupervised prior to obtaining their DBS.

The environment that people lived in was safe. There was a system in place to ensure the safety of the premises as regular fire safety checks and fire drills were in place. People had emergency evacuation plans which detailed their mobility status, awareness and numbers of staff required to safely evacuate them.

People's medicines were safely managed. People said that they got their medicine when they needed it. Some people using the service received their medication in a covert method. The service had sought consent from people, or their relatives and had obtained guidance and consent for each person from the pharmacist and doctor about whether this would be a suitable method of administration. Staff had received training in the safe administration, storage and disposal of medicines and they were knowledgeable about how to safely administer medicines to people in the way that they preferred.

Good

Is the service effective?

Our findings

People received care which was based on best practice, from staff who had the knowledge and skills needed to carry out their roles and responsibilities effectively. New staff received a thorough induction which included classroom based learning and shadowing experienced members of the staff team. The induction was comprehensive and included key topics on dementia care and person centered care. The induction was focussed on the whole team approach to support people to achieve the best outcomes for them. One staff member told us "The induction was really good; I had to complete all of my training before I worked on my own and everyone was really supportive to me as a new member of staff." The provider was following good practice guidelines for newly recruited staff and a plan was in place that all new staff undertook the new care certificate.

Staff had the guidance and support when they needed it. Staff were confident in the registered and deputy manager and were happy with the level of support and supervision they received. They told us that the managers were always available to discuss any issues such as their own further training needs. One member of staff said "I can have a supervision meeting whenever I want one; the manager is very good like that." We saw that the registered and deputy managers worked alongside staff on a regular basis. This helped provide an opportunity for informal supervision and to maintain an open and accessible relationship. Staff said they had regular supervision meetings and we saw that annual appraisals were in place to provide staff with feedback on their performance and to discuss any additional training requirements.

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).

Staff understood their roles and responsibilities in relation to assessing people's capacity to make decisions about their care. They were supported by appropriate polices and guidance and were aware of the need to involve relevant professionals and others in best interest and mental capacity assessments. We noted that best interest meetings had taken place and had involved family members and relevant professionals and if appropriate advocates.

People were supported to maintain a healthy diet; people's weight was regularly monitored to ensure that people remained within a healthy range. Where indicated; referrals to dietitians had been made for further assessment. We spoke with staff that were familiar with people's dietary requirements such as the texture of the foods they required, or if fluids needed to be thickened when people had difficulties swallowing. The chef showed us how they adapted foods to meet people's requirements and they were knowledgeable about people's likes and dislikes.

People's assessed needs were safely met by experienced staff and referrals to specialists had also been made to ensure that people received specialist treatment and advice when they needed it so that people were able to receive ongoing monitoring and treatment of health related conditions. People had access to GP's and district nurses. We spoke with a district nurse who was visiting on the day of inspection and they said they had no concerns with people's health care needs and people were referred to them in a timely manner.

Good

Is the service caring?

Our findings

All of the people we spoke with told us the quality of care they received was good and the staff were kind, caring and supportive. One relative told us, "It's absolutely wonderful here. It's always warm and the staff are always friendly. The staff never seem panicked or like they're rushing around. The staff are very good. [Name of relative] always looks well looked after and has matching clothes. There's nothing negative about it here." One person told us, "The staff treat me very well. They're very nice."

Staff were caring and kind and showed compassion and empathy to people. One person said, "The staff are sociable and they're fond of us." Another person said, "We sit and have a good natter and sometimes the staff join in – it's nice!" We saw staff reminisce with people about their past and treat people well. Staff showed care and consideration for people and offered assistance when required. We observed one lady walking with a member of staff who appeared to be struggling with their handbag. The member of staff offered to carry the person's handbag and when this was declined they altered the way they were assisting the person to make it easier for them to carry their handbag themselves. We observed dementia friendly signs, sensory equipment and activities were available throughout the home.

People were able to join in the festive activities with their loved ones. The home had made a 'Santa's grotto' and for the weekends throughout December family members were invited to visit. One person said "It is going to be lovely seeing my great grandchildren sitting with Santa."

People were treated with respect and dignity. One person told us, "Staff speak to me like an adult and always with respect; I am more than happy with all of them." The staff we spoke with provided us with clear examples of how they would ensure people's privacy and dignity was maintained. We saw this knowledge being put into practice, such as by knocking on doors before entering people's bedrooms and being discreet when encouraging support with personal care.

People told us they felt involved in making decisions about their daily lives. They said staff consulted them and asked their opinions and advice which helped them to maintain their independence. For example, one person described how the chef spoke with them every day to ask what they wanted to eat. They explained how food and choosing meals had always been important to them and they liked that they still had control over this aspect of their life.

Care records contained life histories and information about people's social, cultural and spiritual needs and preferences, interests, hobbies and likes and dislikes in relation to key areas such as leisure activities and diet. Staff used this information to provide appropriate care and support such as engaging people in conversations about topics which interested them. People were encouraged to express their views about how they wanted their care to be delivered and this information was then used to deliver person centred care.

Good

Is the service responsive?

Our findings

People were assessed before they came to live at the home to determine if the service could meet their needs. The assessment included risk assessments and identification of any additional equipment that would be required. We looked at the records of one person that had come to live at the home and we noted that the pre admission assessment had identified a need for further assessment by healthcare professionals and that these assessments had been carried out promptly when the person moved into the home so that their needs would be met without delay. This involved ensuring that the care that was planned met people's requirements.

The assessment and care planning process also considered people's hobbies and past interests. We saw that this had been incorporated into individual care plans to give staff an understanding of what to talk to people about and what interested them. One relative told us that they were fully involved in the care planning process with their relative and it helped to reassure the relative and the person using the service that staff knew a lot about them.

Care plans were reviewed on a regular basis to help ensure they were kept up to date and reflected each individual's current needs. The deputy manager told us when any changes had been identified this was recorded in the care plan; this was confirmed in the care plans that we viewed. People had one to one time with their identified keyworker and any action required from this one to one time was identified and we saw that actions had been completed. People also had reviews of the service they received by the local funding authority and this was documented in their personal files.

The risk of people becoming withdrawn and lonely within the home was minimised by encouraging them to join in with the activities that were regularly organised. People living in the home were involved with arts and crafts, baking, musical entertainers, BBQ's and garden entertainment in summer months, indoor games and various interactive activities. The home was becoming 'technology friendly' and Wi-Fi had been installed throughout the building, laptops and an iPad had been purchased are were being introduced to the residents. The activity co-ordinator told us how they were using the iPad and accessing 'YouTube' with people who lived at the home to spend time reminiscing about 'old Northampton'. Care staff made efforts to engage people's interest in what was happening in the wider world and local community.

Staff were responsive to people's needs. They spent time with people and responded quickly if people needed any support. Staff were always on hand to speak and interact with people and we observed staff checking people were comfortable and asking them if they wanted any assistance. We saw staff communicate with people using visual prompts and assistive technology to ascertain if people required any extra support and to check people were consenting to choices they were making.

People participated in a range of activities which included visiting the local park and the pub, involvement in the harvest festival scarecrow competition, in house firework displays and performances from the staff team. One family member said "[My Relative] is always busy doing something; they are much more active now they live here than when they were living at home." One person told us about the 'dance performance' the staff put for them and said it was "Fantastic to see staff enjoying themselves while trying to entertain us."

When people were admitted to the home they and their representatives were provided with the information they needed about what do if they had a complaint. There were appropriate policies and procedures in place for complaints to be dealt with including easy read versions for the people living at the home. There were arrangements in place to record complaints that had been raised and what had been done about resolving the issues of concern. Those acting on behalf of people unable to complain or raise concerns on their own behalf were provided with written information about how and who to complain to. Relatives said knew how to raise a concern or a complaint and we saw evidence of this and what actions had been taken and how any learning was carried forward and procedures changed as a result.

Good

Is the service well-led?

Our findings

People, their relatives and staff all had confidence in the management of the service. All the people that were able to talk to us said that they had confidence in the deputy and registered manager. One person said "[Deputy Manager] always cheers me up; say's hello to me every morning without fail."

Staff were confident in the managerial oversight and leadership of the management and found them to be approachable and friendly. They said the registered and deputy manager worked alongside them and were able to give advice and guidance where needed. Regular staff meetings took place to inform staff of any changes and for staff to contribute their views on how the service was being run. Staff were provided with up to date guidance and felt supported in their role.

Staff were clear on their roles and responsibilities and there was a shared commitment to ensuring that support was provided to people at the best level possible. Staff were familiar with the philosophy of the service and the part they played in delivering the service to people. One member of staff said "We are like a family here, we all care for the residents and look after them really well."

Staff felt able to request changes to practice. One member of staff said they had asked for a sum of money to be readily available within the home so that Christmas presents could be purchased for the people that lived there. The manager arranged for this to take place and the member of staff said, "It is fantastic; we are able to purchase personalised gifts for people."

The service produced a newsletter for friends and relatives and was very informative with pictures of events that had taken place, information on upcoming events and improvements that were being made to the service. One relative told us "I think the newsletter is great, it's amazing how much actually goes on in a couple of months." The home had developed for staff 'star of the month award' which was chosen by nominations from other staff, people who used the services and their friends and relatives. Staff said they thought this was great because people who used the service were able to nominate staff; and staff also received a bouquet of flowers when they were star of the month.

The home was actively recruiting to volunteers and had a good response from people's friends and family members. The provider also offered work placements for students and we saw this was effective; the student who was there on the day of our inspection said "The residents are definitely very well looked after and with the activities we plan we try to make sure everyone has some time spent with them and they hopefully have a good time."

The registered and deputy manager demonstrated an awareness of their responsibilities for the way in which the home was run on a day-to-day basis and for the quality of care provided to people in the home. People living in the home found the deputy and registered manager and the staff group to be caring and respectful and were confident to raise any suggestions for improvement with them.

Policies and procedures to guide staff were in place and had been updated when required. We spoke with staff that were able to demonstrate a good understanding of policies which underpinned their job role such as safeguarding people, health and safety and confidentiality.

The provider had a process in place to gather feedback from people their relatives and friends as annual satisfaction surveys were carried out. The home also had a 'dignity tree' where people, relatives and visitors could leave comments about the service. Some of these from people who used the service included "I really enjoyed myself watching 'Saturday Night Fever' and another said "I really loved cheese and crackers on the pickle day."

There were arrangements in place to consistently monitor the quality of the service that people received as a monthly audit plan was in place and audits had been carried out by the manager, senior staff and external commissioning groups. We noted that when improvements had been required an action plan had been produced. We discussed the action plan with the deputy manager and found that all the actions required to improve the quality of the service had been completed.

Records relating to the day-to-day management of the service were up-to-date and accurate. Care records accurately reflected the level of care received by people. Records relating to staff recruitment, and training were fit for purpose. Training records showed that new staff had completed their induction and staff that had been employed for twelve months or more were scheduled to

Good

Is the service well-led?

attend 'refresher' training or were taking a qualification in care work. Where care staff had received training prior to working at the home they were required to provide certificated evidence of this.