

Dryband One Limited

# Temple Croft Care Home

## 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

Temple Croft provides personal care and support for up to a maximum of 35 older people, some of whom may be living with dementia. The service is an old detached building which has been extended over the years. It is in a central location and local facilities and amenities are within walking distance. There is a good range of communal rooms on the ground floor. Bedrooms are provided on the ground and first floor with lift and stair access. At the time of our inspection visit there were 25 people using the service.

This inspection took place over two days on 24 January and 1 February 2017 and was unannounced. At the last inspection in November 2014, the service was rated 'Good'. At this inspection we found the service remained 'Good'.

The service was safe. Care staff had received training to ensure they knew how to recognise and report potential abuse. Risks to people were identified and plans were available to help manage and minimise these from occurring. At the previous inspection the registered manager had identified the provision of external storage facilities in a static caravan placed a potential risk to staff. At this inspection we found the caravan had been removed and replaced with a new shed, which removed this risk. Medicines were managed in a safe way and checks were made to ensure staff were competent to administer people's medication. There were sufficient numbers of staff available to meet people's needs.

The service was effective. Care staff were provided with effective training, support and development opportunities to enable them to meet people's needs. People were assisted to have maximum choice and control of their lives and care staff supported them in the least restrictive way possible. Policies and systems in the service supported this practice. A variety of food and drinks were provided to enable people to have choices about these and ensure their nutritional needs were supported and maintained. People's care records showed that, where appropriate, support and guidance was sought from relevant health care professionals, including district nurses and GPs.

The service was caring. People and their relatives were included in decisions about the way their support was provided. People were treated with dignity and respect and staff provided their support in a kind, caring and compassionate manner. People were consulted and their opinions and views were considered to enable the service to learn and develop.

The service was responsive. People received their support in an individualised way, which was personalised to meet their needs. A range of care plans were developed and reviewed for people that reflected their wishes and preferences. People were provided with a wide variety of activities to enable them to have opportunities for meaningful social interaction. People's feedback, including complaints, was welcomed by the service and was acted upon.

The service was well-led. The service was inclusive and people, their relatives and staff were positive about

the way it was managed. Systems were in place to enable the quality of service people received to be assessed and monitored, and these were being further developed to enable the service to continually improve.

Further information is in the detailed findings below.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

<b>Is the service safe?</b> The service was good.	<b>Good</b> ●
<b>Is the service effective?</b> The service remains good.	<b>Good</b> ●
<b>Is the service caring?</b> The service remains good.	<b>Good</b> ●
<b>Is the service responsive?</b> The service remains good.	<b>Good</b> ●
<b>Is the service well-led?</b> The service remains good.	<b>Good</b> ●

# Temple Croft 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 unannounced inspection was carried out by an adult social care inspector and took place on 24 January and 1 February 2017. This meant the registered provider and staff did not know we would be visiting. At the time of our inspection there were 25 people using the service.

Before the inspection we asked the local authority safeguarding and quality performance teams for their views about the service. We also looked at the information we hold about the registered provider, including people's feedback and notifications of significant events affecting the service. We looked at the Provider Information Return (PIR). This is a form we ask the registered provider to give key information about the service, what the service does well and what improvements they plan to make.

During our inspection we observed how staff interacted with people and their relatives. We used the Short Observational Framework for Inspection (SOFI) in the communal areas of the service. SOFI is a way of observing care to help us understand the experiences of people who could not talk with us.

We spoke with five people who used the service, three visiting relatives, four members of care staff, a senior carer, two members of ancillary staff, the registered manager and a member of senior management staff for the registered provider.

We looked at three care files belonging to people who used the service, three staff records and a selection of documentation relating to the management and running of the service. This included staff training files and information about staff rotas, meeting minutes, incident reports, recruitment information and quality assurance audits. We also undertook a tour of the building.

# Is the service safe?

## Our findings

People who used the service were protected from risk if abuse and avoidable harm. People told us they felt safe and comfortable in the home. They said they liked the staff and trusted their skills. One person told us, "This place makes me feel very safe. I want to stay on a permanent basis, I feel as though they are family." Speaking about a member of their family a relative told us, "I feel they are safe here, we came and looked around and feel this place is like a home from home. We know they are happy, but they have dementia now and couldn't cope at home."

Staff demonstrated a positive understanding of their responsibilities to ensure people were protected from potential harm and training had been provided to ensure they knew how to report issues of possible abuse. Staff had confidence the registered manager would take action to follow up any safeguarding concerns when this was required.

Staff recruitment practices were safely followed and relevant checks were completed before new employees were allowed to work unsupervised. Pre-employment references were followed up before offers of employment were made, together with official checks by the Disclosure and Barring Service (DBS). This helped ensure safer recruiting decisions were made and minimised the risk of unsuitable people working with vulnerable adults.

A positive approach was adopted to ensure people were supported to take risks and where possible be encouraged to make choices and decisions concerning their lives. We found the service was working proactively with the local authority falls team to promote people's independence and reduce potential risks of injuries. Incidents and accidents were monitored regularly to enable the service identify potential themes and take action to minimise them from reoccurring again. Regular checks were completed to ensure the environment and equipment was well maintained and a new facility had been created for the storage of equipment in order to reduce potential risks for staff.

Systems were in place for the safe management of medicines. People's medicines were securely maintained and staff had completed relevant training on this and had their competencies to administer medicines checked on a regular basis. Medication administration records (MARs) had been accurately completed and medicines were audited on a monthly basis. The supplying pharmacy visited annually to check the medication systems in the service were used correctly. One person told us, "The care staff give my medication and the right tablets on time, I like how they always tell me what they are and what they're for."

There were sufficient members of staff available to meet people's needs. Care staff were available to respond to people's needs and requests in a timely manner. We observed care staff worked well as a team and saw they interacted positively with people who used the service. We found staffing levels were assessed on an on-going basis, according to people's individual needs and dependencies and ensure there were sufficient numbers of them available. One person told us, "I rang the bell the other day and the staff came straight away, I have never had to wait."

# Is the service effective?

## Our findings

People were very positive about their care and support and felt their quality of life had improved since they moved into the service. People told us they felt care staff were well trained and able to do their jobs. One relative commented, "The staff manage people well and give reassurance when it's needed. They use a flexible management approach and use diversionary objects for comfort when people are distressed. Staff are all very caring and understanding."

Staff training records showed a variety of opportunities were provided to enable care staff to develop their skills and receive professional supervision and ensure they understood their roles and responsibilities. We found this included training on people's specialist needs together with participation on nationally recognised courses to help them develop their careers.

We found care staff had a good understanding of their duty to promote and uphold people's human rights. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We found the registered manager had submitted DoLS applications appropriately and maintained records for when these needed to be renewed.

People were supported to maintain a balanced diet and we found people were positive about the quality of the food that was served. One person told us, "The sponge cakes melt in your mouth and we have thick slices of roast beef and Yorkshire puddings if we want, but the cook is always there with an alternative if you want one." Arrangements were in place to ensure people's dietary intake was monitored appropriately and action taken to involve community specialists, such as dieticians and speech and language therapists where people had difficulty with swallowing.

People were supported to maintain their health and wellbeing. The service had close links with community healthcare professionals, such as the district nursing service and GPs. People's care records contained evidence of consultation with them together with close monitoring of their medical conditions with visits from professionals arranged promptly when needed. A relative told us, "Staff involve them in everything and we're invited to participate in reassessments of their needs every year."

We observed people's specialist needs had been considered in the design and adaption of the building. Specialist signage was available to help people orientate themselves around the service, together with use of comforting diversionary objects, such as realistic pet animals to help provide reassurance when this was required.

## Is the service caring?

### Our findings

People and their relatives told us that care staff were very kind and showed consideration for their individual needs to ensure their personal dignity and wishes were respected. There was evidence of an inclusive culture in the service and we saw that care staff had established strong relationships with people and encouraged their relatives to visit and take part in the life of the home. One person told us, "I've lived here for 10 years and love them all. Another commented, "These girls need medals as big as dustbin lids. I had a fall at home and was off my feet, but they got me walking again, I love them all dearly."

Care staff interacted with people in a sensitive and compassionate manner and engaged with them in a caring way. We observed care staff showed a positive regard for what was important and mattered to people and saw they knelt down closely to people when talking with them to ensure they were understood. We observed care staff used sensitive touch and encouragement to help people have reassurance and enable their independence to be maximised.

Information in people's care records contained information about their preferences and wishes to help staff support their personal aspirations for the future. One person told us how staff involved them in choices about the delivery of their support and promoted their wishes for independence sensitively. This person said, "I like to be in control and these staff won't do anything, without telling me what they are going to beforehand. For example they say, I'm going to do your back before they do."

People told us care staff respected their wishes for privacy and spoke to them in a respectful manner. One person told us, "They always call us by our names and ask, how are you today [name]? are you all right [name]? would you like a cup of tea [name]? or [name] where would you like to sit?"

Information was available about the use of advocacy services was available to help people have access to independent sources of advice when this was required. Details about people were securely maintained and we observed care staff respected their wishes for confidentiality and did not disclose this to people that did not need to know.



## Is the service responsive?

### Our findings

People who used the service confirmed they were involved in decisions about their support to ensure it was personalised to meeting their individual needs. People told us they had no complaints about the service and were happy with the way their support was provided.

Information in people's care records contained a range of assessments and care plans about their individual needs, to help care staff support their wishes and aspirations. We found people's care plans were reviewed and updated on a regular basis and found that people and their relatives were involved in this process.

A wide range of activities were available to ensure people had opportunities to engage in meaningful social interaction. The activity worker was enthusiastic and full of ideas about ways of engaging with people to enable them have stimulating opportunities. A regular programme of activities was in place that included music and singing groups, softball exercises, baking and reminiscence sessions, together with trips out to places of interest and visits from entertainers. We observed a group of people taking part in a game of musical bingo and heard them happily singing along. We found people had opportunities to have one to one time with staff and saw one person completing a jigsaw with staff. We observed smiling faces on people as they took part in the activities provided and saw they enjoyed the friendly interaction from staff. One person told us laughingly, "We're on a roll now, here we go." They went on to recite poem, "I think that I will never see a flower as lovely as a tree" which they had remembered from the past.

Throughout the inspection we observed there was a calm and therapeutic atmosphere throughout the home and we saw people attending a hairdressing session and enjoying ice creams that reminded them of trips to the coast.

A complaints policy was in place to ensure people's concerns could be listened to and addressed. People told us they knew how to make a complaint and felt that these would be followed up when required in line with the registered provider's policy for this. A relative told us "I know what to do and who to speak to if I was unhappy. I know and feel confident things would be dealt with straightaway."

## Is the service well-led?

### Our findings

People who used the service and their visiting relatives said they had confidence in the service and felt it was well-led. Speaking about their member of family a relative told us, "[Manager's name] knows them very well and we're very confident in them but have never needed to raise a concern," whilst a person who used the service stated, "Nothing is too much trouble from management; it's all done for you if you want."

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

The registered manager had a wealth of knowledge and experience to manage the home and took their role very seriously. The registered manager had received a Management & Leadership Award in the last year from the local authority and notified the CQC about incidents and notifiable events that occurred during the delivery of the service. The registered manager worked with and welcomed the involvement of care home improvement initiatives, such as the local authority quality review team and the Falls prevention collaborative to help the service to continually improve.

We saw evidence of systems and procedures in place to enable the quality of the service to be monitored and assessed. A new quality assurance system was being implemented to enable the registered provider to assess the level of service provision and be improved. We found this included regular visits from the registered provider's senior management team to ensure that where shortfalls were noted, action plans were developed and followed up in a timely manner.

The service had a positive and inclusive ethos that welcomed the involvement of staff and people who used the service. Care staff were confident about their roles and enjoyed their work. Care staff told us the registered manager was supportive and encouraged them to question their attitudes, values and behaviours and helped them develop their skills. We found three members of staff had been nominated by the registered manager and recently got through to the finals in a local authority awards ceremony. Care staff told us that feedback was given to them in a constructive way. One member of staff told us, "Management listen and are our open and happy for us to bring ideas and suggestions." Regular meetings took place with people who used the service and staff to enable them to participate and provide feedback on developments in the service.