

Dryband One Limited

# Temple Croft Care Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Temple Croft is a residential care home providing personal and nursing care to people living with dementia and people aged 65 and over. At the time of the inspection 32 people were residing at the service. The service can support up to 40 people.

### People's experience of using this service and what we found

People's medicines were not always managed safely. Records were not accurate and we could not be assured people received their medication as prescribed. Staff received training but their competencies were not assessed. Risks to people were not always mitigated. Accident and incidents were not recorded correctly or monitored effectively so lessons could not be learnt. The risk of spread of infection was not always mitigated. Recruitment checks had been carried out but not fully explored.

There was no registered manager at the service. Governance systems were not robust and had failed to identified areas of concerns we identified. This included risk management, medication, infection control and activities. Where information could have been used to develop the service and improve standards of care this had not been done.

Feedback throughout the inspection was that people were happy with the care they received. People told us they felt safe. People's diverse needs were met. There was limited activities observed during the inspection.

We have made a recommendation regarding activities.

We received positive feedback from people and their relatives regarding the staff. However, we saw one occasion where one person was not treated with respect by staff. People's confidential information was not always protected.

People were supported to access health care however, we saw on one occasion this was delayed due to important information not been shared between staff. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People were supported with their nutritional needs.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was good (published 8th March 2017)

### Why we inspected

This was a planned inspection based on the previous rating.

### Enforcement

We have identified breaches in relation to the management of medicines and risks, and good governance.

Please see the action we have told the provider to take at the end of this report.

### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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 not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was not always caring.

Details are in our caring findings below.

**Requires Improvement** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# Temple Croft Care Home

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

This inspection was carried out by one inspector and one assistant inspector.

#### Service and service type

Temple Croft is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with the Care Quality Commission. This means the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with two people who used the service and six relatives about their experience of the care provided. We spoke with seven members of staff including the manager, the nominated individual, team

leader, two care workers, the activity coordinator and the chef. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We spoke to one further staff member and one health and social care professional.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely; Assessing risk, safety monitoring and management

- Medication was not administered safely. The balance of medications administered was inconsistent with the amount of prescribed medication to be administered. This meant that we could not be sure that all medicines were being given in line with the prescriber's instructions.
- When people were refusing medication, staff did not seek advice from a GP. This meant one person was receiving a lower dose of medication for a number of weeks.
- Medication records were not correctly completed. For example, we found one MAR had no name, address or date of birth on. When staff had handwritten MAR charts they had not always ensured that these were double signed and checked.
- Staff had not received competency assessments to ensure they were competent to administer medication
- Risks to people were not always managed safely. For example, falls risk assessments and care plans lacked detail and guidance for staff to follow
- Reviews of care plans and risk assessments were not effective. For example, we saw one person had increased falls one particular month, the review of the person's risk assessment said the risk assessment was working well.

Due to the unsafe management of medication and failure to manage risk to people this was a breach of Regulation 12 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

- Health and safety checks were regularly conducted to ensure the environment was safe.
- People had their individual evacuation needs assessed. Staff were aware of how to evacuate people in the event of a fire.

Staffing and recruitment; Systems and processes to safeguard people from the risk of abuse

- When reports of poor practice from staff had occurred, action had been taken. However, extra precautions had not always been taken to safeguard people.
- Recruitment checks had been carried out, but records were not always thoroughly explored. For example, when people gave dates of previous employment and these did not match references.
- People told us there was sufficient staff to meet their needs.
- Staff had knowledge of safeguarding procedures.
- People told us they felt safe. One person told us, "It's a nice place to live, I'm looked after very well. The staff always check to see if I'm ok."

### Preventing and controlling infection

- During our first day of the inspection, we noted the home was not free from malodours in some communal areas. Some of the bedrooms had stains on the carpets and used commodes in people's bedrooms were left without lids on. There was some damaged furniture in communal areas and bedrooms which presented an infection control risk. We reported this to the registered manager and on the second day of inspection the service was free from malodours and carpets had been replaced.
- Staff wore personal protective equipment when required and there was adequate stock available.

### Learning lessons when things go wrong

- Accidents and incidents were recorded; however, they didn't always contain correct information.
- Accidents were monitored; however, there was no evidence to show that any trends identified were fully explored.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People received support from health care professionals. However, on one occasion, we saw one person had a fall and this was not handed over to staff. This led to a delay in seeking medical attention. The nominated individual addressed this with staff during the inspection.
- People and their relatives told us they were supported to see other healthcare professionals. One relative said, "When my relative was unwell they had a doctor out straight away."
- Relatives told us people received support to live healthy lives. One relative told us, "[Name] only had six to eight weeks to live last October, and she is still here; that's because of they treat her and look after her."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Assessments were carried out prior to people moving into the home to ensure their needs could be met.
- People and relatives told us they were involved in the assessment and care planning process.

Supporting people to eat and drink enough to maintain a balanced diet

- People told us they liked the food, one person told us, "The food is marvellous, what more could you want. The chef is a good cook. If I want anything to eat I just have to ask."
- Food and drink were available throughout the inspection. We observed the meal time experience and saw people were supported with their meals were required.
- Care plans recorded people's needs regarding their fluid and diet intake.
- Kitchen staff were aware of people's dietary preferences and ensured special diets were catered for.
- People were given choice of meals however, this could have been improved with the use of different techniques. The nominated individual told us going forward, they would be trialling different options to promote choice to people.

Adapting service, design, decoration to meet people's needs

- Where people with dementia required, doors had been painted different colours and people's names and pictures put on their doors to help them recognise their rooms.
- People were able to access the outdoors with a secure garden, which was nicely presented and had seating areas.

Staff support: induction, training, skills and experience

- When performance issues had occurred, we saw there was no increased supervision or monitoring of staff.
- Staff received induction and ongoing training. Staff were satisfied with the training they received and told us they could request additional training if there was anything they felt would be beneficial.
- People and their relatives told us staff were knowledgeable in their role. One relative told us, "Staff are very knowledgeable and know what they are doing."

#### Ensuring consent to care and treatment in line with law and guidance

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. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- Capacity assessments were conducted, however records of decisions and who had been involved were not completed. We discussed this with the manager who assured us going forward these would be completed.
- Before people received any care and treatment staff tried to gain their consent and act in accordance with their wishes.
- Where it had been identified that people were being deprived of their liberty, appropriate applications had been submitted to the local authority.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us they were treated with well and respected. However, during the inspection, we observed one interaction where one person was not treated with respect by staff. Staff showed a lack of empathy to this person when they stated they were feeling unwell. We raised this with the manager during the inspection, however we were not assured with their response.
- People gave positive feedback regarding the staff. One person told us, "The staff always check to see if I'm ok, they make my day."
- People were supported to follow their faith; there was information in people's care files about any needs in relation to protected characteristics of the Equality Act.

Respecting and promoting people's privacy, dignity and independence

- People's personal information was not always securely protected to ensure confidentiality. For example, we saw people's post had been posted through the front door and was on the floor in the reception area. We saw MAR charts left on top of trolleys open during medication rounds. The manager addressed this during this inspection.
- People and their relatives told us their privacy and dignity were respected. One person told us, "The staff always knock on my door when they want to come in."
- Staff provided examples to demonstrate how they supported people to feel comfortable when delivering support with personal care tasks.
- Staff supported people to maintain their independence and skills where possible. For instance, by letting them do as much as possible for themselves when dressing, mobilising and eating.

Supporting people to express their views and be involved in making decisions about their care

- Staff offered people choices and involved them in discussions.
- There was a record of people's agreement to their care plan, and where relevant, there was information to show when relatives had been involved in discussions about their relative's care plan.
- People could access independent support with decision making and expressing their views; the manager was aware how to support people to access local advocacy services.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has now remained the same. This meant people's needs were met through good organisation and delivery.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The service had an activities coordinator to facilitate activities, however, during the inspection we saw limited activities to provide people with stimulation.
- We received feedback that most people felt there was adequate activities available, however we did receive feedback from one person that activities could be improved.
- People were supported to maintain relationships with their relatives and friends.

We recommend the provider reviewed the activities provided.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People and their relatives told us they were happy with the care they received and that they received person centred care. Comments included, "I don't think I can get a better place to be looked after" and "Very person-centred care; people are well looked after and it's in line with what the person wants and chooses".
- Peoples care plans did not always contain person centred information. However, staff knew people well and could tell us their likes and dislikes etc. The nominated individual and manager were aware care plans required improvement and were in the process of implementing a new online system which would improve this.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- We looked at how the provider complied with the Accessible Information Standard. Documents were available in easy read formats to ensure people were able to understand information.
- People's communication needs and preferences were recorded in their care plan and staff were aware of them.

Improving care quality in response to complaints or concerns

- The service had a complaints procedure in place. Complaints had been responded to appropriately.
- People and their relatives told us they felt confident to raise any concerns or complaints and that they would be dealt with. One relative told us, "I have never had to complain, but I would go to the manager and they would deal with it."

#### End of life care and support

- The service was not supporting anybody with end of life care at the time of inspection.
- People's end of life wishes had been discussed, however could be explored further. The manager assured us this would be developed further with the introduction of the new care planning system.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Continuous learning and improving care

- The registered manager had recently left the service. A new manager had been appointed and the service was undergoing a period of transition.
- Governance systems in place were not effective as they had failed to identify the concerns we found with regards to infection control, medication, risk management, confidentiality and activities.
- The provider had a quality audit for the manager to complete, however there was no recent records of this been carried out.
- Surveys were carried out although not on a regular basis, and the feedback of these were not always used for continuous learning and to improve care.
- When concerns were brought to the managers attention during the inspection regarding staff approach, we received no real assurance that a positive culture was promoted at the service.
- There was a lack of monitoring of staff in the format of supervisions when incidents and performance issues occurred.
- Accidents were monitored but trends had not been explored, some accidents did not contain accurate information.
- Records in relation to recruitment did not evidence checks had been robust.

Systems were not effective to assess, monitor and improve the quality of service people received, records were not always accurate and contemporaneous. This was a continued breach of regulation 17(1)(2)(a)(Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following the inspection, the nominated individual sent us an action plan of how they were going to address the concerns identified at inspection.
- Staff told us they felt supported but further time was needing to build a positive culture following management changes.
- We received mixed feedback regarding the leadership of the service. One relative told us, "The management and leadership are brilliant I can't fault it." Another relative told us, "There is a lack of leadership since the registered manager left. The new manager doesn't seem to have knowledge of what's going on; we can't get straight yes or no answers."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- We received feedback from one relative that they were not correctly informed about the circumstances of their relatives' accident.
- The provider had notified CQC when incidents had occurred.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- There were limited community links in place, apart from outside entertainers visiting the home.
- Resident and relatives' meetings were held, and people were encouraged to give their views about all aspects of the.
- Staff meetings were held, and staff said they could raise any concerns or feedback at these meetings.
- The service worked in partnership with health professionals.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  Medication was not managed in a consistently safe way. Risks to people were not always mitigated. Regulation 12 (1)(2)(g)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider's governance systems were not sufficiently effective to monitor and improve the quality and safety of the service. Records were not always accurate and contemporaneous. Regulation 17(1)(2)(a)(b)(c)(f).