

Teme Care Limited

Temecare Limited - Teme Court Residential Care

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

About the service

Temecare Limited – Teme Court Residential Care is a residential care home providing personal care to 16 people aged 65 and over at the time of the inspection, some of whom may be living with dementia. The provider can accommodate up to 21 people in one adapted building.

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

People and their relatives were happy with the care they received and felt safe because of the support provided by staff who knew their needs.

The provider had processes in place to protect people from avoidable harm and abuse. Staff were aware of their responsibilities in relation to this and were clear about the way to escalate any concerns they identified. Risks to people were identified using best practice tools and guidance, and care was planned so people's safety was maintained.

The home environment was clean and tidy, and staff worked to reduce the risk of infection. When accidents or incidents occurred, learning was identified to reduce the risk of them happening again.

Staff were available to provide a timely response to people and provide safe care. People received their medicines as prescribed and medicines were managed so people's health needs were met.

People received an assessment before they moved into the home. Care plans reflected people's needs and were reviewed at set intervals or when a person's needs changed to ensure they reflected the latest care people needed.

Staff received training relevant to their roles and had regular supervision. People's nutritional and health needs were promoted, and the home environment was maintained with ongoing improvements taking place.

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's ability to access information was assessed to ensure they had access to information relating to their care and consent to care was gained.

Staff were kind and caring. They respected people's privacy and dignity and supported people to be as independent as possible.

People received personalised care which promoted their preferences. Their care plans reflected their needs and staff understood people's needs. Ongoing action plans were in place to further improve people's opportunities to recreational activities. Planned events took place to help people mark different times of the

year.

People's wishes at the end of their lives were respected and staff worked with healthcare professionals to ensure people were pain free and comfortable.

The provider had processes in place to deal with people's complaints should they arise. People and relatives were aware of how to raise any concerns and felt comfortable in doing so should they need to.

The registered manager worked in an open way with people, their relatives, staff and health and social care professionals to provide a good quality of life for people. There were clear leadership and people told us they could speak with staff, the registered manager, deputy manager or the provider if there were issues. Staff felt supported by the manager team and worked well as a team. Systems were in place to monitor the quality of the service and the care provided and actions were taken to continuously improve the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was requires improvement (published 31 January 2019).

Why we inspected

This was a planned inspection based on the previous rating.

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.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Temecare Limited - Teme Court Residential Care on our website at www.cqc.org.uk.

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.

Details are in our safe findings below.

Is the service effective?

Good 

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good 

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good 

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good 

The service was well-led.

Details are in our well-led findings below.

Temecare Limited - Teme Court Residential Care

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.

Service and service type

Temecare Limited – Teme Court Residential Home 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.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We looked at the 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 also sought feedback from Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. This information helps support our inspections. We used all this information to plan our inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service

does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with four people who used the service, and two relatives about their experience of the care provided. We spent time with people and saw the care provided by staff. 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 spoke with two care staff members, a domestic staff member, cook, personal assistant, the registered manager, deputy manager and provider.

We looked at a range of records. This included two people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff meetings. We viewed a variety of records relating to the management of the service, including quality checks.

After the inspection

We spoke with four relatives and the registered manager provided further information about staff rotas, training and the improvements and plans for recreational activities.

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 Requires Improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and relatives, spoken with were confident people were safe living at the home. One person told us, "I do feel safe here. When I need help they [staff] are always around." People looked comfortable in staff's presence.
- Staff had been trained in recognising signs and symptoms of potential abuse and shared an understanding of who they should report concerns to.
- The registered manager understood their responsibility to report allegations of abuse to the local authority and to the Care Quality Commission.

Assessing risk, safety monitoring and management

- The risks to people's safety were identified and assessed. Staff showed a good knowledge of what measures should be in place to mitigate individual risks.
- One person's physical needs were met by mobility aids to support them. Staff were aware of the aids the person required, to enable them to build their independence whilst still staying safe. Another person required a pressure cushion when sitting and staff made sure this was in place to meet the person's needs.
- Environmental risks to people were assessed and regularly monitored. For example, the differing needs people had in the event of a fire was documented in the personal emergency evacuation plans to reflect the safest way to support people's physical needs.

Staffing and recruitment

- People and relatives, spoken with were confident there was sufficient staff available to meet people's individual needs safely. One person told us, "They [staff] will come when I need help, I'm not left waiting."
- Staff told us people's needs were met safely and without unreasonable delays. There were also examples whereby staff responded to and met people's requests in an unhurried way during our inspection.
- Since our last inspection the registered manager had continually assessed and reviewed staffing arrangements to make sure people's needs were met. The registered manager explained to us how they had also provided care when they had been unplanned gaps in staffing. This had supported the registered manager in their knowledge of people's care needs and staff practices.
- There were systems in place to check that staff employed at the home were safe to work with the people living there.

Using medicines safely

- The provider had systems and procedures in place designed to ensure medicines were stored, administered, ordered and disposed of correctly. These were overseen by the deputy manager who was

proud about how they were maintaining safe and effective medicine practices.

- Staff completed medicines administration records when they had assisted people to take their medicines to indicate people had received their medicines as prescribed.
- There were systems in place to support staff to administer 'as required' medicines in a safe consistent manner. For example, personalised information provided staff with guidance including, what the medicine was for.
- Medicines were stored safely and in line with manufacturer's instructions. There were regular checks on the environment such as room and fridge temperatures to ensure they were within the safe range for medicines to maintain their effectiveness.
- Staff who administered medicines had been provided with the relevant training to do so safely and their competencies were regularly checked.

Preventing and controlling infection

- Since our last inspection the staff and management team had worked together to make sure improvements had been made. For example, wall-mounted soap dispensers and pedal operated bins were now in place to reduce the risks of cross infections.
- The deputy manager held the role of infection prevention and control lead. They were keeping up to date with any changes in best practice and sharing this knowledge with the staff team.
- The home environment was clean, tidy and odour free in all areas. A relative valued the work of the domestic staff member by commenting they were, "Absolutely fantastic, my [family member's] room is spotless."
- Staff received appropriate training for their roles and there were regular checks in place to ensure standards of cleanliness were maintained. For example, a domestic staff member described how they had cleaning schedules which they followed. They told us these were checked by the registered manager, so they had oversight of where any improvements were required.
- Staff used personal protective equipment to protect people from acquiring infections.

Learning lessons when things go wrong

- Incidents were recorded and reviewed by the registered manager. Action was taken to reduce the risk of the incident happening again. For example, where a person had experienced a fall action was taken to review their care needs to make sure they had all the equipment and support required.
- Learning from incidents was reviewed such as at staff team meetings.

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 Requires Improvement. At this inspection this key question has now improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed prior to moving into the home and as their needs changed. This helped to ensure an effective plan of support was developed with people. For some people this had included the use of assistive technology and equipment such as walking aids or pressure relieving mattresses to ensure people were not discriminated against and they were effectively supported.
- People's needs were kept under regular review, using assessment tools, including risk assessments which held detailed analysis of people's needs and risks such as swallowing difficulties and people's behaviour and emotional needs.

Staff support: induction, training, skills and experience

- People and relatives, spoken with were confident staff had the skills to meet people's needs. One person told us, "They [staff] know how to help so that's good enough for me." A relative commented staff had used their knowledge to develop strategies to support their family member's dietary needs.
- At our last inspection staff did not consistently put their training into practice such as making sure a shower chair had been cleaned after it had been used to prevent the risk of cross infections. At this inspection we found improvements had been made. For example, staff used their knowledge and skills when supporting people's needs including making sure hygiene practices were effective in reducing cross infection risks.
- New staff received an induction to ensure they had the skills required to care for people safely. This included time spent shadowing a more experienced staff member to provide both support and build confidence to provide care in an effective way.
- One staff member told us they had felt supported during their induction and it helped them to adjust to their new job roles and in getting to know people.
- Staff members described how the training they received was based on the individual needs of people they cared for. For example, staff were knowledgeable about how to support people living with dementia in an individualised way.
- Staff also attended regular one-to-one meetings [supervision] with the deputy manager or senior staff to receive feedback on their work and identify any additional support they may need. One staff member told us, "It's nice to know whether there is anything I can improve on."

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

- People told us they enjoyed their meals and were offered choices. One person told us, "I like the food, it tastes good."

- We were present at lunchtime and noted meal times were a relaxed and pleasant occasion. People dined in a leisurely way and when necessary they received individual assistance from staff.
- The management, cook and care staff worked together to assess, record and review people's nutritional needs, and any associated risks, with appropriate specialist nutritional advice.
- People were offered a choice of drink with lunch and hot and cold drinks were offered to people throughout the day.

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

- People's health needs were well managed, and they were encouraged to live healthy lives.
- Staff were kind to people and took action when they raised concerns about their health. For example, one person had told staff about their difficulties with their ears. Staff assisted the person in gaining a health appointment. Another person was assisted with their oral health care and this was reflected in their care plan which provides staff with information about regular visits to the dental hygienist.
- People's care plans showed any mental and physical health needs they had been regularly monitored and staff worked with health professionals to support people with their health needs. A local GP also visited the people on a regular basis to discuss and treat any healthcare conditions.
- Staff helped people to access social workers when people's needs both emotionally and physically required reviewing or, where appropriate, emergency medical services in the event they became unwell.

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.

- Staff obtained consent for people's care and support. They understood the principles, of the MCA and people were supported wherever possible to make their own decisions.
- Where people did not have capacity to make decisions, they were supported to have maximum choice and control of their lives.
- The registered manager had made improvements, so documentation was consistently detailed and completed in relation to mental capacity assessments. These showed relevant people had been involved in the best interest decision making process. Staff supported people in the least restrictive way possible.
- DoLS applications were made when required. During our inspection visit a person from the local authority was assessing a person who had been referred to them by the management team.

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 remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were comfortable and relaxed with staff who spoke with them in a caring way and used touch where appropriate. People we spoke with told us staff were kind. One person told us, "They [staff] treat me well. They [staff] care as far as I'm concerned." Another person told us, "They [staff] are all nice, they are good to me." A relative said, "Staff are helpful and kind with it."
- Staff enjoyed spending time with people they were supporting. One staff member commented, "I love the residents [people who live at the home]."
- We saw examples of staff showing the comfort of people who lived at the home mattered. For instance, they checked with a person where they preferred to sit at lunchtime. This was particularly important to the person. For another person it was important they had a certain item with them and staff were aware of this.
- We noted staff understood the importance of promoting equality and diversity. This included arrangements for people to attend religious services at the home.
- The registered manager showed they led by example and made people feel valued by developing positive relationships with them and paying attention to details that mattered. For example, the registered manager greeted people and enquired how they were feeling. Visitors were welcomed by the registered manager and staff who offered them a drink.

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

- People told us they were able to make choices about how they spent their time. For example, they were able to get up and go to bed when they liked. They were also able to choose where they spent times during the day and if they wanted to go to the dining room for lunch.
- Staff understood where people may need additional time to express their views and be involved in their care. We heard examples of how staff understood people well, so they could offer support. For example, a staff member described how they assisted a person to choose what clothes they wanted to wear including the colour of different garments.
- People and relatives had the opportunity to express their views about the service; they said they gave their feedback to staff, management and at meetings.
- We looked at the notes of meetings held with people and saw a wide range of topics were discussed and peoples' views recorded and acted on.

Respecting and promoting people's privacy, dignity and independence

- People and relatives, we spoke with told us staff respected people's privacy and dignity. A relative said any medical treatment their family member required was undertaken in the privacy of their own room and not in

a communal area.

- Staff understood people had boundaries and respected their right to privacy. For example, staff knocked on people's doors even when these were not closed too and knew whether a person preferred to spend time in their room.
- Staff had received training in how to maintain people's privacy and dignity while providing care. They told us how they ensured doors and curtains were closed and how they would encourage people to do as much as possible for themselves.
- Staff ensured confidentiality; discussions about people's care were held in private.

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 Requires Improvement. At this inspection this key question has now improved to Good. This meant people's needs were met through good organisation and delivery.

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

- People and relatives, we spoke with were confident staff knew people's individual needs well and felt involved in their care. One person talked about how they felt involved in their care and another person said, "They [staff] always involve me in my care."
- The management team had made continual improvements to people's care plans following our last inspection. People's care plans held detailed information which was accurate and personal to each person.
- People's individual needs had been considered as part of the assessment and care planning processes. For example, people who required aids to meet their sensory needs were supported to wear these. One person told us how staff supported them with their hearing aids.
- Staff knew people's needs and were able to tell us about the care people needed.
- Staff told us they were happy with the quality of information recorded in the care plans which had improved following our last inspection. In addition, they were kept up to date with changes in people's needs at the start of each shift. These approaches ensured the care reflected people's current needs.

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.

- The management team worked to provide people with accessible information, such as having large print books. They also had pictorial information available for areas such as menus.
- Support plans provided staff with information about people's communication and sensory needs. Staff used this information when they supported people. For example, supporting people to wear their glasses and ensuring these were clean.

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

- People told us they valued spending time with staff on a one to one basis and chatting about their interests and or daily life. This happened during our inspection and visibly enhanced people's feelings of wellbeing.
- Some recreational activities were regular events such as baking, listening and singing to music and participation in different games.
- Other activities supported people to access the local and wider community. For example, going for a drink

and or a meal and or clothes shopping.

- The registered manager was continuing to make improvements to the opportunities people had in relation to recreational activities to support people's well-being. This was important as most people would need staff support to follow their interests and have fun.
- Equipment had been purchased following our last inspection such as a karaoke machine which people enjoyed using. Additionally, people were supported in experiencing different activities for fun and interest, such as arts and crafts, seated Pilates and playing musical instruments.
- There were plans for further improvements which included recruiting an activity coordinator and purchasing an interactive table for people to use.
- People were encouraged to keep in contact with friends and relatives. People regularly received visits from friends and relatives and were encouraged to keep in contact as much as they wished.

Improving care quality in response to complaints or concerns

- Information on how to make a complaint was on display in the home and people told us they knew how to complain. One person told us they had spoken with the provider about their room temperature and how this could be remedied to their liking.
- The registered manager confirmed they had received no complaints in the last 12 months.

End of life care and support

- Staff had received training in supporting people at the end of their lives and understood good care at this time was about supporting the person's wishes and respecting any advanced decisions they had made. Advanced decisions could be about not being admitted to hospital or not wanting to be resuscitated.
- Staff had liaised with other agencies to ensure all medical care was available. This included anticipatory medicines which may be needed to keep the person pain free and comfortable at the end of their life.
- Care plans contained information on any funeral arrangements the person may have already made to ensure their wishes at the end of their lives were followed.
- Staff ensured that they provided care and support to people's family members at this difficult time. This was appreciated and valued by relatives we spoke with.

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 Requires Improvement. At this inspection this key question has now improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and relatives, were positive about the care and the management. One relative told us, "Staff and management are very approachable and supportive." Another relative commented, "[The registered manager] is very accommodating, seems to be turning it [the home] round."
- Everyone we spoke with was complimentary about the registered manager. They felt they had been good for the home. The registered manager and deputy manager had been open and accessible to people living at the home and their relatives.
- Staff told us the registered manager and deputy manager were approachable and they had driven improvements in the care provided and the morale of the staff team. One member of staff told us, "I love my job. I get on with all the staff, they are caring, and we work well together." Another staff member said, "Everyone communicate clearly, it's a team effort."

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

- The registered manager had been open and honest with people and relatives about incidents which happened in the home. They had ensured relatives were kept up to date with any concerns about people's care needs and worked with staff to make the necessary improvements.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager was supported by the deputy manager and provider. The management team told us they had a good working relationship and were proud of their achievements in driving through improvements.
- At our last inspection we found quality checks required to be developed and improved further.
- During this inspection the quality checks undertaken were effective. These had enabled the registered manager and provider to monitor the quality of care provided and to make improvements when needed. For example, regular quality checks undertaken by the management team in relation to the home environment and infection prevention and control practices had supported continual improvements which we found had been sustained.
- Staff were positive about the support they received from the management team to undertake their roles.
- The provider and registered manager had taken action to comply with the regulatory requirements. They had ensured their rating was displayed in the home.

- The management team had notified us about significant events they were legally required to tell us about which happened at the home.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider and management team gathered the views of people living at the home and their relatives. This was done through daily conversations and meetings.
- Staff were also given the opportunity to comment on the care they provided to people. This was through team meetings and one to one [supervision] meetings. Staff told us they felt the registered manager, deputy manager and provider valued their feedback and listened to what they had to say.
- The provider visited regularly and spoke with people and relatives. A relative told us how they valued this as it showed the provider took in an interest in people and the care provided.

Continuous learning and improving care

- The registered manager through the knowledge they had gained shared best practice and ideas which had worked well with the staff team. This had been successful as since the previous inspection continual improvements had been made.
- The registered manager had investigated accidents and incidents and had identified areas where improvements could be made. They ensured this learning was shared with staff and used to improve the quality of care provided.

Working in partnership with others

- Staff consulted with other health and social care professionals and worked with them to meet people's individual needs.