

Valeo Limited

Templefields

Inspection report

Temple Road
Dewsbury
West Yorkshire
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Tel: 01924461056

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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

Templefields is a care home which specialises in supporting adults with a learning disability. It is registered to provide accommodation and support for up to 14 people. At the time of inspection 11 people were living there.

At the last inspection, the service was rated Good.

At this inspection we found the service remained Good.

People received support which was individual to their needs, and risks were minimised wherever possible. Staff received training and support which helped them be effective in their roles. People were supported to have maximum choice and control of their lives. Staff supported people in the least restrictive way possible. The service provider's policies and systems supported this practice. We observed a good atmosphere in the service, and saw people were free to decide how and where they spent their time. The registered manager ensured the quality of the service was monitored, and improvements were made when required.

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.

Is the service safe?

Good ●

The service remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Templefields

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider 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 was a comprehensive inspection which took place on 08 June 2017 and was unannounced.

The inspection was carried out by one adult social care inspector and an expert by experience with knowledge of people with a learning disability. Before the inspection we reviewed the information we held about the provider, including information they had supplied in the Provider Information Return (PIR). A PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We contacted the Local Authority and Healthwatch, to ask if they had information about the service they could share with us. Healthwatch is an independent consumer champion that gathers feedback from people about health and social care services in England. Neither they nor the Local Authority shared any information of concern.

We looked at two support plans and medicines administration records and stocks relating to the people using the service. We also looked at other records relating to the running of the service including: three staff recruitment files, records relating to training, supervision and appraisal of staff and quality monitoring. We observed interactions throughout the day of inspection.

During the inspection we spoke with the registered manager, Deputy manager, and three care staff on duty. In addition we spoke with eight people in the home. We spoke to two relatives on the phone on the day of inspection.

Is the service safe?

Our findings

We reviewed what the provider told us in the PIR. They said, 'Robust recruitment policy and process. Recruitment checks completed prior to staff commencing employment. Staff receive full induction consisting of taught classroom based sessions and shadowing within the service before starting as part of the planned rota. Personal training record in place for staff. Care Certificate in place for new staff. Staffing levels reflect the needs of the service users. These have been reviewed fully in council led person centred reviews. Staff are supported to receive yearly safeguarding training as part of individual training Programmes Staff are supported by a two tier on call system for advice and guidance in the absence of the Manager. Staff trained by internal e learning assessments provided by care shields and external approved training providers. Staff have access to the organisations and local authority safeguarding policy displayed in the home easy read policy displayed in the office accessible to staff and service users & any visitors Care-tech have a whistle blowing policy and hotline displayed'. We saw evidence during the inspection which confirmed this was the case.

People we spoke to told us they felt safe. One person said, "Yes I feel safe I go out every day, I feel very safe." A second person said, "No one makes me feel not safe." A relative we spoke with said, "Yes [name of person] is safe here. They are very good."

People had appropriate risk assessments in their support plans. There was guidance in place for staff to follow to ensure risk was always minimised where possible. The provider had a proactive approach to positive risk taking. This meant people were able to set goals for promoting their independence.

Medicines were managed safely and stored securely. We found records relating to medicines administration were up to date and completed with no gaps. Stocks of medicines were checked at each handover, meaning any errors would be identified in a timely way. We discussed with the registered manager and deputy manager around ensuring all creams should be labelled when opened. The deputy manager completed this on the day of inspection.

Accident and incidents had been reported to safeguarding and the care quality commission where appropriate.

People using the service lived in a homely, well-maintained environment. People were encouraged to contribute to cleaning activities in their bedroom's and throughout the home. One relative told us they had raised a concern in relation to odour in [name of person] bedroom. The registered manager and staff were in the process of working with the person to try and maintain the cleanliness of the bedroom whilst promoting independence.

Is the service effective?

Our findings

We reviewed what the provider told us in the PIR. They said, 'Staff receive regular supervision, appraisal and attend team meetings and the manager and deputy manager operate an open door policy Staff receive a comprehensive list of training fire safety, moving and handling, infection control, food handling, medication, MCA and DoLS. Staff also go on to complete diplomas in care Staff can complete e learning a variety of ways Staff are encouraged to be person centred and support service users to make their own everyday decisions Checks are in place for health and safety and food handling to ensure safe practise Service users have comprehensive support plans and risk assessments which are reviewed regularly Service users have a varied list of activities to enjoy and access a range of health and medical appointments DoLS applications have been made where appropriate'. We saw evidence during the inspection which confirmed this was the case.

We saw evidence to show people were involved in making decisions about their care. People were free to spend their time as they wished. People's capacity to make specific decisions was documented, with procedures in place to ensure people received appropriate support to make choices when they lacked capacity to do so. Where people had capacity we saw they had signed documents indicating their consent relating to decisions such medication procedures and the sharing of records with health and social care professionals.

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). There were six people using the service who had a DoLS in place at the time of our inspection. One had been applied for at the time of inspection.

We observed lunch time; this was well organised and done in a personal centred way, with people coming and going as and when they wanted to eat. The menu was set daily and posted on the wall where people were able to add amendments or slight variations for individual needs. There were no special dietary requirements for anyone, other than a general healthy eating plan for all. We saw people encouraged to prepare meals. On the day of inspection one person decided they wanted to make a pudding as they had seen some rhubarb, staff went along with [name of person] enthusiasm and there was a trip to the supermarket where they chose some apple and then promptly made apple pie and rhubarb crumble. The staff were enabling and allowed [name of person] to lead the cooking, only helping when needed. Everyone we spoke to enjoyed the variety of meals.

Is the service caring?

Our findings

We reviewed what the provider told us in the PIR. They said, 'Staff receive training in dignity and respect and how to approach service users and be person centred Staff use a variety of ways to engage with service users to help them make choices and decisions throughout the day each service user has a support plan which says how they like to be supported and this includes personal care routines, likes and dislikes and health plans and is reviewed regularly'. We saw evidence during the inspection which confirmed this was the case.

People told us staff were caring. One person said, "I just love staff here they are my friends." A second person told us, "I just had a bath and washed my hair its soft, staff helped me." A relative told us, "Very satisfied with the service." A second relative told us, "[name of person] has quite a good life given the circumstances."

We observed lots of small individual adjustments for people by staff to aid communication. For example, speaking directly to people's faces where hearing was an issue and making eye contact with people who had speech impairments. Adjusting their tone and content of the instruction or conversation with individuals. (Not in a patronising way) gently guiding people who weren't quite as stable as others. The whole interacting of staff with individuals was very positive warm and respectful. Each staff member was able to and understood each individual well.

Staff we spoke with had good knowledge of the needs and preferences of people using the service, and spoke about them respectfully. Staff spoke of people's privacy and dignity and how they ensured this happened within the home. One staff member said, "We support people how they like to be supported. We shut doors, close curtains. We promote their independence so sometimes we are just there if they need help."

Throughout the inspection we saw staff interaction with people was very caring. Staff gave time for people to discuss matters which they felt were important to them. Staff were observed interacting through body language, Makaton and verbal interaction. People's communication was tailored around the individual needs.

In one person's care plan it was stated, 'Do not want to discuss my end of life wishes'. This was respected by all staff.

Is the service responsive?

Our findings

We reviewed what the provider told us in the PIR. They said, 'We have detailed and person centred support plans and includes information on communication, weekly timetables, decision making, and supporting independence and service users doing things for themselves each service user has a keyworker which means staff can get to know individual service users very well. Plans are reviewed regularly and where possible involve the service user or family and other people of significance. Activities are recorded daily and gives a good overview of a person's day service users enjoy a range of activities based on personal preferences service users care plans are reviewed when necessary and is evident by signatures of those who have completed the review process'. We saw evidence during the inspection which confirmed this was the case.

We saw people engaging in activities they had chosen to do. For example, one person went to the shop. One person had gone out with staff in the community. Another person told us they were getting ready to go out shopping. People told us they could do what they wanted when they wanted to do it with support from staff if they needed this.

We saw care plans were reviewed regularly to ensure they remained up to date and responded to changes in people's needs. We saw people participated in this process. Where people preferred to have additional support from family and relatives, we saw this was respected. Outside professionals were also available if people required this.

There were policies and procedures in place to ensure concerns or complaints were responded to appropriately. We saw evidence of this at the time of inspection. People and the relatives we spoke to were aware of how to complain. One person told us, "I don't need to complain I just speak to staff." A second person told us, "I am listened to." A relative told us, "When we have had problems we have rung up and they have sorted them out."

Is the service well-led?

Our findings

There was a registered manager in post when we inspected. 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.

We reviewed what the provider told us in the PIR. They said, 'To ensure a quality service is provided there are effective assurance systems in place within the home. Alongside the daily, weekly and monthly check conducted by management, the locality manager visits the service regularly to complete monthly operational monitoring. In addition our own compliance and regulatory teams visit looking at both regulatory and best interest issues. There are daily, weekly, monthly, quarterly and yearly Medication, Finance, H&S, Fire and PI&C checks, audits and measures, taken in line with company and legislative Policy and Procedures. The Service receives annual visits from our internal Compliance Team. As a result of the audit undertaken in line with the five key domain headings and the H&SC Act, a report is completed and any areas for development are identified and formulated into an action plans the Manager, will then work alongside the team to lead with and undertake the action needed to meet with the requirements'. We saw evidence during the inspection which confirmed this was the case.

We saw the registered manager and the deputy manager were visible presences in the service, and observed they had positive relationships with staff and people who used the service. We saw evidence of an open culture throughout. Staff at all levels were comfortable speaking with the registered manager and deputy, and we were told staff felt able to speak openly and honestly with them. One member of staff told us, "Yes they are both really approachable. We all work as a team here."

The registered manager and deputy manager had good systems in place to ensure they worked effectively together to maintain and drive standards forward. People who used the service were asked for their opinions, and we saw an analysis of responses to surveys showed people were happy with the service. Where people had given any examples of improvements to be made, we saw action had been taken as a result. One relative told us, "I get a survey to complete which I do, I feel they are on the ball and contact us when they feel it necessary." Another relative told us, "In the past they have converted a building to suit his needs and have tried to make [name of person] as happy and safe as possible, we can't complain."