

B & M Investments Limited

# Templemore 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 responsive?      | Good ● |
| Is the service well-led?        | Good ● |

# Summary of findings

## Overall summary

### About the service

Templemore Care Home is a residential care home providing personal and nursing care for up to 65 older people, younger adults or people with dementia. At the time of our inspection the service was supporting 59 people in one adapted building. The service was separated into 3 units. People lived in the unit which best met their individual needs.

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

People were cared for safely. Risks to people's health and wellbeing had been identified and plans were in place to mitigate risk. They could be assured they lived in a clean and well-maintained environment. Staff knew how to protect people from harm and staff had been recruited safely. People's medicines were managed, and they received them on time.

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.

Staff understood people's needs and had the skills and knowledge to deliver individualised care. People's nutritional needs were met, and they were supported to access other health and social care professionals. Staff were trained and encouraged to develop their knowledge and practice.

People could be assured they received care that was person-centred from staff who knew them well. Staff supported people to remain in contact with family and friends and provided them with a variety of activities and entertainment to stimulate and occupy them.

People were listened to and knew how to raise a complaint if they needed to. People and staff were confident the registered manager would act upon any concerns they raised.

Staff were supported through supervisions and enabled to give their feedback and share ideas. People's feedback was sought, and people were encouraged to take part in the running of the home through assisting with staff recruitment and being involved in decisions about décor.

The registered manager had good oversight of the service and strived to continuously improve the service.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

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 and update: The last rating for this service was requires improvement (published 02 November 2021) and there was a breach of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

#### Why we inspected

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective, Responsive and Well-led which contain those requirements.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Templemore Care Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

# Templemore 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 Health and Social Care Act 2008.

#### Inspection team

The inspection was undertaken by 2 inspectors. An Expert by Experience contacted people's relatives via telephone following the inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Templemore Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Templemore Care Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

Inspection activity started on 28 February and ended on 2 March 2023. We visited the service on 28 February and 1 March 2023.

### What we did before the 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 (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

### During the inspection

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 9 people who used the service and 12 relatives and friends. We also spoke with 16 members of staff including care staff, housekeeping, cook, maintenance, activities engagement lead, team leader, assistant manager, care manager and registered manager. We looked at care records of 6 people, and a number of records in relation to medicine administration. 4 staff recruitment files and a range of documents relating to policy and procedures and quality assurance.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

### Staffing and recruitment

- The registered manager used a dependency tool to identify the level of staff required to support people's individual needs. At the inspection there was sufficient staff deployed according to the tool. However, we observed care staff were stretched at times, particularly in the area of the home where people had higher needs due to their dementia. People were left waiting for breakfast whilst staff attended to people's personal care. We spoke with the registered manager who agreed to review the deployment of other staff in these areas at key times.
- Staff told us they were kept busy and did not always have as much time as they would like to spend with people. One said, "It's always busy with everyone [staff] flitting around at times." One relative said, "The staff are good, but they do have a lot to do."
- People were safeguarded against the risk of being cared for by unsuitable staff because there were appropriate recruitment practices in place. Staff were checked for any criminal convictions and satisfactory employment references were obtained before they started to work at the home.

### Systems and processes to safeguard people from the risk of abuse

- People were cared for safely and were protected from the risk of harm. Staff knew what signs to look for to keep people safe from harm or abuse and there were up to date procedures and information available to support them. Any unexplained injuries to people were documented and investigated and appropriate action was taken.
- People and their families assured us they were kept safe. One person said, "I feel safe with the staff here, I'd speak up if I wasn't."
- The registered manager understood their responsibilities to keep people safe and we saw they had raised concerns appropriately with the local authority and notified the Care Quality Commission as required.

### Assessing risk, safety monitoring and management

- Risks to people's care had been identified and plans were in place to mitigate the risk. For example, people identified as high risk of falls had plans and measures in place to manage the risk such as sensor mats to alert staff when the person mobilised.
- People with specific health conditions, such as diabetes and epilepsy, had plans in place to direct staff how to manage their conditions and what to do if someone had a seizure or was experiencing hypoglycemia.
- Personal emergency evacuation plans were in place which meant staff and emergency services knew what support people needed in the event of an emergency. A relative commented how efficient the staff had been when they needed to evacuate people from the home following a recent incident. They said, "Staff got everyone out efficiently ensuring people were safe and warm."

- Fire and health and safety checks ensured people and staff were safe in the home environment and equipment to support them was regularly maintained.

#### Using medicines safely

- Medicines were safely managed. Safe protocols for the receipt, storage, administration and disposal of medicines were followed.
- Protocols were in place for as required medicines (PRN). Staff had recorded the reason for administering the medicine. This supported health professionals to monitor and review the effectiveness of these medicines.
- Staff received training in the administration of medicines and their competencies were assessed before they could administer any medicines.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

#### Visiting in care homes

- Visitors were welcomed at any time. The provider followed local and government COVID-19 guidance on care home visiting and PPE was available when necessary.
- One relative said, " I come every day and was able to stay overnight when [loved-one] first came."
- Visiting had been maintained during a recent COVID outbreak.

#### Learning lessons when things go wrong

- Accidents and incidents were reviewed and analysed regularly, information was shared with staff and lessons learnt recorded. For example, following an incident when the fire alarm had sounded a review of the incident was undertaken and it was identified there was a need for a member of staff to remain at the entrance gate whilst the fire crew attended to ensure if a second fire crew came they could gain access quickly.

# 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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed 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 had been assessed prior to coming to live at Templemore Care Home. The registered manager met with people and families to ensure the home could meet people's needs.
- People had care plans which reflected their needs and preferences. For example, whether people preferred male or female care staff to support with personal care and how they preferred to be supported with their oral needs.
- One person told us, "We talked through my care plan and we have changed it now I can shower myself again." Relatives confirmed they had been asked about their loved-one's likes and dislikes and felt the staff knew people well.

Staff support: induction, training, skills and experience

- People were supported by staff who had received training appropriate to their roles and responsibilities.
- All staff completed an induction which included training and shadowing experienced staff before they fully took up their role. One person said, "Staff know what they are doing." A relative said, "I feel the staff are trained to meet [Loved-one's] needs."
- Staff received regular supervisions and had annual appraisal. One staff member said, "We have supervision at least every 6 weeks, you are listened to and encouraged to develop your knowledge and skills."
- Staff competencies were tested, and a training matrix was in place which assured the registered manager and provider had oversight of all staff training. We saw there were some gaps in staff training, the registered manager assured us there were robust plans in place to ensure all staff were up to date with their training.

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

- People had the choice as to whether they ate in their bedroom or the dining room in the area of the home they lived. Overall, the dining experience was good with tables set with condiments and drinks available. However, care staff were stretched in the parts of the home where people needed more assistance. Some people were left waiting and there was little opportunity for staff to interact with people. The registered manager agreed to look at the deployment of staff at mealtimes.
- People had a choice of meals and staff helped people by showing them a sample plate of each meal on offer. There was fresh fruit, snacks and drinks available throughout the day. People who were cared for in their bedrooms had drinks available.
- There was information in people's care records about their dietary needs and people were weighed regularly to ensure they maintained a healthy weight. We saw action was taken if people were losing weight,

such as providing regular snacks and fortified food and drinks. One relative said, "[Loved-one] had lost weight at home but now they have put on a stone in weight and is so much better in themselves."

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

- People had access to health professionals including GPs, district nurses, dietitian and speech and language therapists. We spoke with one visiting health professional who said, "The home is alright, good communication."
- We saw in people's care records advice had been sought in relation to people's diet and weight, and management of diabetes, which was being followed.
- People had plans in place detailing the support they required with their oral healthcare and regular visits were in place from a chiropodist.

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

- People had been encouraged to personalise their rooms and a memory box was attached to the wall outside of rooms to help people identify their room.
- Care had been taken to provide a dementia friendly environment in the areas of the home where people were living with dementia. Signage helped people to navigate around the area which they lived.
- People had access to a cinema, shop and hairdressers and there was memorabilia and objects of reference which helped engage people.
- There was a refurbishment programme in place. Some areas had been recently refurbished, and people had been involved in choosing wallpaper.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People's rights under the MCA were respected, consent was gained, and people were supported to live their lives as independently as they could.
- People were supported to make decisions. When a person lacked the capacity to make a decision a best interest meeting was held. People told us they were asked for their consent and tasks were explained by staff.
- Staff knew about people's individual capacity to make decisions and understood their responsibilities for supporting people to make their own decisions.
- The registered manager kept a record of everyone's DoLS status and recorded any conditions that

required actions to be completed.

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed 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

- The service met the needs of people using the service, including those with needs related to protected characteristics.
- People's care was personalised. People and relatives told us they felt staff were responsive and support was tailored to their individual needs. One relative said, "Staff are very good. If I ask a question, they know the answer. They know [loved-one's] likes and dislikes." Another said, "Staff seem very nice. They understand [loved-one's] needs."
- People, their relatives where appropriate, and other health professionals had been involved in creating and updating people's care plans. Care plans were regularly reviewed to ensure staff had all the information required to offer care and support specific to the person's needs and wishes.
- People said staff would always chat with them and people felt they were respected.
- People were supported with their sexual orientation/ religious/ ethnic/ gender identity without feeling discriminated against.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were recorded within their care plans and the service had pictorial signs and documents to support people to understand, make choices and communicate.

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 were supported to stay in contact with their family and friends. Relatives told us the staff enabled people to use the telephone and video calls were set up for people when needed. One relative said, "Staff support [loved-one] to ring me if they want to. I can't fault the home. It's a lovely home." Another explained when their relative was ill they had become very confused and distressed staff facilitated a video call to them.
- There was a full schedule of activities for people to enjoy both within the home and outside. People spoke positively about the activities available to them. One person said how much they enjoyed the outside entertainers coming. Another person said how much they enjoyed taking part in a singing a group.
- During the inspection we saw people engaged in activities such as petting small pets, exercise class and

crafts preparing to celebrate St Patrick's day and Mothering Sunday.

- As part of Valentine's Day celebrations, the activities co-ordinator had arranged with the kitchen for a valentine's dinner to be served for two people and their partners.

Improving care quality in response to complaints or concerns

- There was a complaints procedure in place. We saw complaints had been responded to and action taken within the providers timeframe. For example, following a complaint in relation to management of medicines, a workshop had been held with staff to address the issue.
- People, relatives and staff told us they knew how to complain and felt the registered manager would listen to their concerns and deal with any issues appropriately.

End of life care and support

- There was an end of life policy in place and staff had received training in end of life care.
- People at the end of their life had a care plan in place which detailed some of their wishes such as do not attempt cardiopulmonary resuscitation (DNACPR) and where they preferred to be at the end of their life. There was information in relation to their wishes following death for example who their preferred undertaker was, and families had been consulted. These could be strengthened further to include for example, if they wanted any music or sounds playing or if they wanted a priest or minister to deliver their last rites.

# 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 our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted 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

At our last inspection the provider had failed to ensure adequate systems and processes were in place to assess, monitor and improve the quality and safety of the care provided. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Systems and processes to ensure care was delivered in line with people's individual needs had improved. Audits were in place to monitor tasks completed such as, food and fluid charts, oral health records, repositioning records and safety checks. Gaps in information identified were picked up quickly and action taken. This ensured people's individual needs were met consistently.
- Processes to monitor the quality and performance of the service were in place and effective in assessing, monitoring and improving the service. The quality of care people received was subjected to close monitoring by the provider. The provider undertook a range of quality audits to identify where improvements could be made.
- The service was led by an experienced, motivated registered manager and staff team. Their commitment to providing a service that promoted person-centred values was apparent throughout the inspection. People and staff spoke warmly of being part of a family. One person said, "You can make yourself at home here."
- Staff felt supported and able to raise any issues or concerns they may have without fear of what might happen as a result. Staff told us, they felt supported and respected at work.

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 understood their duty of candour responsibility. The duty of candour requires providers to be open and honest with people when things go wrong with their care, giving people support and truthful information. Policies and procedures were in place.
- Staff knew how to whistle-blow and knew how to raise concerns with the local authority and Care Quality Commission (CQC) if they felt they were not being listened to or their concerns acted upon. One staff

member told us about a staff welfare line they could use for support and reporting any concerns they had outside of the home.

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

- People, relatives and staff were regularly asked for their feedback about the home. Surveys were sent out and the information used to improve the service.
- Regular meetings with people, relatives and staff were held which gave everyone an opportunity to raise concerns, share experiences and make suggestions as to how things could be improved. One staff member said they had suggested a table in the conservatory in one area of the home would be helpful to provide a quieter place for people to have tea. We saw this was in place.
- Relatives told us they were kept informed about their loved ones. One said, "The communication is good."
- People were encouraged to take part in the recruitment process. We saw records of interviews were people had been on the panel at interviews. This meant people had a say in who delivered the care to them.
- Staff were valued. There was an 'Employee of the month' scheme in place which helped to motivate staff to work pro-actively and collaboratively.

Continuous learning and improving care; Working in partnership with others

- A new system had been introduced following the last inspection which enabled the registered manager and provider to have complete oversight of the service.
- Daily meetings were held which ensured issues were picked up quickly and resolved. They also acted as a forum for the registered manager to share information about changes to best practice. For example, information had been received from the Department of Health in relation to catheter care, this was shared, and posters given to Team Leaders to display in the different areas of the home.
- The service has worked closely with the local authority to improve practice around the management of falls. The local authority told us they had seen improvements and had found the management were receptive and proactive in bringing about the changes required.
- The service worked in partnership with other health and social care professionals, which helped to improve people's well-being.