

B & M Investments Limited

# Templemore Care Home

## Inspection report

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13 August 2018

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Good** ●

# Summary of findings

## Overall summary

On 12 February 2018 we completed an unannounced comprehensive inspection and found a breach of the legal requirements. After the inspection, the provider sent us an action plan to show what they would do to meet the legal requirements in relation to the breach.

Following that inspection we received concerns about an incident in which one person sustained serious injuries. We also received concerns about the staffing levels. As a result, on 8 and 13 August 2018 we undertook a focused inspection to consider those concerns and to check that the provider had followed their action plan and to consider if the service now met legal requirements.

The team inspected the service against two of the five questions we ask about services: is the service well led and is the service safe.

This report only covers our findings in relation to the concerns and the requirements. 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).

Templemore 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.

Templemore Care Home accommodates up to 65 people in one adapted building split across three separate units, each of which have separate adapted facilities. Two of the units specialise in providing care to people living with dementia. At the time of this inspection the home had 58 people living there.

There was a registered manager in post. 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.

At our last inspection in February 2018 we rated the home as 'requires improvement' and found that there had been a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 – Staffing. The provider had failed to ensure suitable numbers of staff were deployed to meet people's needs at peak times of day. At this inspection we found that improvements had been made, and we were satisfied that the home was no longer in breach of this regulation. However, further improvements were required to ensure that staff were effectively deployed across the service. This was to ensure safe care was being provided to meet individual's needs and to enhance people's mealtime experiences.

The staff recruitment procedures ensured that appropriate pre-employment checks were carried out to ensure only suitable staff worked at the service.

Staff had a good understanding of abuse and the safeguarding procedures that should be followed to report abuse and incidents of concern. Risk assessments were in place to manage potential risks within people's lives.

Statutory notifications were submitted by the registered manager. Investigations evidenced learning from incidents and changes to practice.

The provider had quality assurance systems in place to review the quality of the service and took action to make improvements where required. People and staff had opportunities to provide their feedback and this was fully considered and acted upon.

## 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.

Improvements were required to ensure that staff were effectively deployed across the service to provide safe care. People had risk assessments in place which identified their risks and staff were knowledgeable about how to keep people safe.

**Requires Improvement** ●

### Is the service well-led?

The service was well led.

The service had a registered manager in post and there were quality assurance systems in place to review and improve the care people received. Systems were in place for people and staff to provide their feedback and this was acted on.

**Good** ●

# Templemore Care Home

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection was prompted in part by notification of an incident following which a person using the service sustained serious injuries. This incident was investigated by the Police and local authority Safeguarding team and as a result this inspection did not examine the circumstances of the actual incident. However, the information shared with CQC about the incident indicated potential concerns about risk management and keeping people safe. This inspection examined those risks.

This inspection took place on 8 and 13 August 2018 and was unannounced. This inspection was undertaken by two inspectors.

We reviewed the information we held about the service, including statutory notifications that the provider had sent us. A statutory notification provides information about important events which the provider is required to send us by law. We also contacted health and social care commissioners who place and monitor the care of people living in the home, and Healthwatch England, the national consumer champion in health and social care to identify if they had any information which may support our inspection.

During our inspection, we spoke with six people who used the service, three relatives and five members of care staff. We also spoke with the registered manager.

We reviewed six staff files and the care plan documentation for five people. We looked at other information related to the running of and the quality of the service. This included staffing rotas, safeguarding records, quality assurance audits, training information, and feedback that had been received at the home. We also reviewed the registered managers investigations into recent incidents prior to the serious injuries that occurred in July 2018.

# Is the service safe?

## Our findings

During the last comprehensive inspection on 12 February 2018 this domain was rated as requires improvement. The provider had failed to ensure that there was adequate staffing to provide people with safe care and treatment. This was a breach of Regulation 18, Staffing of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We issued a requirement notice which meant the provider had to explain how and when they were to become compliant with Regulation 18. The action plan submitted by the provider stated that they would be compliant with all regulations by 30 April 2018. During this inspection we assessed whether the provider had systems in place to ensure there were enough to keep people safe and to meet their individual needs.

We found that changes had been made to the staffing arrangements but further improvements were required. One person told us, "The staff could not do enough for me" and another person said, "There's always staff around, but sometimes we have to wait." Staff told us they felt improvements were required to the staffing levels. One member of staff said, "We need another staff member on duty, particularly in [NAME] unit". Another member of staff told us that staffing levels were inconsistent and staff were not always available at the times that people needed support.

We saw that at lunch time people were not given timely support with their meals and were left unsupervised when they needed assistance. In one area of the home, two people required one to one support with their meals, however staff could not consistently give this support as they were trying to help other people. The mealtimes were slow, and people were frustrated with the length of time it took for them to receive their meals. We saw that people had to wait 20 minutes for their pudding, which they were very unhappy about. Staff were busy supporting other people which meant they could not promptly attend to everyone's needs.

Throughout the rest of the home, at times people were left unsupported however staff were within earshot, and were quick to support people when they needed it.

At the end of the first day of inspection we provided feedback to the registered manager and explained our concerns about the staffing levels and how staff were deployed particularly at mealtimes. The registered manager had already recognised that there were staffing difficulties and had made changes to the staffing ratio on each unit. After the first day they made further changes to ensure the domestic, kitchen and activities staff were present and involved with supporting mealtimes.

On the second day of inspection we saw that people were not waiting for long periods of time to be supported with their meals. People had the one to one support they required, and other people were given encouragement and support as required. The kitchen, domestic and activity staff members were involved and helped ensure people's mealtimes were not delayed. Staff were observed to be more responsive and worked better as a team to meet people's individual needs.

The registered manager recognised further improvements were required to ensure people were well supported at mealtimes. They told us that they would be employing an additional member of staff at

lunchtime to be responsive to the changing needs of people at the service.

We were satisfied that the service was no longer in breach of the regulations because they were continuously reviewing the recruitment and deployment of staff to ensure people received timely support. The registered manager had trialled different staffing arrangements to try and ensure people received timely support and continued to review and make amendments to get this right. Whilst the service is no longer in breach of the regulations, the safe domain will remain rated as requires improvement to establish if those changes are successful, embedded into practice and are sustainable.

People had risk assessments in place that identified the known risk to each person, for example falls risk assessments were completed and had been regularly reviewed. Staff were knowledgeable of people's risks and how to manage them. For example, staff had recognised the risk to people from the recent hot weather and had taken appropriate action. One relative was pleased with the actions and told us the home had provided umbrella's, sunhats and sun cream and kept the blinds down to keep people cool. The home used an electronic care plan system, however, we found that on occasion, people's risk assessments had been completed on a paper document and this had not been reflected in the electronic care plan. Staff were aware of people's current risks however the registered manager needed to ensure that all information relating to people's individual risks were all stored in the same location.

The staff monitored accidents and incidents, and made improvements when required. People's relatives told us that they were kept informed of any accident or incident and when appropriate were kept updated. The staffing team understood if people required changes to their support following accidents or incidents and worked together to implement changes. Improvements were required to ensure that all potential measures to reduce the risk of accidents and incidents occurring had been considered and recorded. For example, following one incident the use of a sensor mat had not been implemented to reduce the likelihood of further incidents occurring.

People received their medicines safely. One person said, "I had problems swallowing my paracetamol; I've got some new ones that slide down my throat now." We saw that staff were aware of how people liked to take their medicines. People were asked whether they needed pain relief and their decisions were respected. People were not rushed to take their medicines and all necessary arrangements for the safe administration, ordering, storage and disposal were complied with. People's Medicine Administration Records (MAR) were filled in accurately and detailed.

The provider followed safe staff recruitment procedures. Records confirmed that Disclosure and Barring Service checks were completed and references obtained from previous employers. These are checks to make sure that potential employees are suitable to be working in care. The provider had taken appropriate action to ensure staff at the service were suitable to provide care.

Safeguarding investigations were completed when required and these were reviewed to determine if any learning could be established. Staff were aware of how to report safeguarding concerns. We saw that the registered manager had made appropriate safeguarding alerts and ensured that any lessons from safeguarding incidents were acted on.

People were well protected by the prevention and control of infection. During our inspection we saw that the premises were clean and tidy. Domestic staff were seen to be cleaning throughout the building. One relative said "It's always tidy, always clean and always feels nice".

## Is the service well-led?

### Our findings

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had displayed their rating at the service.

The service had a registered manager in post. 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.

Most people and the relatives knew who the registered manager was and understood how they could approach them. One relative said, "If I had to say anything I would feel comfortable speaking to the staff or [the registered manager]." The provider made themselves accessible to a relative who wanted to provide feedback during our inspection.

The registered manager had identified that the staff needed to work better together as a team to become more person centred and to promote a positive culture within the home. The management team were working together to identify ways this could improve. One of the team leaders had developed a handbook to promote consistency in approach across the three units and to ensure staff were clear of their roles and responsibilities.

The registered manager understood the requirements to submit statutory notifications, and had submitted notifications as required. Investigations into accidents and incidents demonstrated plans to prevent similar incidents in the future. We saw that following a change in a persons' mental health presentation, the provider had liaised with the community mental health team, completed risk assessments, introduced more regular checks and introduced a pressure mat to alert staff to the persons whereabouts to reduce the likelihood of incidents occurring.

The provider had quality assurance procedures in place which reviewed the quality of the service. People's daily records were reviewed monthly to ensure people received the care they required and where there were concerns the management team acted on this. In addition, people's care plans were reviewed and checked monthly.

Quality assurance systems were in place to help drive improvements and ensure sustainability. The registered manager had a good knowledge of all aspects of the service, and knew what areas needed updating and when. Audits took place to monitor areas of the service, and actions were created and followed through when any errors or faults were found. For example, an audit had identified a concern that people were not meeting their fluid targets in the hot weather; an action plan was put in place for each unit to ensure regular fluids were offered and recorded, we saw evidence this was being undertaken.

There were opportunities for people, and their relatives to provide their feedback about the home. This

included employee of the month, quality assurance questionnaires, leaving comments on a dignity tree and resident and relatives meetings. There was also the opportunity for people and relatives to share any concerns once a month during a meeting at the home. The quality assurance questionnaires identified that people would like more food choices and changes were made; the chef spoke with people regarding their preferences and reviewed the menu. One relative commented in the questionnaire, 'carers knowledge is not always good'. The registered manager acknowledged that new staff were getting to know people, and identified the need for the training programme to be more interactive to enhance the learning experience and their knowledge.

The service engaged with community services and encouraged people to use them. We saw that the service ran a regular memory café, community fete's and supported people to go out for lunch. People's relatives received a regular newsletter and were invited to events held at the home, they also had access to a relative's information board. One relative told us, "The other week they had goats and sheep in the garden; it was a lovely activity and we were all invited."