B & M Investments Limited

Templemore Care Home

Inspection report

121 Harlestone Road
Northampton
Northamptonshire
NN5 6AA

Tel: 01604751863
Website: www.bmcare.co.uk

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
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

This inspection took place on 12 February 2018 and was unannounced.

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

The service supports older people, including those living with dementia. Templemore Care Home offers long-term residential care, short stays and respite breaks. The service accommodates 65 people across three separate units, each of which have separate adapted facilities. Two of the units specialise in providing care to people living with dementia and one is for people requiring residential care. At the time of our inspection, 61 people were using the service.

At the last inspection in November 2015, this service was rated as good. At this inspection, the service has been rated as requires improvement. This was because we found that staffing levels were not always sufficient to meet people's needs at peak times of the day.

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.

The service was not able to demonstrate that staffing levels were sufficient to meet people's needs. People did not always receive the support they needed to eat their meals and there was a lack of staff presence for long periods in communal areas. Staff were often rushed and were focused on tasks rather than individuals.

Staff had an understanding of abuse and the safeguarding procedures that should be followed to report abuse. People had risk assessments in place to cover any risks that were present within their lives, but also enable them to be as independent as possible. All the staff we spoke with were confident that the registered manager would follow up any concerns they raised appropriately. The staff recruitment procedures ensured that appropriate pre-employment checks were carried out to ensure only suitable staff worked at the service.

People received their medicines safely and as prescribed. There were systems in place to ensure the premises were kept clean and hygienic so that people were protected by the prevention and control of infection. There were arrangements in place for the service to make sure that action was taken and lessons learned when things went wrong, to improve safety across the service.

People's care needs were assessed and their care provided in line with up to date guidance and best practice. Staff received an induction process when they first commenced work at the service and in addition

received on-going training to ensure they were able to provide care based on current practice when supporting people.

People received enough to eat and drink and had a choice of meals and snacks. People were supported by staff to use and access a variety of other services and social care professionals. The staff had a good knowledge of other services available to people and we saw these had been involved with supporting people using the service. People were supported to access health appointments when required to make sure they received continuing healthcare to meet their needs.

People's diverse needs were met by the adaptation, design and decoration of premises and they were involved in decisions about the environment. Staff demonstrated their understanding of the Mental Capacity Act, 2005 (MCA) and they gained people's consent before providing personal care.

People developed positive relationships with the staff who were caring and treated people with respect, kindness and courtesy. People were encouraged to make decisions about how their care was provided staff had a good understanding of people's needs and preferences.

People were listened to, their views were acknowledged and acted upon and care and support was delivered in the way that people chose and preferred. Care plans reflected how people's needs were to be met. Records showed that people and their relatives were involved in the assessment process and the on-going reviews of their care. They were supported to take part in activities within the service and the local community. There was a complaints procedure in place to enable people to raise complaints about the service.

The registered manager and senior staff were positive role models, which encouraged communication and learning. People, relatives and staff were encouraged to provide feedback about the service and it was used to drive continuous improvement. A range of quality checks were in place and used regularly to ensure people received a high quality service driven by improvement.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Staffing numbers were not sufficient to meet people's needs in a timely manner.

Staff received safeguarding training and had a good understanding of the different types of abuse and how they would report it. People had risk assessments in place to keep them safe.

Thorough recruitment procedures reduced the risks of unsuitable people working with people using the service. Systems were in place for the safe management of medicines and people were protected by the prevention and control of infection. Staff understood their responsibilities to raise concerns and report them.

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.

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.

This comprehensive inspection of Templemore Care Home took place on 12 February 2018 and was unannounced.

The inspection was carried out by two inspectors and two Experts' by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give key information about the service, what the service does well and improvements they plan to make.

We looked at the information held about the provider and the service including statutory notifications and enquiries relating to the service. Statutory notifications include information about important events that the provider is required to send us. We used this information to help us plan this 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 twelve people who used the service and the family members of seven people who were visiting when we inspected. We also had discussions with10 staff that included the registered manager, the deputy and assistant manager, the activities coordinator, chef and five care and support staff.

We reviewed the care records of five people who used the service to ensure they were reflective of people's current needs. We also examined four staff files, the medication administration records for all people receiving support with their medicines and four weeks of the staff rota. We also examined other records relating to the management of the service, such as staff training and quality auditing records.

Requires Improvement

Is the service safe?

Our findings

There were insufficient numbers of staff at peak times of the day to support people safely and to keep people safe. For example, we observed a lack of staff presence in communal areas and a lack of staff to support people to eat their meals. One person told us, "I have nothing that I'm concerned about except that maybe there's not enough staff. We are left on our own in here." Another person said, "When I press my room buzzer they come to help me. They come as quickly as they can because sometimes they are busy." A relative commented, "I come most days to help feed [name of relative]. I have to mash it down and support them to eat. There's a limited amount of staff to help."

We saw that people were left unsupervised for long periods in the lounge areas, on one occasion up to 45 minutes. A relative said, "There are not enough staff. I never see a member of staff here (residential lounge). The staff are all in Cedar 1 and Cedar 2 (Dementia units). Sometimes when we visit we are the carer because we have to help the resident's."

We observed one person calling out for assistance for over five minutes but there were no staff present in the lounge. When staff did appear we made them aware that the person needed some help and this was seen to straight away.

We saw there was a lack of staffing to provide sufficient support to people to eat their meals. For example, several people fell asleep at the dining table while their meal was left to go cold in front of them. In one dining area, in the dementia unit there was one staff member serving breakfast for over 20 minutes by themselves. At least three people required extra support to eat their breakfast but the support they received was limited due to the lack of staff present. In the second dementia unit, we saw six people at the table waiting for their breakfast. We observed one person who started to shout and ask about their breakfast. A staff member entered the dining room and was asked by them, "When can I have something to eat? We've been waiting too long."

One person told us, "It's difficult for me to get about the home because I'm in a wheelchair. Sometimes they bring me my food here (in the lounge) and sometimes it takes them a long time so I have to wait."

We spoke with one person who preferred to have their meals in their room but required some extra support. We checked after lunch to see if they had received the support they needed. We found their dessert had fallen on the floor and their main meal was still sitting on the tray partially eaten. They told us, "They definitely need more staff here. I need more help with feeding."

A staff member told us there was a high turnover of staff. They continued to tell us that they wanted to provide person centred care but were often forced to be focused on tasks to make sure they could meet peoples basic needs."

Comments received from a recent staff quality questionnaire included, 'More staff so we have time for person centred approach' and 'Staffing levels are a problem at the minute' and a third read, 'More staff more

hours.' After the inspection in response to the concerns raised, the provider informed us that ten new staff had been recruited at the service.

There was a dependency tool used to assess people's needs and determine how many staffing hours were required to meet those needs. The tool did not demonstrate how people's needs had been assessed. For example, in one dementia unit for people with advanced dementia we observed that most people were dependant on staff for the majority of their needs, such as personal care, help with feeding and emotional support. The dependency tool described just six people with high needs and was not reflective of what we observed on the day of our visit.

We raised these concerns with the registered managed. They agreed that staffing numbers were not sufficient to meet people's needs and there was a high use of agency staff. The registered manager told us, and documentation confirmed that the registered manager had discussed staffing with the operations manager during quality monitoring visits to the service. We also saw an email sent to senior management where the registered manager had expressed their concerns about 'running the home on such low staffing levels.' The provider had responded swiftly to the registered mangers email and a meeting had been arranged with senior management the day following our visit to discuss staffing levels.

The provider failed to ensure suitable numbers of staff were deployed to meet people's needs at peak times of the day. This was a breach of Regulation 18 (1) The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Staffing.

Following the meeting between the registered manager and senior management we were informed that staffing in the two dementia units had been increased by one staff per unit. We will continue to monitor the staffing levels because we need to be sure that the appropriate staffing levels can be sustained. We were also informed that 10 new staff were currently undertaking their induction so this would mean more permanent staff and less use of agency staff.

People felt safe living within the service, and with the support that staff gave them. One person told us, "I'm safe here. I have fallen in the past at home. I've not fallen here." A relative commented, "[Name of relative] is safe here. I have no worries about their safety. I've not witnessed anything that would make me concerned about the safety of any resident here."

We talked with staff about safeguarding people from abuse, and they were all clear on the correct procedures to follow. One staff member said, "I would definitely talk with the manager or the deputy manager. I know it would be dealt with properly." Staff told us that they had been trained in relation to safeguarding people from abuse and records we examined confirmed this. Information about how to report safeguarding alerts and whistleblowing concerns were displayed and accessible to all staff. We saw evidence that the provider had submitted safeguarding alerts to the local safeguarding team as required.

People had individual risk assessments to enable them to be as independent as possible whilst keeping safe. They covered a variety of subjects including, moving and handling, falls, nutrition and tissue viability. A staff member said, "We have risk assessments in place so we know what to do to keep people as safe as possible." We saw that people's risk assessments were reviewed monthly or as and when their needs changed.

People were safeguarded against the risk of being cared for by unsuitable staff because the provider followed thorough recruitment practices. One staff new to the service told us, "I had to wait for all my checks to come back before I was allowed to start work here." We looked at the recruitment files for four staff

newest to the service. They contained the necessary employments checks that had been completed before staff commenced work at the service. For example, Disclosure and Barring Service (DBS) checks, employment histories, references, proof of ID and medical questionnaires to show that staff were suitable to work with vulnerable people.

People told us that they received their medicines when they expected them. One person told us, "I always get my tablets on time. They always ask me if I'm in pain and if I need something to ease the pain." A relative said, "They [meaning staff] do tell me if there are any changes to [name of relative] medicines. I don't have any worries about medication." A staff member commented, "I have had medication training. I feel confident; the training was good and the manager checks our competencies regularly."

We observed a staff member giving people their medicines. This was undertaken in a person centred way, with each person being asked if they were ready for their medicines and how they wished to take it. Medicines to be administered on an 'as needed' basis were administered safely by staff that followed clear protocols. Medicines were stored safely, there was a system for recording the receipt, and disposal of medicines to ensure staff knew what medicine was in the service at any one time. This helped to ensure that any discrepancies were identified and rectified quickly.

People were protected by the control of infection. One relative told us, "This place is immaculate. The hygiene is very good. The place is spotless – including the toilets." We observed the service to be clean and tidy and we saw cleaning schedules in place that housekeeping staff followed to ensure that all areas of the home were clean and protected people from the risk of infection. Staff who prepared meals had received food hygiene training. We saw that staff used personal protective equipment such as gloves and aprons when providing personal care. They told us they had received training in infection prevention and food hygiene in line with current guidelines.

Staff understood their responsibilities to raise concerns in relation to health and safety and near misses. One member of staff said, "Anything out of the norm I would report." Accidents and incidents were recorded and monitored by the registered manager to ensure they had been managed appropriately and lessons learned. For example, the provider produced a best practice letter that described incidents that had not gone well and gave guidance to staff of how such incidents could be better handled and what lessons had been learnt. This demonstrated that the provider made improvements and looked at what lessons could be learned when things went wrong.

Good

Is the service effective?

Our findings

People's needs were holistically assessed to make sure staff were able to provide the correct care. The registered manager told us they always tried to involve family members and care managers in the assessment process, if appropriate. One relative said, "I thought the first meeting was very thorough. They asked lots of questions but also asked us what we wanted." Following the initial assessment, if there were areas that required the advice or input of specific healthcare professionals the registered manager would make a referral to the relevant agency. This ensured that qualified healthcare professionals were involved in the assessment process when required and ensured that care was based on up to date legislation, standards and best practice.

People received care and support from staff that were knowledgeable and had the required skills to carry out their roles. One staff member new to the service said, "I had an induction when I first started work here. It was really helpful." Documentation we saw confirmed all staff had completed an induction when they commenced working at the service and on-going training appropriate to their roles. One told us, "The training is very good. We get lots of it."

Staff told us and records confirmed that staff received supervision, observations of their practice and an annual appraisal of their performance. One staff member commented, "We get lots of support and there is always someone available to talk to."

People were supported to maintain a healthy balanced diet. One person told us, "The food is good. I'm a vegetarian but I always get what I like." Another commented, "The food is excellent. I enjoy my meals and I get the choice of food that I like." A staff member said, "We try to make sure people have lots of choice and healthy options are always available." The chef had a good knowledge of people's likes and dislikes and any therapeutic diets that people needed. People's weights were monitored monthly and they were referred to speech and language therapists or dietitians where necessary.

The service worked and communicated with other agencies and staff to enable effective care and support. This included effective communication with health and social care professionals from different local authorities. We saw that records were kept by the service in relation to other healthcare professionals involved in people's care such as district nurses.

People had access to the health care support they needed. One person told us, "If I need a doctor they [meaning staff] will sort it out for me straight away." Care plans included detailed information about people's health requirements and any input from health professionals. The registered manager told us that people's relatives usually escorted their family members to healthcare appointments but if this was not practicable, staff would be available to support people to do this.

The service had recently undergone a refurbishment and we saw many positive comments about the improvements. One comment read, "The changes to the home are fantastic. It's really taken into account people's needs." We looked at the dementia units to see if they met the diverse care, cultural and support

needs of people living with dementia. We saw that the use of colour and wall murals had been carefully used throughout. There were points of interest to engage people in different activities. People had access to appropriate space at the service, to see and look after their visitors, for meaningful activities and to be alone if they wished. To help those people living with dementia effectively communicate and orientate themselves, we found there was good use of signage throughout.

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 less restrictive as possible.

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). Our observations showed that people were encouraged to make decisions about their care and their day-to-day routines and preferences. The registered manager and staff understood their roles in assessing people's capacity to make decisions. People within the service had been appropriately assessed and had DoLS authorised for their support where required.

Good

Is the service caring?

Our findings

People were treated with kindness and respect. One person told us, "The staff are kind. To be honest they are very pleasant. It's very good here. There's always someone to speak to." Another person said, "The staff are lovely. [Name of staff member] is a lovely carer, very gentle and caring.. They problem solve. The activity coordinator is also lovely. They all adore [relative]." Relatives were satisfied and pleased with how staff cared for their family members. One relative said, "The carers do a good job with the amount of staff they have. It's personal and homely."

We looked at a selection of compliments that the service had received from people. One read, "Staff here are helpful. Nothing is too much trouble." Another read, "They [meaning staff] have spent a lot of time with poorly relative. It has humbled us to see how dedicated the staff are and how hard they work."

People looked happy and contented in the company of staff and we saw they took care to ask permission before assisting people. One person told us, "They always ask me what I want." Another commented, "They are very kind and ask me how they can help me." We observed that staff treated people with warmth and patience. We saw a staff member supporting a person to walk and they were laughing and joking together. We saw another staff member ask a person where he or she would like to sit. They walked with them to a chair in the lounge, talking to and reassuring them all the time. The member of staff then made sure the person was comfortable before they left.

Staff were knowledgeable about the people they were caring for. One staff member told us, "We try to get to know all about people. We ask families about their relative's history and about things that are important to them. That helps us get to know people better."

People were treated with dignity and respect. One person told us, "The carers are very kind and courteous. They are always respectful towards me." A relative commented, "The staff are lovely. I always see them treating people with respect and dignity. Nothing is too much trouble for them." The service was committed to ensuring the privacy and dignity of people was respected at all times and had signed up to become Dignity Champions. We saw that the service had held a Dignity Action day to raise awareness about the importance of dignity in care. We observed that staff knocked on people's doors and were conscious of their privacy. Staff also informed us at which time it would be appropriate to meet with and speak with people, as they required privacy during certain times of the day.

Staff respected people's confidentiality. There was a policy on confidentiality to provide staff with guidance and they were provided with training about the importance of confidentiality. Information about people was shared on a need to know basis. We saw that people's files were kept secure in filing cabinets and computers were password protected to ensure that information about people complied with the Data Protection Act. Handovers of information took place in private and staff spoke about people in a respectful manner.

Good

Is the service responsive?

Our findings

People told us that they were happy with the care they received. One person said, "This home is utterly delightful. I'm getting better but they still come to help me. I fell a few times at home and have broken a few bones. My relative wanted me to come here. I've not fallen since I came here." A relative said, "[Name of relative] gets all the care they need. They have made a lot of progress since coming to Templemore. They eat better; they are more mobile and seem so much happier in themselves."

Before people moved to the service they and their families participated in an assessment to ensure their care needs could be met. The assessment and care planning process considered people's values, beliefs, hobbies and interests. One staff member told us, "We ask families for lots of information about their relatives, especially things that are particularly important to them."

The provider was using an electronic records based system that enabled staff to update care plans straight away on hand held devices. People received care that corresponded to their detailed care plans. For example, people's pressure relieving mattresses were set to the correct pressure for each person's weight and people were helped to change their position to relieve their pressure areas regularly as detailed in their care plans. Staff carried out regular reviews of peoples' assessments and care plans and there was clear communication between staff to update them on any changes in care.

Staff understood the need to meet people's social and cultural diversities, values and beliefs. The activities coordinator was passionate about providing meaningful activities for people and people told us that there was always something for them to do. One person commented, "There's always something going on. We went out in the mini bus to a vintage café. It was very good." Group activities on offer were appropriate to people and their interests. These included arts and crafts, Pat the Dog, knitting club, icing cakes with children from the local school and nail care. We observed activities taking place throughout the day. We saw that some people wanted to watch the Olympics and this was used by staff to engage them in conversation.

We saw the activities room where there was an event being created called, 'Cruise around the World' Departing 19th Feb - Arrival 23rd Feb. People would be travelling around the world on a "virtual" summer cruise and staff were creating destination spots from across the world. We also saw evidence to suggest that the service had organised themed events to celebrate key dates and holidays such as Christmas and Easter.

The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. The service looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. For example, written information was made available in large font, supported with pictures.

Everyone we spoke with told us they knew how to make a complaint or raise a concern. One person said, "I don't have any complaints but I would say something to the manager if I wasn't happy. She is lovely and listens to me." A relative explained, "I have made one complaint. The manager was straight on it and we

were happy with how it was dealt with." We saw that clear information had been developed for people outlining the process they should follow if they had any concerns. There was also a suggestion box in the hallway for people to make any comments about the service. There were procedures in place to deal with complaints effectively and records were fully completed.

The service provided end of life care and staff had received appropriate training to provide such care. At the time of the inspection no people were receiving end of life care, some people were cared for in bed due to frailty. They told us the staff helped them stay comfortable and would be visited by a specialist nurse practitioner to provide nursing care intervention. The registered manager respected people's end of life wishes and made every effort to ensure they could remain at the service if this is what they wanted.

Good

Is the service well-led?

Our findings

The registered manager completed regular audits and observations of staff practice. We saw records where the registered manager had observed meal times. They had identified areas where there had been a lack of staff support for example, on one breakfast audit they had observed staff rushing, not offering choices or extra cups of tea and identified little interaction with people because staff were under pressure to make sure people received their meals. We saw the same issues raised in several different audits of meal times. These observational checks demonstrated that staffing was not sufficient to provide people with the support they needed at meal times.

The registered manager told us they raised their concerns with senior management about staffing levels when they undertook their weekly meetings together. The registered manager arranged with senior management to meet to discuss increasing the staffing levels because this had been raised as a concern. We found that following the inspection action had been taken swiftly to increase staffing levels.

There was a registered manager in post. People and relatives were positive about the staff and the management team. One person told us, "I do know the manager. She's a nice lady." A relative said, "I have spoken to the manager. She's always very helpful if I have any questions." Another commented, "The home is very well managed. The manager is very caring and genuinely wants the best for people."

We also received positive feedback from the staff about the registered manager. A staff member told us, "I love working here. The management are really supportive and we all work well together as a team." A second member of staff said, "The manager has made lots of improvements and it's a lovely place to work." They continued to tell us about a course some staff had recently attended about challenging dementia. All the staff we spoke with said the course had been very beneficial in helping them understand what support people needed when they were living with dementia.

During our inspection, we saw that staff were comfortable interacting with the registered manager and a positive and open working atmosphere was present. All the staff we spoke with were aware of their role and responsibility, and understood what was expected of them.

People had the opportunity to feedback on the quality of the service. We saw that questionnaires had been sent out to people and their families to comment on the quality of care they received. There were also regular meetings held for people and their relatives to provide feedback. The registered manager had recently introduced a manager's surgery where people could discuss anything with them on a one to one basis. Clear action plans were produced to address any areas that required improvement.

Staff told us they had the opportunity to feedback and discuss any concerns as a team, and said management listened to them. We saw that team meetings were held which covered a range of subjects, and offered a forum for discussion and learning. Staff told us that they were able to feedback through a variety of forums including team meetings, supervisions, and observations, as well as informally should they wish. We saw minutes of meetings held, and staff we spoke with confirmed they took place.

There were strong links with the local community. We saw that the local churches and local schools were regular visitors to the service, providing communions, concerts and support with activities. For example, the service was undertaking a virtual cruise of different countries. Local schools had visited the service and helped people to paint different flags to display for the virtual cruise.

Quality assurance systems were in place. Management carried out comprehensive audits across all areas of the service including training, care planning, staff files and general health and safety. We saw that any areas for improvement were clearly identified and acted upon by the service.

The service supported people across different local authorities, and worked openly with them in monitoring their work with people. This included raising safeguarding alerts and liaising with social work teams and other professionals when appropriate, to ensure people's safety. We saw that the service was working on a current action plan for improvements with the local authority. We looked at some of the areas that improvements had been required, and saw that positive progress was being made.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider failed to ensure suitable numbers of staff were deployed to meet peoples needs at peak times of the day. People did not receive the support they needed to eat their meals.