B & M Investments Limited

Templemore Care Home

Inspection report

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Ratings

Overall rating for this service	Inspected but not rated
Is the service responsive?	Good

Summary of findings

Overall summary

We carried out an unannounced comprehensive inspection of this service on December 2015 and rated the service as overall good.

The Commission carried out a focused inspection on 7 November 2016, this inspection sought to look at the improvements that had been made following the coroner's report on preventing future deaths. This report only covers our findings in relation to those topics. 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

This service is registered to provide accommodation and personal care for up to 64 people; at the time of our inspection there were 63 people living in the home.

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.

Care records contained risk assessments to protect people from identified risks and helped to keep them safe. They gave information for staff on the identified risk and informed staff of the measures to take to minimise any risks.

Staff were able to monitor people's health and detect signs of early infections which resulted in quicker treatment for people and also reduced the risk of falls.

People's needs were assessed before they came to the home to ensure the service could meet their needs. Care plans and risk assessments were in place which identified people's mobility needs and risk of falls as soon as the person moved in to the home.

Staff were trained on identifying the risks of falls and accident and incident forms were completed after every incident including falls which also identified what immediate remedial action could be put in place to reduce the risk of further falls.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed prior to admission and subsequently reviewed regularly so that they received the timely care they needed.

Risks were regularly reviewed and, where appropriate, acted upon with the involvement of other professionals so that people were kept safe.

Accidents and incidents were monitored and where appropriate there was a clear audit trail of what actions had been taken to reduce the risk of further incidents.

Templemore Care Home

Detailed findings

Background to this inspection

We undertook an unannounced focussed inspection of Templemore Care Home on 7 November 2016. This inspection was completed in response to recommendations made by the coroner's court with the intention of learning lessons from the cause of death to a person who was living at the home to help prevent future deaths. The provider responded to the coroner detailing what actions they had taken as a result of the recommendation. This report only covers our findings in relation to those topics

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 inspection was completed by one inspector. Before the inspection we reviewed the information we held about the service, including statutory notifications that the provider had sent us. A statutory notification is 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 some people using the service.

During our inspection we spoke with the registered manager and the regional support manager.

We looked at documentation relating to pre-admission assessments, falls risk assessments, falls monitoring and analysis, falls risk/action plans developed by the NHS falls service and staff training.

We also undertook observations of the care and support people received to help us understand their experience of people living in the home.

Good

Is the service responsive?

Our findings

Following our last inspection in December 2015 and in response to the coroner's report the provider was required to make improvements to their risk assessment processes specifically related to falls and the action that is taken to mitigate the risk of falls. We saw that the provider had made significant improvements in these areas.

In response to previous concerns raised by the coroner the provider had significantly strengthened their risk assessments and assessment of people's needs before being admitted to the home. People's needs were assessed prior to their admission to the home. The registered manager or deputy manager visited people in their home or other care setting to assess their needs and establish whether Templemore Care Home could meet their needs. Initial risk assessments and care plans were put in place and updated as they got to know more about the person. We saw that people who were identified as at risk of falls had a falls risk assessment in place upon admission to the home. Additional equipment was also in place for people that required extra support and monitoring. For example a call bell that can be worn on the wrist like a watch, extra grab rails in bathrooms and pressure sensor mats that alert staff the person has got out of bed.

People's needs were regularly reviewed so that risks were identified and acted upon as their needs changed. People's risk assessments were included in their care plan and were updated to reflect changes in their care needs and the resulting actions that needed to be taken by staff to ensure people's continued safety. For example, where people had an increased risk of falls the care plan and risk assessments had been updated with actions that had been taken to mitigate these risks.

The provider had robust procedures in place to monitor accidents and incidents which included any falls that people had. Each incident form contained details about where the person was when they had a fall, any contributing factors and immediate remedial action that could be taken. For example: Increased monitoring, a health check-up for infections and the use of technology to alert care staff if someone has had a fall.

When people had a fall for the first time the provider referred them to the NHS falls team who complete a full assessment of people's health and physical well-being to try and identify any other measures that can be taken to mitigate the risk of further falls. We saw that action had been taken from these assessments. For example: The falls team advised that the removal of 'gliders' from a person's walking frame may assist the person with walking at slower pace; we saw that this action had been taken.

The provider was also involved in an early detection of infections pilot programme which enables people to monitored for chest infections and urinary tract infections at the home and where infections are identified they are able to access treatment options quicker and without the need of having to travel to the GP surgery. Infections have been evidenced to increase people's risk of falls and the provider was keen to be part of the pilot scheme which they felt had been really beneficial to people, to help reduce the risk of falls and prevent hospital admissions.

All staff were trained in falls training and there was also on-going refresher training booked in for staff which is designed to be cascaded to other staff with in the home. This training equipped staff with the skills and knowledge that they required to help prevent people from falling in the home.