

# Review of compliance

B & M Investments Ltd (t/a B&M Care)  
Templemore

|                                       |  |
|---------------------------------------|--|
| <b>Region:</b>                        | East Midlands  |
| <b>Location address:</b>              | 121 Harlestone Road<br>Northampton<br>NN5 6AA  |
| <b>Type of service:</b>               | Care Home Service without Nursing  |
| <b>Date the review was completed:</b> | 2 February 2011  |
| <b>Overview of the service:</b>       | Templemore is registered for the activities of accommodation for persons who require nursing or personal care and treatment of disease, disorder or injury. The service is not registered for nursing care. The service has provision for seventy three beds for older people, the majority of whom have care needs arising from varying levels of dementia. |

# Summary of our findings for the essential standards of quality and safety

## What we found overall

**We found that Templemore was not meeting one or more essential standards. Improvements are needed.**

The summary below describes why we carried out the review, what we found and any action required.

## Why we carried out this review

We carried out this review because concerns were identified in relation to:

- Care and welfare of people who use services
- Meeting nutritional needs
- Safety, availability and suitability of equipment
- Staffing
- Records

## How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 20 December 2010, observed how people were being cared for, talked to people who use services, talked to staff, checked the provider's records, and looked at records of people who use services.

## What people told us

People we met at the time of the visit said that they were happy living at Templemore and were well cared for.

People who use the service said that the food was well prepared and that there was always plenty to eat and drink.

People met at the visit said that they felt safe living at the home.

People we spoke with said that the staff were very helpful.

## **What we found about the standards we reviewed and how well Templemore was meeting them**

### **Outcome 4: People should get safe and appropriate care that meets their needs and supports their rights**

- Overall, we found that improvements are needed for this essential standard.

### **Outcome 5: Food and drink should meet people's individual dietary needs**

- Overall, we found that Templemore was meeting this essential standard but, to maintain this, we have suggested that some improvements are made.

### **Outcome 7: People should be protected from abuse and staff should respect their human rights**

- Overall, we found that Templemore was meeting this essential standard.

### **Outcome 11: People should be safe from harm from unsafe or unsuitable equipment**

- Overall, we found that improvements are needed for this essential standard.

### **Outcome 14: Staff should be properly trained and supervised, and have the chance to develop and improve their skills**

- Overall, we found that Templemore was meeting this essential standard but, to maintain this, we have suggested that some improvements are made.

### **Outcome 21: People's personal records, including medical records, should be accurate and kept safe and confidential**

- Overall, we found that improvements are needed for this essential standard.

## **Action we have asked the service to take**

We have asked the provider to send us a report within 28 days of them receiving this report, setting out the action they will take to improve. We will check to make sure that the improvements have been made.

## **Other information**

Please see previous review reports for more information.

**What we found**  
for each essential standard of quality  
and safety we reviewed

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

**Compliant** means that people who use services are experiencing the outcomes relating to the essential standard.

A **minor concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard.

A **moderate concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard and there is an impact on their health and wellbeing because of this.

A **major concern** means that people who use services are not experiencing the outcomes relating to this essential standard and are not protected from unsafe or inappropriate care, treatment and support.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary improvements are made. Where there are a number of concerns, we may look at them together to decide the level of action to take.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*.

# Outcome 4: Care and welfare of people who use services

## What the outcome says

This is what people who use services should expect.

People who use services:

- Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

## What we found

### Our judgement

**There are minor concerns** with outcome 4: Care and welfare of people who use services

### Our findings

**What people who use the service experienced and told us**  
People we met at the time of the visit said that they were happy living at Templemore and were well cared for. They were unaware of care plans, but this may be as a result of their ability to remember as most people that use the service have a dementia.

**Other evidence**  
Care plans in the main were in place and had been reviewed. However for one person the updated care plan was not available on the working or main file. However, staff we spoke to were knowledgeable about the changes in the person's care needs and confirmed that changes had been discussed as part of handover systems at the service. Another person's plan mentioned that they were at potential risk of developing pressure sores, but they had yet not been referred to the nursing service for an assessment of need. We found care staff were not fully aware of the processes involved in gaining additional support for individuals that may be at risk of pressure sores. Files seen did contain risk assessments that underpinned care plans. However these lacked details to reflect specific equipment related to mobility and pressure area care. Despite this the outcomes for people using the service were good. One person who had developed a pressure sore whilst away from the home was responding well to the care from carers and treatment by the district nurses attending to wound care.

**Our judgement**

That the service in the main provides a good level of care. There are, however, some minor shortfalls. Care plans were not updated and there were delays in referring people at risk of pressure sores for an assessment by specialist nursing staff. This has the potential for poor outcomes for people with high dependency needs.

# Outcome 5: Meeting nutritional needs

## What the outcome says

This is what people who use services should expect.

People who use services:

- Are supported to have adequate nutrition and hydration.

## What we found

### Our judgement

**There are minor concerns** with outcome 5: Meeting nutritional needs

### Our findings

**What people who use the service experienced and told us**  
People who use the service said that the food was well prepared and that there was always plenty to eat and drink. Throughout our visit we observed staff being attentive to the needs of people within the main lounges and dining areas.

**Other evidence**  
We found that one service user who was on bed rest did not have access to water in their room. This was brought to the attention of staff. On returning to their room later we found that a cup of tea had been placed out of their reach. Staff said that this was an oversight and that they would return to assist the person to have their tea. The care plan for this person did not detail whether they required assistance to have drinks whilst in their room. As the updated care plan for this person was not available on the day of the visit we were unable to establish that a MUST (Malnutrition Universal Screening Tool) assessment had been undertaken. Food and fluid monitoring charts were not in place for this person when we checked their care path way. We established from discussions with staff that monitoring charts were not routinely put into place for those people who have pressure area care needs. In discussion with the manager during feedback about our findings from our visit they were concerned that the updated care plan was not available. The registered manager gave assurances that this would be traced and made available for all staff. This was confirmed the day after the visit.

The outcomes for people were in the main good. The oversight of no drinks in the room of one person whilst on bed rest was not affecting the healing process of their pressure sore.

**Our judgement**

That the service is in the main meeting the nutritional needs of people that live there. We consider that service users who have been assessed as having higher dependency needs require additional monitoring to ensure that their nutritional needs are consistently met.

# Outcome 7: Safeguarding people who use services from abuse

## What the outcome says

This is what people who use services should expect.

People who use services:

- Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

## What we found

### Our judgement

**The provider is compliant** with outcome 7: Safeguarding people who use services from abuse

### Our findings

**What people who use the service experienced and told us**  
People met at the visit said that they felt safe living at the home.

**Other evidence**  
Staff had a basic knowledgeable about safeguarding and the need to report concerns to senior staff. Managers and senior carers were aware of the local safeguarding protocols and how to report issues of concern. Information received from the commissioning team at Northamptonshire County Council (NCC) indicated that the service has a good record of reporting issues and is known to be very transparent and co-operative with other agencies. The registered manager immediately reports concerns of neglect or abuse. This could be directly related to the care received within the home or when people have been newly admitted or returned after a period away from the service. The manager is proactive in working towards the care and protection of people living there. Notifications to the Care Quality Commission (CQC) are also completed as required under the regulations. The concerns raised by social and healthcare professional about pressure area care at the home were not founded. The issues relate to poor record keeping and lack of internal communication between staff. CQC has confidence in the manager that this will be improved.

Records kept at the home confirm that they keep a log of all reported safeguarding concerns and their outcomes. The manager discusses outcomes with the senior care team, identifying how practices need to change to ensure that people who use the service are protected.

**Our judgement**

That people who use the service are protected from abuse.

# Outcome 11: Safety, availability and suitability of equipment

## What the outcome says

This is what people should expect.

- People who use services and people who work in or visit the premises:
- Are not at risk of harm from unsafe or unsuitable equipment (medical and non-medical equipment, furnishings or fittings).
  - Benefit from equipment that is comfortable and meets their needs.

## What we found

|  |
|--|
| <b>Our judgement</b>   |
| <b>There are minor concerns</b> with outcome 11: Safety, availability and suitability of equipment |

|   |
|---|
| <b>Our findings</b>   |
| <p><b>What people who use the service experienced and told us</b><br/>One person we spoke to said that they could not get comfortable due to their joint pain. They were using a pressure relief mattress and did require assistance to turn. We checked that pain relief medication had been given at regular intervals. Plans are in place to ensure they were repositioned every two hours, which they confirmed did happen.</p> <p><b>Other evidence</b><br/>Equipment seen was correctly installed and operated by staff at the service. We did note in one file a time lapse in recording the need and requesting an assessment for pressure relief equipment. We were also concerned that care staff were generally not knowledgeable about the importance of ensuring needs were assessed and the delivery of equipment in the prevention of pressure areas developing. We established that senior staff had good knowledge about what to do when equipment was not functioning. However care staff we spoke with did not have this knowledge. They were not fully aware of the essential safety checks to carry out to ensure that air flow pressure mattresses were correctly installed for an individual. They did however know to report to managers if the pressure mattresses were not working.</p> <p><b>Our judgement</b></p> |

That the needs of people using the service are being met by the use of specialised equipment. However the lack of knowledge by some care staff about the policies and procedures in the management of pressure area care and maintenance of equipment could leave people using the service vulnerable.

# Outcome 14: Supporting workers

## What the outcome says

This is what people who use services should expect.

People who use services:

- Are safe and their health and welfare needs are met by competent staff.

## What we found

### Our judgement

**There are minor concerns** with outcome 14: Supporting workers

### Our findings

**What people who use the service experienced and told us**  
People we spoke with said that the staff were very helpful.

**Other evidence**  
In reviewing records of staff training we found that all staff had completed basic pressure area training within their induction programme. Additional training for senior staff had been provided by the local tissue viability teams. We found evidence that these staff were knowledgeable, up to date and competent. What we did find that this level of knowledge was not generally held by care staff. They were not aware of the policies and procedures in the prevention of pressure sores. We did find that staff were aware of the changing needs of people who use the service. This is achieved verbally at a staff handover meeting. This method of communication has the potential for staff to be unaware of changed needs, if they are on leave, for example, and there is no written record for them to refer to.

**Our judgement**  
Although staff had completed training there is a need for managers to ensure that the whole team is working towards the prevention of pressure areas developing. Communication systems, both verbal and written, need to be improved so that the needs of people using the service are consistently met.

# Outcome 21: Records

## What the outcome says

This is what people who use services should expect.

People who use services can be confident that:

- Their personal records including medical records are accurate, fit for purpose, held securely and remain confidential.
- Other records required to be kept to protect their safety and well being are maintained and held securely where required.

## What we found

### Our judgement

**There are minor concerns** with outcome 21: Records

### Our findings

**What people who use the service experienced and told us**  
People that we spoke with were not able to contribute to this outcome area due to their communication needs.

**Other evidence**  
On reviewing records we found that there were shortfalls on two of the three files of people using the service. One file had not been updated with changes of need since they had returned from hospital requiring hoist transfers and pressure relief equipment. We looked at both of the files for this person, the main and working files. We were contacted after the review by a staff member who confirmed that these updates had been found and were now in the file. We also found time delays for another person using the service in being referred for a nursing assessment to gain special pressure relief equipment. This person was assessed as being at risk of developing pressure sores. Risk assessments lacked detail on the special equipment being used. The files also lacked instructions for care staff on its use. We found no evidence of food and fluid intake charts being in place for those people who presently had a pressure sore or were at high risk of developing one.

**Our judgement**

Records did not fully reflect the current needs of people that use the service. Care plans were not always kept under constant review. Managers need to ensure that records are monitored to ensure that they are kept up to the standard required and contain all of the essential details so that the care team can effectively meet the needs of people in their care.

## Improvement actions

The table below shows where improvements should be made so that the service provider **maintains** compliance with the essential standards of quality and safety.

| Regulated activity   | Regulation   | Outcome   |
|--|--|---|
| Accommodation for persons who require nursing or personal care | 9  | 4<br>Care and welfare of people who use services        |
|  | <p><b>Why we have concerns:</b> That the service in the main provides a good level of care. There are however some minor shortfalls when it comes to providing a comprehensive service for individuals who require specialised pressure area care. Care plans and risk assessment must be kept under review and ensure that changes are reflected.</p> |   |
| Accommodation for persons who require nursing or personal care | 14   | 5<br>Meeting nutritional needs                          |
|  | <p><b>Why we have concerns:</b> That the service is in the main meeting the nutritional needs of people that use the service. We consider that service users who have been assessed as having higher dependency needs require additional monitoring to ensure that their nutritional needs are consistently met.</p>                                   |   |
| Accommodation for persons who require nursing or personal care | 16   | 11<br>Safety, availability and suitability of equipment |
|  | <p><b>Why we have concerns:</b><br/>That the needs of people using the service are being met by the use of specialised equipment. However the lack of knowledge by some care staff about the policies and procedures in the management of pressure area care and maintenance of equipment could leave people vulnerable.</p>                           |   |

|  |  |                               |
|--|--|-------------------------------|
| Accommodation for persons who require nursing or personal care | <b>23</b>  | <b>14</b><br>Supporting staff |
|  | <b>Why we have concerns:</b> Although staff had completed training there is a need for managers to ensure that the whole team is working towards the prevention of pressure areas developing. Monitoring systems need to be developed and put in place to identify shortfalls.   |                               |
| Accommodation for persons who require nursing or personal care | <b>20</b>  | <b>21</b><br>Records          |
|  | <b>Why we have concerns:</b> Records did not fully reflect the current needs of people that use the service. Care plans were not always kept under constant review. Managers need to ensure that records are monitored to ensure that they are kept up to the standard required and contain all of the essential details so that the care team can effectively meet the needs of people in their care. |                               |

The provider must send CQC a report about how they are going to maintain compliance with these essential standards.

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent within 28 days of this report being received.

CQC should be informed in writing when these improvement actions are complete.

# Compliance actions

The table below shows the essential standards of quality and safety that **are not being met**. Action must be taken to achieve compliance.

| Regulated activity | Regulation                                  | Outcome |
|--------------------|---|---------|
|                    |   |         |
|                    | <b>How the regulation is not being met:</b> |         |
|                    |   |         |
|                    | <b>How the regulation is not being met:</b> |         |
|                    |   |         |
|                    | <b>How the regulation is not being met:</b> |         |

The provider must send CQC a report that says what action they are going to take to achieve compliance with these essential standards.

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider’s report should be sent to us within 28 days of this report being received.

Where a provider has already sent us a report about any of the above compliance actions, they do not need to include them in any new report sent to us after this review of compliance.

CQC should be informed in writing when these compliance actions are complete.

## Enforcement action we are taking

The table below shows enforcement action we have taken because the service provider is not meeting the essential standards of quality and safety shown below. Where the action is a Warning Notice, a timescale for compliance will also be shown.

| Enforcement action being taken             |   |   |                           |
|--|---|---|---------------------------|
| Enter_enforcement_action                   |   |   |                           |
| This action is being taken in relation to: |   |   |                           |
| Regulated activity                         | Regulation or section of the Act  | Outcome   | Timescale (if applicable) |
| Enter_activity                             | Reg_no_or_Section_Act   | Enter_outcome_no. and title                                       | Enter_timescale           |
|  | <b>How the regulation or section is not being met:</b>  | <b>Registered manager:</b>  | <b>To be met by:</b>      |
|  | Copy and paste the 'our judgement' text from the end of the 'our findings' section in each relevant outcome above | Include the name of the registered manager if relevant or put N/A | dd_mm_yyyy                |

# What is a review of compliance?

By law, providers of certain adult social care and health care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

When making our judgements about whether services are meeting essential standards, we decide whether we need to take further regulatory action. This might include discussions with the provider about how they could improve. We only use this approach where issues can be resolved quickly, easily and where there is no immediate risk of serious harm to people.

Where we have concerns that providers are not meeting essential standards, or where we judge that they are not going to keep meeting them, we may also set improvement actions or compliance actions, or take enforcement action:

**Improvement actions:** These are actions a provider should take so that they **maintain** continuous compliance with essential standards. Where a provider is complying with essential standards, but we are concerned that they will not be able to maintain this, we ask them to send us a report describing the improvements they will make to enable them to do so.

**Compliance actions:** These are actions a provider must take so that they **achieve** compliance with the essential standards. Where a provider is not meeting the essential standards but people are not at immediate risk of serious harm, we ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

**Enforcement action:** These are actions we take using the criminal and/or civil procedures in the Health and Adult Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

## Information for the reader

|                            |  |
|----------------------------|--|
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|                       |   |
|-----------------------|---|
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