Care South

Templeman House

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 caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

Templeman House is a residential care home for older people, the majority of whom were living with dementia. The home provides accommodation and personal care for up to 41 people on three floors; nursing care is not provided. The main communal areas are situated on the ground floor but on each of the other two floors there were lounge areas. At the time of this inspection there were 30 people accommodated.

At our last inspection we rated the service good. At this inspection we found the service remained Good. Progress was being made towards outstanding achievement. There was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

The registered manager had worked at the service for many years. 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.

People were treated with kindness, respect and compassion, and their privacy and dignity was upheld.

People were protected from neglect and abuse. Risks were assessed and people were supported to stay safe with the least possible restriction on their freedom. Pre-employment checks were followed to ensure candidates were suitable to work in a care setting.

People's physical, mental health and social needs were assessed holistically, and care and support was planned and delivered in a personalised way to meet those needs.

People, and where appropriate their families, were involved in decisions about their care and support. The registered manager and staff kept abreast of good practice through attending training and discussing developments in good practice at team meetings and during supervision. Staff had training in equality, diversity and human rights to help them challenge and avoid discrimination.

People's rights were protected because the staff acted in accordance with the Mental Capacity Act 2005. People and their relatives were encouraged to be involved in decisions about care.

Relatives and friends could visit when they wished without notice.

There were links with the local community.

People had access to meaningful activities and were encouraged to follow interests and hobbies.

People made choices about what they ate and drank. Mealtimes were relaxed and sociable occasions, with people receiving the support they needed to eat and drink at their own pace. Dietary needs were assessed and referrals made to dieticians or speech and language therapists as appropriate.

People were supported with their health care needs. They each had a 'health passport' to provide to hospital staff in the event they needed treatment there.

There were sufficient appropriately trained staff on duty to support people in a person-centred way. The service used regular agency staff, whom people knew, to fill any gaps in the rota.

Staff were supported through training, supervision and appraisal to perform their roles effectively.

Staff were valued, respected and supported to develop the service, through supervision, team meetings and ad hoc conversations with the management team. The service was open to the concerns of staff, whether through whistleblowing, supervision and staff meetings, or staff surveys.

Accidents, incidents or near misses were recorded and monitored for developing trends.

The premises were clean and well maintained. Individual bedrooms were furnished and decorated according to people's preferences.

People were protected from the spread of infection.

Medicines were stored securely and managed safely.

The service sought to support people to have a comfortable and dignified death when nearing end of life.

Clear information about how to make a complaint was available for people. Complaints were taken seriously and investigated openly and thoroughly.

The service worked in partnership with health and social care professionals and other organisations, to ensure people's care needs were met and that staff kept up with good practice.

The provider had quality assurance processes in place, which helped to maintain standards and drive 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? The service remains Good	**Good**
Is the service effective? The service remains Good	**Good**
Is the service caring? The service remains Good	**Good**
Is the service responsive? The service remains Good	**Good**
Is the service well-led? The service remains Good	**Good**

Templeman House

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 inspection took place on 4 and 5 June 2018 and was unannounced. One inspector carried out the inspection on both days.

The registered manager assisted us throughout the inspection as well as an Operational Manager for the company. During the inspection we met and spoke with most people living at the home; however, because most people were living with dementia and were not able to tell us about their experience of the home, we used the Short Observational Framework for Inspection, SOFI. This is a specific method of observing care to help us understand the experience of people who could not talk with us. We also spent much of the inspection within communal areas so that we could observe interactions between the staff and people. We spoke with seven members of staff, five visiting relatives, a visiting health professional and, following the inspection, commissioners of the service.

We looked in detail at the care plans and assessments relating to three people and a sample of other documents relating to the care of people at Templeman House. We also looked at records relating to the management of the service including; staffing rotas, incident and accident records, training records, meeting minutes, premises maintenance records and medication administration records.

Before the inspection, the registered manager completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed the notifications we had been sent from the service since we carried out our last inspection. A notification is information about important events which the service is required to send us by law.

Good

Is the service safe?

Our findings

All the relatives we met during the inspection spoke highly of the home and they had no concerns about safety. Comments made included; "I can't fault them", "It has given me peace of mind because when I leave I know they are being well looked after", and "I chose the home very carefully and have been very happy with everything".

The registered manager had taken steps to protect people as far as possible from abuse and to protect their human rights. They had ensured that all staff had all been trained in safeguarding adults, as well as receiving update refresher training. The staff therefore had a good understanding of what constituted abuse and how to make referrals should the need arise. Information posters were displayed in the home as a reminder for staff and to impress the importance of safeguarding.

The registered manager had made the home as safe for people as possible, complying with legislation and guidance. They had carried out comprehensive risk assessments of the premises. Where hazards had been identified, steps had been taken to minimise the risks to people. Examples included: freestanding wardrobes attached to the wall to prevent risk of being pulled over, window restrictors fitted to windows above the ground floor and radiators covered to prevent scalds and burns. Portable electrical wiring had been tested and the fire safety system inspected and tested at the required intervals. During the inspection, we identified a hot tap in the dining area, where the hot water could pose a risk to people. The registered manager immediately made this safer by fitting a tap strap to protect people from the risk of getting scalded.

Emergency plans had been developed for the event of situations such as loss of records, power or heating. Certificates showed that the home's boilers, wheelchairs and hoists, the lift, and electrical wiring were tested and maintained for safety. A personal evacuation plan had been developed for each person so that they could be evacuated safely in an emergency.

The registered manager had taken steps to minimise the risks of cross infection and to maintain infection control standards. A member of staff had been delegated to act as lead for the prevention and control of infection. Infection control and cleaning audits were regularly carried out to check that the risks of cross infection were minimised. Relatives told us that the home was always clean. Overall, the home was free of unpleasant odours. One of the cleaning staff told us about new products they were trialling that were safer and designed for combatting odours.

The registered manager had taken other steps to promote safety in the home, for example, the reviewing of any accidents and incidents. These monthly reviews looked to see if any action could be taken to minimise the risk of accidents or incidents recurring.

Staff and relatives all felt staffing levels were appropriate to meet people's needs.

Robust recruitment processes had been followed before new staff began working at the home to ensure that appropriate people were recruited to work at the home. Staff files showed photographic identification; two

references, and a Disclosure and Barring Service check (DBS) had been obtained. A DBS check helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with certain groups of people.

Management had taken steps to improve how medicines were managed following some safeguarding concerns relating to medicines errors earlier in the year. This demonstrated the provider's commitment to learning from lessons and weaknesses in their systems. At the time of the inspection medicines administration was safe and people had their medicines administered as directed by their GP. The service used an electronic recording system for medicines administration. The system allowed the provider to rank their individual homes against a range of performance indicators and Templeman House had risen to 3rd place from 15th out of the 15 homes within the group since the safeguarding issues were raised.

Medicines were stored safely and correctly and there was ongoing auditing to make sure that unused medicines were returned to the pharmacist. There were suitable storage facilities, including a fridge for storing medicines requiring refrigeration. Records were maintained of the temperature of this fridge and the medicines area, ensuring that medicines were stored at the correct temperature. Medicines with a shelf life had the date of opening recorded to make sure that they were not used beyond their shelf life.

Medication administration records were well maintained with no gaps in the records. There was good practice of allergies being recorded at the front of people's medication administration records together with a recent photograph. Where a variable dose of a medicine had been prescribed, the number of tablets given had been recorded to make sure people were given a safe dose. Where people had been prescribed creams there were body maps to inform the staff of where to administer the creams together with a signed and dated record of their administration.

Where people had 'as required' medicines prescribed there was guidance for staff on when these medicines should be administered. One person needed their medicines administered covertly as they were not able to understand the consequences of refusing medicines. The correct procedures for this had been followed.

The registered manager had put systems in place to make sure people's records were stored confidentially.

Good

Is the service effective?

Our findings

Before people moved into the home, a senior member of the staff carried out a preadmission assessment of their needs. This procedure was in place to make sure a person's needs could be met. The records also showed that on admission staff completed a range of more in-depth assessments with the person or their representative. These assessments were comprehensive, covering their needs if they were living with dementia, as well as other needs commonly associated with old age such as, personal care needs, continence, risk of falls, communication, skin care, medical, social care needs, nutrition and hydration.

Some people had personal needs and risks associated in the delivery of their care, such as the use of bedrails or a 'safe swallow' plan. Where bed rails were used, people had bed rail risk assessments in place because of the risks of entrapment or their climbing over the top and injuring themselves. Where there was a risk of a person choking because of swallowing difficulties, people had been referred to speech and language therapists for a swallowing assessment. There were systems in place to make sure those people who needed to have their drinks thickened had these thickened to the required consistency. The thickener agent was stored safely out of reach, as these products can pose a risk to people if ingested.

The service had invested in quality specialist mattresses to reduce likelihood of skin ulceration.

Relatives were positive about the staff team, telling us the staff had the skills, training and knowledge to meet needs of people living at the home. Staff were overall positive about the training provided. Records showed that staff received core training in subjects including moving and handling, first aid, Mental Capacity Act, infection control and safeguarding. Staff could also undertake additional training in more specialised areas.

New staff completed the Care Certificate, which is a nationally recognised induction training programme. The Care Certificate is designed to help ensure care staff that are new to working in the care service have initial training that gives them an understanding of good working practice within the care sector.

Staff were supported appropriately receiving regular supervisions and an annual appraisal.

Staff had a good understanding about treating people as individuals and ensuring they were given choice and their preferences respected. Staff received training in diversity, equality and inclusion.

The service was compliant with The Mental Capacity Act 2005 (MCA). This 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 they lack mental capacity to take specific decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

Mental capacity assessments had been carried out and recorded. These showed the specific decision a person was unable to make, the reasons why they could not make the decision, the people involved in

decision making and consideration of the least restrictive solution made in the person's 'best interests'. The registered manager was aware of any relatives with Lasting Powers of Attorney that had bearing on who could make the decision should a person not have capacity to do so.

The service was compliant with respect to the Deprivation of Liberty Safeguards (DoLS). People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards. There was a system for ensuring applications were made to the local authority and for re-applying if this was necessary when an order expired. Some DoLS authorisations had conditions attached as part of the legal order, which the service must comply with. Three people were subject to a DoLS where conditions were in place. Archived records had to be retrieved and sent on to us to demonstrate compliance. It was agreed that better systems would be put in place to better monitor whether conditions were being complied with. This was an area for improvement.

People's health care needs were monitored and any changes in their health or well-being prompted a referral to their GP or other health care professionals. People had access to a GP, dentist and an optician. Health and social care professionals told us that the home worked effectively and collaboratively in meeting people's needs.

Those people who could tell us about the standard of food provided were overall satisfied and made positive comments, such as, "The food is excellent; the chef is marvellous". All the relatives spoken with also felt the food was of a good standard.

We observed the midday meal on the first day of the inspection, which overall was a positive experience. There was good practice with people being presented with a choice of the two main meals to help them decide which they preferred. Those people requiring assistance with eating were assisted appropriately by staff, who sat beside people and were patient and encouraging. The registered manager told us that they had adapted cutlery for people who may benefit from this. We noted one person was not able to see their food easily. We discussed this with the registered manager who agreed to investigate whether coloured crockery might be of benefit to this person. They also agreed to reviewing the mealtime experience to see if improvements could be made.

Good

Is the service caring?

Our findings

Relatives all spoke positively about the staff team and good standards of care provided in the home. Comments included; "All the care staff are very good", "A lot of homes would not take xxxx (person's name) but Templeman has been brilliant; they have got to know how best to handle xxxx's needs".

Another relative told us their relative had been in another home where they had lost a lot of independence by "Staff doing everything for them". They said that at Templeman House their relative had been encouraged and was regaining independence in some aspects of their life.

Relatives also told us that they were always kept fully informed about people's care and were free to visit whenever they wished. It was evident that staff had formed good relationships with relatives who regularly visited the home. One relative who lived a long way away from the home and therefore had difficulty visiting, expressed their gratitude for being able to stay at the home. They told us they had been made to feel very welcome.

Throughout the inspection staff, although busy, always took time to talk to people, reassure them and guide them if they were unsettled or wanting attention. When they spoke with people the staff were kind and patient.

Within people's care plans there was information relating to people's life history, their interests, people and things that were important to them and their preferred routines. Staff were knowledgeable about people and aware of the information within care plans. For example, a person was distressed having been out with a relative and was missing them. Their mood state was changed by playing songs that they liked and they were reassured.

Staff were respectful of people's dignity, referring to them in their preferred form of address and discretely guiding them to privacy if they needed personal care.

Good

Is the service responsive?

Our findings

Each person had an individualised care plan that reflected their individual needs. Care plans we looked at were up to date, being updated when needs changed or reviewed periodically. Relatives told us that they had been involved appropriately. The registered manager was aware of when relatives had lasting powers attorney for welfare and when they should consult with relatives about people's care.

One person, who could tell us about their experience of Templeman House, told us that they had been fully consulted about the way they wished to be looked after and supported.

Staff knew people well and able to tell us about people's individual needs.

The home employed an activities coordinator who worked for 30 hours a week in the home over five days. They had kept records and observations of what activity, type of music or conversation stimulated people. We saw the benefit of their role early on the second day of the inspection when care staff were still busy getting people up and attending to people's personal care needs. There were ten people in the lounge, all of whom were engaged doing separate activities that were keeping them engrossed and stimulated, rather than being left in the lounge with nothing to do, as is often observed. There was a lively atmosphere with people supervised, allowing care staff to get on with their role in attending to people's personal care. The registered manager told us that they were hoping to extend the hours for activities coordinator and we would support this as the benefits were clearly evident. We saw photos of group and individual activities. An outing to Wimborne model village was arranged for later in the month.

The home also had embraced technology purchasing an animatronic 'dog', who had been named 'Biscuit', who responded to touch and sound. We saw that some people interacted with 'Biscuit' and gained comfort from this. Interaction with Biscuit was featured on regional TV news programmes, which included interviews with the registered manager and residents. The provider has since shared the learning from Templeman House and provided a Biscuit animatronic dog to all of its homes.

Throughout the day times group of people were in the garden and meaningfully occupied. At another time a person was distressed having been out with a relative and was missing them. Their mood state was changed by playing songs that they liked and they were reassured.

The service met the Accessible Information Standard, which became law in 2016 to make sure people with a disability or sensory loss are given information in a way they can understand. People's communication needs and sensory impairments were detailed within people's care plans.

The service sought to support people nearing end of life to have a comfortable and dignified death by working closely with health care services and through consulting people about end of life wishes. Staff had also been trained in end of life care.

Clear information about how to make a complaint was available for people. The complaints log showed the

registered manager responded to and investigated complaints thoroughly. A root cause analysis had been carried out where any serious issues had been raised.

Good

Is the service well-led?

Our findings

The service was well led with the organisation providing clear standards and expectations on their vision. Throughout the inspection it was evident this was translated into practice as we saw that people and staff interacted and got on well with each other. There was a core of staff who had worked at Templeman House for a long time and had strong allegiances with the organisation, being positive and proud about working at there. Comments included: "This is the best job I have done; it's a really good place to work."

The organisation had staff incentive and reward systems in place to underpin their values and goals. Templeman House had won one such recognition the previous year.

The service had established links with the local community. People were taken out to local facilities where possible. The organisation had formed a partnership with AFC Bournemouth football club and players had visited the home to host coffee mornings. Staff had visited AFC Bournemouth to collect awards won by Templeman House at the provider's annual Star Awards ceremony, which celebrates the organisation's HEART values of Honesty, Excellence, Approach, Respect and Teamwork in everyday practice.

People were involved as far as possible in the running of the home. Staff and residents' meetings demonstrated that people's views were obtained about decisions and matters such as menus and activities, as well giving news updates about the service.

The provider had a whistleblowing policy and procedures, which were publicised to staff. Staff told us they would not hesitate to raise concerns.

The provider had quality assurance processes in place, aimed at improving and maintaining standards. These included audits within the service and monitoring by the provider, for example, through peer audits by the manager of another service. Audits resulted in timed action plans that were followed through. The registered manager told us they felt well supported by the provider to run a person-centred service. The rating from the previous inspection was prominently displayed in the hallway.

The provider and staff in the home understood their legal responsibilities and the registered persons had ensured relevant legal requirements, including registration and safety related obligations had been complied with. We found that one statutory notification had not been made. A statutory notification is information that the law requires CQC are made aware of to support our monitoring function.