

# Care Enterprises (Temple Ewell) Limited

## Temple Ewell Nursing Home

### Inspection report

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13 November 2018

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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

This inspection took place on 12 and 13 November 2018 and was unannounced.

Temple Ewell 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. Temple Ewell accommodates up to 44 people in one adapted building. At the time of the inspection there were 41 people receiving nursing care.

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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We inspected Temple Ewell in October 2017 and the service was rated 'Requires Improvement' overall with two breaches of regulation. Following the last inspection, we asked the provider to complete an action plan to show how they would meet the regulations. At this inspection, we found that improvements had been made and the regulations had been met. The service was now rated Good overall.

At the last inspection, we found the registered person had not managed medicines safely and people had not received their medicines as prescribed. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, people's medicines were now managed safely. Systems had been put in place to make sure people received their medicines and these had been effective. Medicine records were now accurate.

At the last inspection, we found the registered person had failed to maintain accurate records in respect of each person. They had failed to act on quality monitoring audits for continuous improvements.

At this inspection, checks and audits to measure the quality of the service had been completed. When shortfalls had been identified, an action plan was put in place and signed off when completed. Records such as care plans were now accurate and reflected the care being given.

Potential risks to people's health and welfare had been completed, there was detailed guidance for staff to mitigate the risk and keep people safe. Accidents and incidents had been recorded and analysed to identify patterns and trends, action had been taken to reduce the risk of them happening again. Checks had been completed on the environment and equipment to make sure it was safe.

Care plans contained detailed guidance about people's choices and preferences. Care plans were reviewed regularly and with people where they were able or their representative. People were supported to remain comfortable at the end of their lives.

Staff met with people before they moved to the service to make sure that staff could meet their needs. Staff monitored people's health and referred them to healthcare professionals when their needs changed. Staff followed the guidance given by health professionals to keep people as healthy as possible. People had access to professionals such as the dentist and optician. People were encouraged to lead as healthy lifestyle as possible, for example, moving in their chair or bed. People had a choice of meals and were supported to eat a balanced diet.

People were supported to have maximum choice and control over their lives and staff supported them in the least restrictive way possible, the policies and systems in place supported this practice.

People were supported to be as independent as possible and where possible were involved in developing their care and support. People had access to activities they enjoyed and these reflected their interests. People were treated with kindness, staff respected people's dignity and privacy. People were relaxed in the company of staff and staff understood how to support people when they were anxious.

People were protected from harm and abuse. Staff knew how to recognise signs of abuse and how to report any concerns. Staff were confident that the registered manager would deal with their concerns appropriately. The registered manager would deal with concerns to the local safeguarding authority and followed the guidance given.

There were enough staff to meet people's needs, who had been recruited safely. Staff had received supervision and appraisal to discuss their development and training needs. New staff received an induction, staff received training appropriate to their role and staff competency was checked.

There was an open culture within the service, people and staff told us the management team was approachable. The provider had a complaints policy, this was displayed in the main reception, complaints that had been received were recorded and investigated following the policy.

People, staff, relatives and professionals were asked their opinions about the service and the feedback was mainly positive. The results of the surveys had been analysed and a plan had been put in place to address any issues raised. The management team held 'open surgeries' each month, where staff and relatives could raise any concerns they may have.

The registered manager worked with other agencies such as the clinical commissioning group to improve the care that people receive. The management team attended local forums and training to continuously improve the quality of the service.

The service was clean and odour free, staff used gloves and aprons when needed to reduce the risk of infection. The building had been adapted to meet people's needs.

Services that provide health and social care to people are required to inform the Care Quality Commission (CQC), of important events that happen in the service. CQC check that appropriate action had been taken. The registered manager had submitted notifications to CQC in a timely manner.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. That is so that people, visitors and those seeking information about the service can be informed of our judgements. We found the provider had conspicuously displayed their rating on a notice board in the entrance hall and on their website.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

People were protected from abuse, staff understood their responsibility to report any concerns.

Potential risks to people's health, safety and welfare had been assessed and there was detailed guidance for staff to mitigate the risk.

There were sufficient staff on duty to meet people's needs, who had been recruited safely.

Medicines were managed safely and people received their medicines as prescribed.

The building was clean and odour free. Staff used gloves and aprons when required, to reduce the risk of infection.

Accidents and incidents were recorded and analysed. Action was taken to reduce the risk of them happening again.

### Is the service effective?

Good ●

The service was effective.

People's needs were assessed to make sure that staff could meet their needs. Care was developed in line with current guidance.

Staff received training appropriate to their role. Staff received supervision and appraisal to develop their skills.

People were supported to eat a balanced diet and maintain as healthy lifestyle as possible.

People were referred to specialist healthcare professionals and staff followed their guidance to keep people as healthy as possible.

The building had been adapted to meet people's needs.

Staff were working within the principles of the Mental Capacity

Act 2005.

### **Is the service caring?**

**Good** ●

The service was caring.

People were treated with kindness, respect and were given support when they were anxious.

People were supported to express their views about their care.

People's dignity and privacy were respected. People were supported to be as independent as possible.

### **Is the service responsive?**

**Good** ●

The service was responsive.

Care plans contained details about people's choices and preferences and were reviewed regularly.

People were supported to take part in activities they enjoyed.

People were supported at the end of their lives.

Complaints were recorded and investigated following the provider's policy.

### **Is the service well-led?**

**Good** ●

The service was well led.

There was an open culture in the service, focused on improving the service for people.

Checks and audits had been completed. When shortfalls had been identified, action had been taken to rectify the shortfall and drive improvement.

People, relatives, health professionals and staff were given the opportunity to express their views about the service.

The management team attended local forums and training to keep up to date and continuously improve the service.

The service worked with other agencies to improve people's experience.

# Temple Ewell Nursing 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 checked 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 12 and 13 November 2018 and was unannounced. The inspection team consisted of one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of 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 some information about the service, what the service does well and improvements they plan to make. We reviewed previous reports and notifications received by the Care Quality Commission. A notification is information about important events, which the provider is required to tell us about by law, like death or a serious injury.

We looked at eight people's care plans, associated risk assessments and medicines records. We looked at management records including three recruitment files, training and support records, resident and staff meeting records, audits and quality assurance. We observed staff spending time with people.

We spoke with the registered manager, clinical lead, care plan administrator, two nurses, three care staff, activities worker and the administrator. We spoke with 11 people living at the service and eight relatives. We did not use the Short Observational Framework for Inspection as people were able to speak to us about their experience living at the service or spent their time in their room.

We spoke with one health care professional during the inspection.

## Is the service safe?

### Our findings

People and their relatives told us they felt safe living at the service. One person told us, "I find it nice and safe here." A relative told us, "There is always someone around and they come quickly when I call."

At the last inspection, we found the registered person had failed to ensure that medicines were managed safely. People were not receiving their medicines in line with the prescriber's instructions. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Previously, people had not always received their medicines as prescribed and when they needed them. Staff had not always completed the medicines records accurately. At this inspection, people received their medicines as prescribed. People who were prescribed pain relief every 12 hours, received them at the appropriate time and patches for pain relief were now changed as prescribed.

Instructions that had been handwritten on medicine administration records charts were now signed by two staff to confirm the instruction was correct. Records of medicines given by staff were now accurately completed. Systems had been put in place to remind staff to check they had recorded the administration of medicines accurately.

Some people were prescribed medicines on an 'as and when' basis such as medicines to relieve anxiety. There was guidance for staff about when to give the medicines, how often and the maximum dose allowed. Temperatures in the medicines room and fridge were recorded each day to make sure that they were stored at the correct temperature to remain effective. Staff competency to administer medicines had been assessed regularly to keep people safe.

Potential risks to people's health and welfare had been assessed and there was guidance for staff to mitigate the risks and keep people safe. Some people were living with health conditions such as epilepsy and diabetes. There was guidance for staff about how to recognise the signs and symptoms when people were unwell and the action to take. When people were living with epilepsy, there was information about the triggers that may lead to a seizure such as a urinary tract infection.

When people required assistance to move around the service, there was guidance for staff about what equipment to be used and how to support the person safely. When people were at risk of developing pressure sores specialist equipment was used. There was guidance for staff about how to use the equipment safely to keep people's skin as healthy as possible.

Accidents and incidents had been recorded and analysed to identify patterns and trends. When patterns had been identified, action had been taken to reduce the risk of them happening again. Some people mobilised around their rooms and had fallen, they had been referred to the falls clinic and staff had discussed about moving the furniture in their rooms. This had been effective in reducing the number of falls. Since January 2017, there had been a large reduction in the number of incidents and accidents in the service, from a total of 34 incidents and accidents to none in October 2018.

There were sufficient staff on duty to meet people's needs, the registered manager had used a dependency tool to calculate the number of staff required to meet people's needs. Staff told us that there had been an increase in the number of staff on each shift. When we arrived at the service, people who wanted to be up were. There were mixed views from relatives about the number of staff as when they rang their relatives call bell, they had to wait. Other people told us that staff always answered their call bells quickly.

During the inspection, a relative rang the call bell for their loved one to be assisted into their chair following their physiotherapy and this was not answered for half an hour. Staff did not speak to the person to explain that they were busy and when they would be with them. We discussed this with the registered manager, who agreed that this was not appropriate and told us they would remind staff to speak to people if they were going to be delayed. Staff told us that every day when the person did not have physiotherapy, they sat in their chair when they got up. Most of the call bells during the inspection were answered in a timely manner and staff responded to an emergency quickly.

Previously, there had been one nurse on duty and they had been supported by associate nurses, these were senior carers who had received some additional training. There were now two nurses on duty during the day, nurses told us that this had improved the clinical support people received and they were now able to support the care staff.

People were protected from the risk of abuse. Staff described what signs to look for and what they would do if they suspected abuse. There were policies and procedures available for staff to refer to. Staff told us they were confident the registered manager would take the appropriate action if they reported a concern. The registered manager had reported concerns to the local safeguarding authority as required. Staff understood that they could take concerns to outside agencies following the whistle blowing policy.

Staff were recruited safely. Recruitment files had application forms, full employment history, job description, photo identification and interview questions. Disclosure and Barring Services (DBS) criminal records checks had been completed for all staff before they began work at the service. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Nurses personal identification numbers were checked to make sure they were registered and fit to practice.

Checks on the environment and equipment had been completed to make sure that it was safe to be used. These checks included water temperatures and fire equipment. Staff completed fire drills, following the drills, they were analysed to identify any improvements that could be made. Each person had a personal evacuation plan, these contained details of people's physical and communication needs to be able to evacuate people safely in an emergency.

The service was clean and odour free. There were sufficient domestic staff to keep the service clean. Staff received training and followed policies to protect people from the risk of infection, staff used gloves and aprons when required.

## Is the service effective?

### Our findings

People and relatives told us that staff always asked permission before they supported people. One person told us, "They always ask me before they do anything, which is good."

People met with staff before they moved into the service to check that staff could meet their needs. The assessment included all aspects of the person's health and welfare including their sexuality, cultural and spiritual needs. Staff told us that they would discuss with people about their preferences and if the service could not meet their needs they would not be admitted to the service. The assessment was used as a basis to the person's care plan.

People's clinical and support needs were assessed using recognised tools following the guidelines from the National Institute of Clinical Excellences. These included nutrition, skin integrity and dependency, people's care was designed following the guidelines from the assessment such as when people were at risk of losing weight monitoring was put in place.

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 least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

People were supported to make decisions about their daily lives including how they spent their time and what they had to eat. People were encouraged to be involved in making complex decisions about their care and their decisions were respected. When people were unable to make a decision, best interest meetings were held involving people that knew the person well, and these were recorded.

People had been assessed and DoLS applications had been made as appropriate. Some people had DoLS authorised and where conditions were in place, these had been incorporated into the care plan. There was a system in place to ensure that when the DoLS authorisations were due to end, staff applied for them in a timely manner.

Staff told us they received training appropriate to their role. Staff received face to face training for practical subjects such as first aid, moving and handling, diabetes and epilepsy. Other training was completed online, the deputy manager, managed the training and arranged refresher training when required. Nurses had completed additional clinical training such as wound management to keep up to date with current

guidelines.

New staff completed an induction, they worked with experienced staff to get to know people's choices and preferences. Staff competency was assessed throughout the induction and were offered extra support if needed. Staff completed the Care Certificate, this is a nationally recognised set of standards, that social care workers are expected to adhere to.

Staff told us that they received support and supervision from the management team and could speak to them at any time. Staff had regular one to one supervision with their line manager to discuss their performance and a yearly appraisal to discuss their development in the next year.

Staff monitored people's health and referred them to healthcare professionals such as their GP, when required. People's weight was monitored monthly, when people lost weight they were given a fortified diet with higher calories and fat content and referred to the dietician. Some people had difficulty with their swallow, they had been referred to the speech and language therapist for assessment. Staff followed the guidance given by the professionals, we observed people being given thickened fluids to keep them safe.

People had access to health professionals, such as the chiropodist, dentist and optician when needed. People were supported to attend hospital appointments and raise concerns they have about their health. Staff encouraged people to be as active as possible. When people could walk, staff supported them to walk as much as possible. People who were cared for in bed, were supported to move their arms and legs as much as possible by using exercises.

People were encouraged to eat a balanced diet. The kitchen staff were aware of people's dietary requirements including puree and vegetarian diets. People had a choice of meals, if people did not want what was offered they could choose an alternative. We observed the lunchtime meal, most people chose to eat in their rooms, staff went to each room serving the person's choice of meal from a hot trolley. Staff told us, the system worked well, as people could choose exactly what they wanted and the portion size. One person told us, "I choose my meals from the menu provided, with guidance and help from staff."

Staff supported people with their meals when required, giving people time to enjoy their meals. People were encouraged to eat independently using equipment such as specialist cutlery and plate guards.

The service was one adapted building, people's accommodation was over two floors, with a passenger lift. The bathrooms had been adapted so that people who used a wheelchair were able to access them. People had access to the garden, which was flat and wheelchair accessible.

## Is the service caring?

### Our findings

At the last inspection staff had not always spoken to people with respect, this had been addressed by the registered manager through dignity workshops. We observed improvements in staff attitude and the way they spoke to people. Staff referred to people by the name they preferred, they spoke discreetly when offering people assistance.

People told us that staff treated them with dignity and respect. One person told us, "Staff knock on the door before they come in, they greet you and ask how you would like to be assisted, I feel human when my opinion matters." We observed staff knock on people's doors and wait to be invited in and people were smartly dressed when they came to the communal lounge.

There was a relaxed atmosphere between people and staff, people responded to staff by smiling, laughing and chatting. Staff made sure that people could understand them, using pictures and cards when required. Staff knew people well and their preferences. Staff described how they supported people's wellbeing such supporting them to continue their spiritual and cultural needs.

Relatives told us how staff had supported their loved one when their needs changed. A relative told us, "My husband can no longer go to the lounge to enjoy the music, the activities worker told me not to worry, they arranged days to come up and play music to him. He loves classical music and you see how his face lights up, he could not talk but his face tells it all." We observed staff offering reassurance to people as they moved around the service. When people were anxious in the wheelchair, staff talked to them constantly, telling what was happening and touching their shoulder. The action was effective in keeping the person calm.

People were supported to be as independent as possible with their personal care and meals. People had specialist equipment such as plate guards and cutlery to enable to eat independently.

People were supported to maintain relationships that were important to them, relatives and friends could visit when they wanted. The registered manager had discussed at staff meetings about how staff could support couples when they wanted to spend time alone and how their privacy could be respected. This was an area that was being developed.

People were supported when able to be part of planning their care, people signed the care plans to say they had been involved in the plans development. When people could not be involved, friends and relatives were involved to tell staff about people's choices and preferences.

People's rooms had been personalised with pictures and photos, people told us their rooms were homely. People's confidential records were kept securely.

## Is the service responsive?

### Our findings

At the last inspection, people's care plans lacked detail about their choices and preferences. Some care plans had been reviewed but changes had not been made and the care plans did not reflect the care being given. At this inspection improvements had been made.

Care plans were now stored electronically, care staff had hand held electronic tablets, to record the care they had given to people and had access to people's care plans. Each person had a care plan, these now contained details about people's choices and preferences such as when they liked to get up and go to bed. Staff had guidance about specialist equipment people used such as chairs to enable them to sit up comfortably.

People's abilities were described, so that staff understood what people could do for themselves, such as washing their face or putting their hands in soapy water. Staff knew how to support people to maintain as many skills as possible. Care plans had information about the signs people displayed when they were starting to get an infection, there were plans in place to respond to the signs quickly. One person was prone to developing urinary infections, staff had agreed with the GP an anticipatory care plan and anti-biotic treatment, that staff could start when the person showed signs of infection.

Care plans and people's health were reviewed monthly or more frequently if needed. The service used a 'traffic light' system to highlight to staff when people were unwell and needed more support or their needs had changed. The care plan records showed if people were red, amber or green. When people were unwell they were shown as red, staff understood that people needed more assistance and support.

People were supported at the end of their lives. The registered manager had started attending training sessions for the Gold Standard Framework, this is a nationally accredited award in the standards required to provide end of life care. People were asked about their end of life wishes and these were recorded. People's preferences were used to develop people's end of life care plans, we reviewed two plans, and there were details about how staff should support people to ensure their preferences were met.

People were supported to take part in activities they enjoyed. Activities were arranged in the communal lounge or in people's rooms. People took part in cinema time and talked about the film stars they enjoyed watching and their memories. Entertainers came in from the community, people told us, they enjoyed the music and singing along. The activities worker told us how they used music and singing to engage people and the difference they had seen in people's communication when they were singing. People unable to go to the communal lounge had activity sessions in their room, to support them to maintain their interests.

The provider had a complaints policy that was displayed in the main reception and available in people's rooms. The policy was not available in other formats. We discussed this with the registered manager, they told us that the policy and other policies were being printed in pictorial format and braille. We will check this at the next inspection.

Complaints that had been received were investigated and responded to following the policy. Following the complaints, action plans had been completed and procedures had been put in place to try and reduce the risk of further incidents and complaints.

## Is the service well-led?

### Our findings

We last inspected the service in October 2017 when two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 were identified. We identified breaches relating to safe care and treatment and good governance. At this inspection all the breaches of regulation had been met.

Checks and audits were completed on all areas of the service to assess the quality of the service provided. The areas covered included wounds, infection control, nutrition, medicines and accidents and incidents. The audits were detailed and an analysis of the results had been completed, the audits checked that staff were following policy. When shortfalls were identified, action plans had been developed and completed to rectify the shortfalls. The audits had been effective, when shortfalls had been identified they had been rectified by the next audit, and had not occurred again.

Records were now accurate and relevant to people. Care plans and risk assessments had been reviewed and changed when required to meet people's needs. Medicines records were now accurate and people were receiving their medicines as prescribed.

There was an open culture within the service. Staff told us that the provider visited the service regularly and discussed any concerns they had. People and staff told us that the management team were approachable and supportive. We observed relatives chatting to the registered manager and clinical lead. One relative told us, "The service is well led, I can talk to the registered manager when I need to."

The non-clinical deputy manager held open surgeries monthly. These were times when relatives and staff could raise any concerns they may have. Relatives had not attended these surgeries, they were contacted afterwards and reminded how to raise concerns and when the next surgery would be. Staff had taken the opportunity to raise issues, action plans were developed to address any issues and were followed up to check the issue had been resolved. For example, when staff had not been using the correct gloves and aprons, staff were spoken to and monitored to check they were following policy.

Regular meetings were held for staff, people and relatives. Staff meetings discussed staff practice and had included workshops such as a dignity workshop for care staff, to remind them of their responsibilities. At resident meetings, people were asked if there were any issues or concerns. Meeting minutes showed that issues raised were investigated and the resolution was discussed at the next meeting, these included the choice of meals and the laundry.

People, relatives, staff and healthcare professionals had been asked their opinions on the quality of the service. The results had been analysed and the results and the action to be taken was available in the main reception. The results were mainly positive but relatives had raised that puree meals did not always look appetising. The provider stated that they would source moulds to be used, so the puree was in the shape of the vegetable.

The service worked with other agencies including the local safeguarding authority and clinical

commissioning group. A health professional told us, that there had been improvements in the record keeping and their interaction with staff.

The management team attended local forums and registered managers meetings to keep up to date with developments. The service was involved in national initiatives such as the Gold Standards Framework to improve the quality of the service provided.

Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. CQC check that appropriate action had been taken. The registered manager had submitted notifications to CQC in an appropriate and timely manner and in line with guidance.

It is a legal requirement that a provider's latest CQC report rating is displayed at the service where a rating is given. This is so that people, visitors and those seeking information about the service can be informed of our judgements. We found the provider had conspicuously displayed their rating in the main reception and on their website.