

Teme Care Limited

Temecare Limited - Teme Court Residential Care

Inspection report

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Ratings

Overall rating for this service	Inadequate ●
Is the service safe?	Inadequate ●
Is the service effective?	Requires Improvement ●
Is the service caring?	Requires Improvement ●
Is the service responsive?	Requires Improvement ●
Is the service well-led?	Inadequate ●

Summary of findings

Overall summary

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

Teme Court accommodates 21 people in one adapted building. At the time of our inspection there were 14 people living at the home.

At the last comprehensive inspection on 24, 27 and 31 October 2017, we found breaches of Regulations 9, 12, 17, 18 and 19 of the Health and Social Care Act (Regulated Activities) Regulations 2014. We gave the provider an overall rating of Inadequate. The breaches related to the provider's failure to ensure, people's safety was maintained through robust recruitment practices and staff training. In addition, the provider had not made sure people's care was consistently focused on each person and the provider's quality checks had not assisted in people receiving high quality care. The provider sent us an action plan setting out the improvements they intended to make.

This service has been in Special Measures. Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. During this inspection the provider had not shown significant improvement and is still rated as inadequate overall. Therefore, this service remains in Special Measures. As a result of our findings we took enforcement action which restricted the provider from admitting any other people into the home to live.

At the time of our inspection there was a manager in post who told us they had started the process of registering with us. 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.'

Following our last inspection the provider sent us an action plan, but at this inspection we found that all the actions identified had not been completed.

People's care and risk management plans had not been updated to reflect people's specific needs including any changes to these so people received consistent support to keep them safe. This was important as people relied upon staff to support them with their needs.

People's individual needs were assessed alongside the arrangements to ensure there was sufficient staff on duty. However they did not always have sufficient time to consistently plan recreational activities. People had not been consistently supported with things to do for fun and interest as staff needed to firstly support people with their personal care. The manager had already identified this and was trying to recruit to the post of activities co-ordinator.

People were supported by staff who had not received training however the manager advised us staff would receive training and refresher training during May 2018.

Staff reported accidents and incidents to the office however; the management team did not review them to ensure appropriate action had been taken and to reduce the risk of incidents happening again. Risks to people were not fully considered and when incidents occurred action was not always taken. When people had behaviours that may challenge themselves and others all areas of risk had not been considered for these people. People were not safe as poor moving and handling was observed and the information in people's care plans was not always followed.

The provider had failed to ensure all staff working at the home had undergone a Disclosure and Barring Check [DBS] so could not be sure staff, were suitable to work at the home and keep people safe.

Environmental risks had not been addressed so people were at risk of falls over frayed and lifting carpets.

Staff did not always protect people from the risk of cross contamination due to not always using Personal Protective Equipment [PPE].

People liked the staff that cared for them; however people's privacy and dignity was not always respected. People's right to confidentiality was not always maintained, as personal information was left out in communal areas for anyone to read.

People's end of life wishes had not been considered and recorded in their care plans.

People and their relatives knew how to make a complaint.

There was a lack of consistency in how well the service was managed and led. Although staff told us they were well supported by the manager. However, during the inspection we found that management had not been effective at identifying quality and safety concerns or addressing them.

The provider had not taken steps to ensure the systems used to monitor and check the quality and safety of services provided were consistently effective and supported improvements.

The provider had failed to display their current inspection ratings, which is a legal requirement to show people had access to the ratings to inform their judgments about services.

For adult social care services the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

We identified a number of continued breaches of regulation on this inspection. You can see what action we told the provider to take at the back of the full version of the report

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 was not safe.

People were not provided with a safe environment.

People did not consistently have risks identified and assessed, or their identified risks mitigated.

People told us they received their medication as prescribed.

There were sufficient staff on duty to meet people's needs.

Infection control audits did not always identify risks for people of cross infection.

Some staff were still working without a current DBS check.

Inadequate ●

Is the service effective?

The service was not consistently effective.

People were not consistently supported by staff that had up to date training and the skills to meet their needs. Some staff had not received an induction programme when they started work at the home.

Staff still had not received regular supervisions.

People told us they enjoyed the food.

People were confident staff had contacted health care professionals when they needed to.

Requires Improvement ●

Is the service caring?

The service was not consistently caring.

The way some staff spoke to people did not always show respect.

People said although staff were kind and caring they were task orientated and had little time to interact with people.

People's right to confidentiality was not always respected, as personal information was left out in communal areas.

Requires Improvement ●

Is the service responsive?

The service is not responsive.

People did not always have fun and interesting things to do with their

Requires Improvement ●

time.

Care plans were not sufficiently detailed and did not give the staff the information they needed to care for people in the way they liked.

People knew how to make a complaint.

Is the service well-led?

The service was not well led.

People's care and the quality of care had not been reviewed and updated regularly.

People's choices were not adequately sought. The registered provider did not have adequate systems to ensure people's care was consistently monitored.

The provider had failed to display their current CQC rating.

Inadequate ●

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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.'

We undertook this unannounced comprehensive inspection on 19 April and 16 May 2018. This provider is currently under Special Measures following our last inspection in October 2017. The Care Quality Commission took action and restricted any further admissions to the home.

We looked at information we held about the provider and the services at the home. This included notifications which are reportable events which happened at the home which the provider is required to tell us about. We also checked information which had been sent to us by other agencies. We requested information about the home from the local authority and Healthwatch. The local authority has responsibility for funding people who used the service and monitoring of the quality of its contractual arrangements. Healthwatch is an independent consumer champion, which promotes the views and experiences of people who use health and social care. We used this information to focus our inspection.

We spoke with three people who lived at the home and three relatives. We spent time with people and saw the care provided. In addition we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with three care assistants, the cook, deputy manager, the manager and the provider. We looked at four people's support plans, quality assurance documentation, and staff recruitment files and, minutes of staff meetings. In addition, we looked at various records for the maintenance, fire, incidents and accidents, and complaints

Is the service safe?

Our findings

At our last inspection in October 2017 we rated the service as Inadequate due to serious concerns raised, that risks to people's safety had not been identified and appropriate action taken. At this inspection we still found concerns regarding risks to people's safety had not been identified and acted upon. Therefore the rating still remains inadequate.

The provider did not have strong arrangements in place to assure themselves their own quality checks together with staff's practices were always keeping people safe from risks relating to the environment. At our last inspection we had identified several trip hazards for people due to worn and frayed carpets around the home, no action had been taken since our last visit to the home which meant people were still at risk of falls. We saw a carpet cleaner and a bucket of cleaning chemicals left outside people's bedrooms again presenting a possible trip hazard to people. Following our inspection the provider has advised us they were going to take action to replace the worn carpets in the very near future. We found a broken window in one person's bedroom, which when brought to the attention of the manager, they told us it happened two weeks ago and was waiting for it to be repaired. When we asked for maintenance and refurbishment plans we were told there was not a formal record kept so there was no evidence to show how actions were planned for and prioritised.

The provider's own management oversight together with staff practices did not always support good infection control practices we saw when staff served food to people they did not always wear protective aprons. Jugs of drinks were left out in the dining room were uncovered so were open to the environment. Waste bins containing used aprons, gloves and soiled paper were left in uncovered bins around the home, for example in the dining room which did not protect people from cross infections. We found mould on the downstairs bathroom floor which was peeling away from the wall and there was rust on the shower chair, with the shower continuing to be used to meet people's personal care. This did not reduce the risks of cross infections.

People's care and risk management plans had not been updated to reflect people's specific needs including any changes to these so people received consistent support to keep them safe. This was important as people relied upon staff to support them with their needs .

We looked at the way the provider managed and stored medication for people living at the home. We found the medicine cupboard door in the office was left open despite it containing prescribed creams and supplements. When we queried why this was the case with the manager they told us "The lock was broken". This meant these items of medicines including creams could have been accessed by unauthorised persons including people living at the home which used in the wrong way could cause harm. On the second day of our inspection we noted the provider had repaired the lock to the medicine cabinet so it was now secure. We found a person's prescribed cream left out unattended in a communal bathroom which could cause of harm if people ingested this and does not reduce risks to people from cross infections. In addition, prescribed thickening agents were left out unattended in the dining room which could present a choking hazard to people if ingested and there were people who independently walked at times without staff being

present.

At our last inspection we identified some people's medicine records did not have a photograph of the person to identify whom the records were for. This remained the case at this inspection. The deputy manager told us they were in the process of adding current photographs to the medication file.

At our last inspection we identified a Breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014. Safe care and treatment. At this inspection we found a continuation of this breach.

We found people's PRN [medicines to be administered as necessary] medicine protocols had not been reviewed since 2016. Therefore the provider could not be sure this was the most up-to date direction for staff to follow. Again this had been identified at our last inspection, but no action had been taken by the provider.

At our last inspection we identified concerns and a Breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) 2014 Fit and Proper Persons Employed. At this inspection although we saw the provider had taken steps to rectify the lack of Disclosure and Barring Service Checks (DBS) for staff. When we checked the staff recruitment files we found two staff did not have a current DBS check in place despite working at the home. A DBS check is performed to ensure potential staff members were of good character and suitable to work with people who lived at the home. The provider had failed to do this, so could not be sure staff, were suitable to work at the home and keep people safe.

Therefore there continues to be a Breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) 2014 Fit and Proper Persons Employed

People we spoke with felt there were sufficient staff, available during the day to meet their needs. The number of staff seen on duty matched the number we were told would usually be working by the manager and staff we spoke with. The provider told us the staffing levels were determined on people's assessed needs. A relative told us, "There seems to be enough staff." A staff member told us, "We have enough time to do things. We are not running around so much now. We have time to sit with the residents." However we saw staff, were not always available to support people, at one point during the inspection there were no staff in the building they were all outside. When the provider arrived at the home they saw staff gathered outside and told us this would be addressed immediately to prevent a further occurrence.

We looked at how the provider monitored accidents and incidents. Although we saw staff had reported incidents we did not see any overall monthly analysis to see if there were any patterns or trends. This may help the provider prevent further occurrences from lessons learnt.

People we spoke with told us they felt safe living at the home and told us they received their medicines on time and as prescribed. We spoke with staff about how they made sure the people they provided support for were safe. They were able to tell us how they would respond to and report allegations or incidents of abuse. Staff could describe the different types of abuse people were at risk of and were able to explain the different agencies they could report concerns to in line with the provider's policies and procedures.

There were emergency plans in place so that people would be supported in the event of a fire or other serious event. Each person had a personal emergency evacuation plan (PEEP) to show what support they would need. This meant staff and the emergency services would easily be able to find information about the safest way to move people quickly and evacuate them safely. Although people's details were left open to

public view on the notice board. The provider acknowledged this and action was taken to remove people's personal information to protect their privacy and right to confidentiality.

Is the service effective?

Our findings

At our last inspection in October 2017 we rated the service effective as requires improvement. At this inspection we found there were still concerns so the rating still remains as requires improvement.

Staff told us they had not received supervisions, so were not given the opportunity to reflect on their practice and discuss their training needs. The manager told us they were going to address this deficit and was in the process of planning supervisions and observed practice sessions for staff so they were supported to provide good care.

We spoke with staff about the training they received from the provider. New staff completed the provider's own induction procedures that was not linked to the Care Certificate. The Care Certificate is a set of standards that should be covered as part of induction training of new care workers. We saw most staff training was overdue but the provider told us they had booked a trainer for February 2018. However due to illness this training had been postponed until May 2018. This included manual handling training which at the time of the inspection we saw deficits in staff knowledge when they supported people with their physical needs. For example, we saw a staff member hold on to the back of a person's trousers as a way of supporting them to mobilise which could have resulted in injury if the person had fallen. These actions also did not respect the person's dignity.

We asked staff about how they supported people whose behaviour could become challenging towards others. Staff told us they had not received any training in positive behaviour support. Again we discussed this with the provider and the manager and were assured this training would be provided for staff. We noted that of the fourteen people living at the home thirteen people were thought to have a cognitive impairment such as dementia. Despite this no staff had received dementia training, which does not assist staff to effectively support people within best practice guidelines.

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 an assessment shows a person lacks 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 when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are 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 were being met. We looked at how the provider had ensured people's freedom was not restricted. We saw applications had been submitted under DoLS for people who had restrictions in place to meet their needs. Staff had mixed knowledge about what DoLS meant in terms of their caring practices. Staff we spoke with were not always able to confirm the basics of the DoLS to ensure their practices were effective in maintaining people's rights. For example, two of the three staff members we spoke with were unable to tell us where people may have possible restrictions in

place, for example, where people would be unsafe to go out alone. Staff we spoke with did not know who had a DoLS in place which is important knowledge to make sure people were not being restricted unlawfully. When we checked the staff records we found not all staff had received training in the principles of the MCA and DoLS. We saw from the care records that best interest decisions had been taken on people's behalf without written documentation and relatives signed on the person's behalf without having the legal power of attorney to do so.

We saw that staff did not always respect people's consent and decisions in their everyday practice. For example, one person was asked whether they wanted to join in an activity "playing hoopla" and ball games. The person declined to play however, this was ignored by the staff member and they continued to throw a ball to them.

Despite nine out of the fourteen people living at the home having some cognitive impairment there was no signage to assist people in their orientation around the home. We discussed this with the provider and manager who acknowledged this was an area they could improve for the people living at the home. On the second day of our inspection we saw the manager had taken action. The manager added some signage to assist people living in the home by adding names and pictures on people's bedroom doors and communal areas around the home to support people in recognising the different areas of their home.

During this inspection we saw there were continued inconsistencies in the recording of people's eating and drinking to support effective monitoring was taking place so people remained healthy. We saw the amount of fluid a person had consumed had not be tallied to ensure they had drunk enough to support effective monitoring was taking place so people remained healthy. The manager told us he would address this immediately and remind staff to total the fluid intake at the end of the day.

People's nutritional needs were met with meals, snacks and drinks offered and available throughout the day. The service catered for people with special dietary needs, for example a diabetic, soft or pureed diet, following guidance from health professionals. Staff supported people with eating if required, offering encouragement and practical assistance. In the afternoon one of the inspectors had to intervene because no staff members were available, when a person who had dementia was given a cake. It was in a paper case and they tried to eat it [including the paper] so presented a choking hazard. Feedback from people was positive regarding the food; one person told us, "The food here is very good."

People also told us they had access to other health professionals as required in order to maintain their health and wellbeing. We saw people had accessed opticians, hearing clinics and hospital appointments as required.

People told us the environment was homely and were encouraged to bring their personal items to decorate their rooms. However in some people's bedrooms we found furniture broken and bathroom cabinets with broken doors. In addition, some people's bedrooms had no curtains or blinds. We showed them to the manager who told us he would arrange for them to be replaced. On the landing there was old lifting equipment and the bathroom was being used for storage. The manager told us there were plans to remove this equipment, so the bathroom could be put back into use again.

Is the service caring?

Our findings

As at our previous inspection in October 2017, we saw staff treated people with kindness and consideration and the rating was good. At this inspection we saw there was not always a personalised approach taken when supporting people. The rating therefore has changed to requires improvement.

We spent time in the communal areas to see how people were cared for. We saw staff didn't always treat people with the dignity and respect they deserved. For example, we heard one staff member tell a person they were "Naughty," when they chose not to comply with their request to move from a chair. Another example was at lunchtime we saw a staff member assisted two people to eat their meals at the same time. They chose to sit in between the two people with two separate plates of food and alternated assisting them with their spoons to eat their meal, rather than providing individual attention and help people maintain their independence.

People's care plans and associated risk assessments were stored securely and locked away. This made sure that information was kept confidential. However left open in the dining room we saw information about people's dietary information left on the side making it accessible to anyone visiting the home. We saw people's personal information regarding fire risks were left pinned to the noticeboard again easily accessed by anyone visiting the home. In the dining room we saw left on the side a person's details of what they had had to eat and drink. This meant people's right to confidentiality was not always protected. The manager told us they would remove this information from the communal areas.

When we asked people and their relatives if they were involved with the planning of their care we had mixed feedback. A relative told us, "We are not involved in care planning or reviews." Another relative told us they thought, "The care is good, [relative's name] is happy there. I have attended a review."

The manager needed to look at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. For example, providing people with pictures to assist people when making their own choices in different aspects of their daily lives, such as pictures of meals.

We saw staff didn't always protect people's right to dignity. For example we saw one persons' jumper had ridden up exposing their body flesh, staff members walked passed them without offering to help them adjust their clothing. We saw a person sat in the hallway under a hair dryer whilst having their hair done. When we brought this to the attention of the manager they told us they would take action to prevent this happening again so the person's dignity was maintained.

Is the service responsive?

Our findings

At our last inspection in October 2017 we rated the service responsive as requires improvement. At this inspection we found there were still concerns so the rating still remains as requires improvement.

During the inspection days we saw there were no planned opportunities of things for people to choose to do for interest and fun. In addition, some people would have required support to take part in their hobbies and or interest however, there were no specifically designed activities for people who lived with dementia to engage in. Staff were busy throughout the two days of the inspection and they were led by tasks. Most of the day we saw people asleep in chairs in the sun lounge. There were books and jigsaws available on the table, but people chose to ignore them. When we discussed the lack of recreational activities with the manager they told us they were working to improve the stimulation available for people and had tried to identify a member of staff to act as an activities co-ordinator. The manager said they had engaged a music session and Pilates, [specific gentle exercise] sessions for people which were scheduled to happen once a week. A relative we spoke with said, "I have raised my concerns over the lack of activities with the provider, there used to be an activities co-ordinator. They need someone with a skill base to encourage more activities."

We spoke with staff about how they cared for people with individual needs. Although we saw staff knew about people's individual likes and dislikes not all staff understood how to care for people living with dementia and associated anxieties. For example we saw two staff tried to assist one person away from the dining room table. However, when they resisted staff walked away and the person remained seated there for the rest of the afternoon. This was particularly concerning as we had seen from their care plan they were prone to sore skin and should change position regularly.

We looked at people's care plans we could not evidence that people had been consulted about their contents. In the care plans we reviewed there was no personal and life history completed. The activities people 'liked to do' section was not filled in. So there was no guidance for staff to follow and ideas of how to stimulate each person so people sat around bored. The manager told us they were in the process of reviewing people's care plans to make them more person centred.

This was a continued breach of Regulation 9 of the Health and Social Care Act (Regulated Activities) Regulations 2014 Person Centred Care.

People and relatives who we spoke with told us that they would raise any concerns or complaints' that they had with the staff and the manager, if they needed to. They told us they would feel comfortable in doing this. We saw the provider had a complaints procedure which showed how people would make a complaint and what would be done to resolve it. No complaints had been received since our last inspection. The new manager was working on the complaints procedure to make it easier for people to understand.

In people's care plans there were opportunities for end of life care wishes to be recorded. However in two people's care plans comments had been made which confirmed, "[Person's name] wishes to stay at Teme Court." There were no details about what each person would like to happen at the end of their life to reflect

people's preferences.

Is the service well-led?

Our findings

At our last inspection in October 2017 we rated the well-led as inadequate. At this inspection we found there were still not adequate steps were still not being taken to monitor and improve standards at the service. So the rating remains as Inadequate.

We found that the provider had not displayed at the home the most current inspection ratings. The manager acknowledged the ratings were not displayed. It is a legal requirement that a provider's latest CQC inspection report is conspicuously displayed where a rating has been given, no later than 21 days after the report has been published on the CQC website. This is so people, visitors and those seeking information about the service can be informed of our judgments.

This is a breach of Regulation 20A of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the time of our inspection, the service had a new manager in place, but they had not yet registered with the Care Quality Commission. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons.' Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The manager was on duty during our inspection. He had initially started his employment with the provider in November 2017 to support improvement plans. However when the last manager left the service, he has now started the registration process with CQC to become the registered manager.

There was lack of governance and oversight as the service had not been effectively managed. In part due to the turnover in management. There had been two managers who had left the service since our last inspection. The registered provider had also failed to monitor the service to drive through the improvements required. However, the registered provider had acknowledged this and had put in another new manager in place to ensure improvements were made. We were told by the manager they had regular meetings with the provider to discuss the improvements required at the home. We had been sent an action plan following our last inspection but found little progress had been made.

The registered provider did not have systems in place to monitor the service and to identify areas to develop. There was a lack of audits completed at manager level. Therefore issues we identified as part of the inspection had not always been identified or action had been taken to ensure they were addressed effectively. For example there were no infection control audits completed so risks had not been identified around the home, such as incontinence pads were left out uncovered in the bathrooms. People's jugs of drinks were left out uncovered. When we spoke with the cook they told us they had been promised a new dishwasher over a year ago and this too had not been replaced so was having to wash the dishes by hand. We saw although accident and incident forms were completed there was no analysis of these events to identify patterns or trends, so any lessons could be learned.

Lack of management oversight had led to staff not receiving effective training and support in line with the registered provider's policies and procedures. Staff competencies were not always completed to ensure staff were carrying out their role and responsibilities in an appropriate manner.

As this had been an identified breach of Regulation 17 at our last inspection in October 2017. The lack of progress and failing to act upon our last inspection means this is a continued breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

When we spoke with the manager about how they gained feedback from the people living at the home they told us it was difficult due to many people having a cognitive impairment. They did however have a comments leaflet for relatives to use should they wish. At the time of our inspection no-one had left any feedback.

Staff we spoke with were positive about the new manager and felt supported by him. One staff member said, "[Manager's name] is trying to get the staff on board and get the basics done." Staff showed a clear understanding of their roles and responsibilities within the team structure and also knew who to contact for advice outside the home. Staff knew about the company's whistle blowing procedure and said they would not hesitate to use it if they had concerns about the running of the home.

We saw an improvement in how the manager was working with other agencies for the benefit of people. For example we heard how the manager had sought advice from a mental health professional to help a person with their anxieties.