

Dryband One Limited

Temple Croft Care Home

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 well-led?	Good ●

Summary of findings

Overall summary

About the service

Temple Croft is a residential care home providing personal care for to up to 40 people. The service provides support to older people, some of whom may be living with dementia. At the time of our inspection, 25 people were using the service.

People's experience of using this service and what we found

The provider used a 'dependency tool' to ensure enough staff were on duty to meet people's needs. Staff told us there were occasions when additional staff would have been beneficial to reduce staff stress levels due to COVID-19.

We have made a recommendation about the management of staffing levels.

People received support from staff who were recruited safely and received regular supervision to monitor their performance. Staff attended an induction programme and received ongoing training to support them to carry out their roles effectively.

People told us they felt safe and well cared for, staff knew their individual needs well. People told us the meals were lovely and spoke about activities they had participated in. People and their relatives said they could always go to a staff member or the registered manager if they were not satisfied, and they spoke positively of staff and the registered manager.

The premises were clean and tidy, people's rooms were personalised, and communal areas were homely. The layout provided people with the opportunity to socialise with others and spend time in quieter areas when needed.

People's dignity was promoted, and we observed positive interactions with staff. Managers and staff had positive working relationships with external agencies and healthcare professionals ensuring that people's needs were met in a timely manner.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the Care Quality Commission (CQC) website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 17 September 2019) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they

would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively. This included checking the provider was meeting COVID-19 vaccination requirements.

We carried out an unannounced comprehensive inspection of this service on 12 and 20 August 2019. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment and good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective, Caring and Well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for temple Croft Care Home on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 safe.

Details are in our safe findings below.

Good 

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good 

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good 

Is the service well-led?

The service was Well-led.

Details are in our well-led findings below.

Good 

Temple Croft Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This included checking the provider was meeting COVID-19 vaccination requirements. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was completed by one inspector.

Service and service type

Temple Croft 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.

The service had a manager registered with the CQC. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We used information gathered as part of monitoring activity that took place on 30 November 2021 to help plan the inspection and inform our judgements.

We sought feedback from the local authority and professionals who work with the service. We used the

information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with two people who used the service and a relative about their experience of the care provided. We spoke with the registered manager, a team leader, two care workers and activities coordinator.

We reviewed a range of records. This included three people's care records and multiple medication administration records. We inspected two staff files in relation to recruitment and training. A variety of records relating to the management of the service were also reviewed.

After the inspection

We continued to seek clarification from the registered manager to validate evidence found.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- The provider had a 'dependency tool' to help monitor and make sure enough staff were on duty to meet people's needs. Staff told us staffing levels were okay the majority of the time but there were occasions when another staff member would have been beneficial, as COVID-19 had impacted on staff and their stress levels.

We recommend the provider reviews how they routinely monitor staffing levels to ensure they are safe.

- People were supported by safely recruited staff. Appropriate recruitment checks had been completed to ensure suitable staff were employed.

Using medicines safely; Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly manage medicines safely and assess the risks relating to the health, safety and welfare of people. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- People's medication was administered safely. Medication Administration Records (MAR) were provided by the dispensing pharmacist and people received their medication as prescribed. Any handwritten MARs were double signed to ensure all information was recorded accurately.
- Staff completed training and had their competency assessed to make sure they understood how to safely administer medicines and report any issues or concerns.
- People felt safe staying at Temple Croft Care Home and with the care and support staff provided. People told us, "The staff are very good, they have helped me a lot while I have been here."
- The atmosphere in the home was very calm and relaxed. People looked at ease in their surroundings and with other people living in the home.
- Risks were identified and assessed. Staff used care plans and risk assessments to plan how to safely support people. These contained detailed information about needs and risks, and had been updated when needed.
- Regular servicing and health and safety checks helped to ensure the environment and any equipment used were safe.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People were protected from the risk of abuse or neglect; staff were trained to recognise and respond to any safeguarding concerns.
- The provider had a safeguarding policy and the registered manager had appropriately reported concerns to the local authority's safeguarding team. This helped keep people safe.
- Staff recorded information about any accidents or incidents that occurred. The registered manager reviewed the information to ensure people had received appropriate support, and action had been taken where necessary to help prevent incidents and accidents happening again.

Preventing and controlling infection

- We were assured the provider was preventing visitors from catching and spreading infections.
 - We were assured the provider was meeting shielding and social distancing rules.
 - We were assured the provider was admitting people safely to the service.
 - We were assured the provider was using PPE effectively and safely.
 - We were assured the provider was accessing testing for people using the service and staff.
 - We were assured the provider was promoting safety through the layout and hygiene practices of the premises.
 - We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
 - We were assured the provider's infection prevention and control policy was up to date.
- The services approach to visiting was aligned to government guidelines. A building in the garden was used to carry out tests for visiting relatives who could then wait in comfort for the results. This also ensured no visitors entered the home without first being tested for COVID-19.

From 11 November 2021 registered persons must make sure all care home workers and other professionals visiting the service are fully vaccinated against COVID-19, unless they have an exemption or there is an emergency.

We checked to make sure the service was meeting this requirement. We found the service had effective measures in place to make sure this requirement was being met.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People's needs were assessed, reviewed regularly and updated when required.
- People received effective support from staff. Care plans contained detailed information about each person's health needs, which guided staff on how to deliver people's care and support.
- Staff were very attentive to changes in people's needs and supported people to seek medical attention when needed. This ensured people received early interventions to maintain or improve their health and wellbeing. Staff worked proactively with health professionals and followed their guidance to make sure people's needs were met.

Staff support: induction, training, skills and experience

- Staff received an induction and on-going support and training. They could also access training through an on-line learning platform.
- Supervisions and annual appraisals were used to monitor staff performance and support their wellbeing.
- People and their relatives gave positive feedback about the effective care and support staff provided. Comments included, "I think the staff are well trained, they know what they are doing" and, "Any problem at all, the staff contact the GP."

Supporting people to eat and drink enough to maintain a balanced diet; Adapting service, design, decoration to meet people's needs

- People's nutritional needs were met. Staff had access to information about people's nutritional needs and preferences as care plans contained relevant information. For example, one person's religious beliefs were recorded and showed the foods they could not eat.
- Sufficient food and drinks were available. Staff supported and encouraged people in a dignified way with eating and drinking where assistance was needed.
- People's weight was monitored, and staff used food and fluid charts to monitor people's intake and take action if required.
- The service was purpose built and provided an accessible, spacious and homely environment. There were numerous communal and quiet areas, as well as safe and accessible outdoor spaces for people to use and enjoy.

Ensuring consent to care and treatment in line with law and guidance

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 MCA 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 when this is in their best interests and legally authorised under the MCA. 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's rights were protected. Where required, people's capacity had been assessed and their care records documented if they had capacity to consent to specific aspects of their care. Best interest decisions had been made when needed, which demonstrated people's rights were upheld.
- Staff sought people's consent before delivering support and respected people's decisions.
- Authorisations to deprive people of their liberty had been submitted correctly when people needed restrictions placed on their care to keep them safe.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were respected, listened to and well cared for. They were supported by kind and caring staff.
- A person told us, "Staff are lovely, they have helped me a lot while I have been here." A relative said, "The staff don't just care about the person in the home, they are concerned about us as a family."
- Staff completed equality and diversity training and had a good understanding of people's diverse needs. They spoke fondly about people and interacted with them in a positive and meaningful way.

Supporting people to express their views and be involved in making decisions about their care

- People had choice and control over their daily routines and had been supported to be involved in decisions about their care.
- People's care plans included person-centred information about their likes, dislikes and personal preferences. This showed they had been involved in planning their support and encouraged to make decisions about how their needs should be met.
- A person told us, "I can do what I want, I go to bed and get up when I want. I also have a choice of the meals I like to eat."

Respecting and promoting people's privacy, dignity and independence

- Staff maintained people's dignity and privacy at all times and supported them to be as independent as possible.
- Staff were respectful and kind when they spoke to and interacted with people. People were encouraged to make their own decisions and complete tasks. People told us, "They ask my permission all the time." Another said, "There is lots of things going on and I just join in if I want to."

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Continuous learning and improving care

At our last inspection the providers governance systems were not effective to monitor and improve the quality and of the service. Records were not always accurate and up to date. This was a breach of regulation 17(1) (2) (a) (b) (c) (f) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The registered manager and provider regularly monitored the quality of the service to ensure they continued to deliver a high-quality standard of care. Monthly audits included care plans, medicines, IPC, accidents and incidents, nutrition and weight loss. Any issues were actioned, and risk assessed. Any lessons learnt were shared with staff to drive improvements.
- The registered manager understood their regulatory responsibilities and submitted information to CQC about incidents at the service as required.
- The registered manager promoted a very positive, person-centred culture. This resulted in a good quality service with good outcomes for people.
- Staff understood the provider's values and knew what was expected from them. There were good communication systems in place. Team meetings were used to share feedback and discuss any issues or concerns.
- Staff were very well supported and had opportunities to make suggestions or raise concerns. Staff told us the registered manager was very approachable and responsive. Staff enjoyed working at the service and said there was a good atmosphere and it was a nice environment to work in.
- People spoke positively about the communication and regular updates they received about changes to the service, particularly during the COVID-19 pandemic. A relative told us, "The registered manager always finds time to talk to me and discuss things with me. The staff are lovely, I have felt like part of the family since day one."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager and provider understood and demonstrated the duty of candour. They conducted

themselves in an open and transparent way.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The registered manager and staff had developed good working relationships with other professionals including GP's, district nurses and social workers. Any issues or concerns were reported to the appropriate professional in a timely manner.
- People's care records showed involvement and guidance from a wide variety of agencies to meet people's needs.
- The provider had arranged for surveys to be completed to gather people's feedback and to listen and learn from their experiences of using the service.
- Meetings were also used to share information and gather feedback. This showed a commitment to partnership working.