

Enter and View Report



**Templemore Care Home,
Northampton**

August 2015



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Details of the Visit

Name and address of premises visited	Templemore Care Home, 121 Harlestone Road, Northampton, NN5 6AA
Name of service provider	B&M Care
Type of service	Care home for elderly residents, 64 beds
Specialisms	Long-term, short-term care and respite breaks Long-term specialist accredited Dementia care
Date and time of visit	7 August 2015, 10.30am-12.30pm
HWN authorised representatives undertaking the visit	Val Dumbleton and Brian Thompson
Support Staff	Jo Spenceley, Healthwatch Officer
Contact details of Healthwatch Northamptonshire	Sunley Conference Centre, Boughton Green Road, Northampton, NN2 7AL 01604 893636 enquiries@healthwatchnorthamptonshire.co.uk

Acknowledgements

Healthwatch Northamptonshire would like to thank the manager, residents, visitors and staff of Templemore Care Home for their assistance in planning the visit and the preparation of this report as well as providing us with information and feedback.

Disclaimer

Please note that this report relates to findings observed on the specific date set out above. Our report is not a representative portrayal of the experiences of all service users and staff, only an account of what was observed and contributed at the time.



About Healthwatch Northamptonshire

Healthwatch Northamptonshire is the local independent consumer champion for health and social care. We are part of a national network of local Healthwatch organisations. Our central role is to be a voice for local people to influence better health and wellbeing and improve the quality of services to meet people's needs. This involves us visiting local services and talking to people about their views and experiences. We share our reports with the NHS and social care, and the Care Quality Commission (CQC) (the inspector and regulator for health and social care), with recommendations for improvement, where required.

Our rights and responsibilities include:

- We have the power to “Enter and View” health and social care services (with one or two exceptions). Our primary purpose is to find out what patients, service users, carers and the wider public think of health and social care. Our role should not be confused with the role of the Care Quality Commission (CQC) or OFSTED. CQC is the regulator and inspector of health and adult social care and OFSTED is the regulator and inspection of children's social care. Both organisations have a legal requirement to inspect care provision with reference to national standards and guidelines.
- We prepare reports on the Enter and View activity we conduct. We have an Enter and View policy (www.healthwatchnorthamptonshire.co.uk) which sets out our process of delivering Enter and View and the process for developing our reports. Our values include openness and transparency and so all our reports are published. They will only be published on our website once the service providers have had an opportunity to comment on the factual accuracy. We will send final copies of our reports to providers and commissioners asking for their comments on our findings and a response to recommendations, which we will also publish a summary version of on our website. We will send copies of our report to our national body, Healthwatch England and to CQC. As part of our Enter and View, we explained to the people we spoke to that their comments would be non-attributable but that if we heard about possible harm to individuals then we are obliged to refer those issues to the safeguarding team at Northamptonshire County Council.
- We strive to be a strong and powerful voice for local people to influence how services are planned, organised and delivered.
- We aim to be an effective voice rooted in the community. To be that voice, we will find out what local people think about health and social care. We will



research patient, user and carer opinion using lots of different ways to find out views and experiences so that the community is effectively represented.

- We will provide information and advice about health and social care services.
- Where we don't feel the views and voices of Healthwatch Northamptonshire and the people who we strive to speak on behalf of, are being heard, we will escalate our concerns and report our evidence to national organisations including Healthwatch England and CQC.

Enter and View

Part of the Healthwatch Northamptonshire programme is to carry out Enter and View visits. Healthwatch Northamptonshire representatives carry out these visits to health and social care services to find out how they are being run and make recommendations where there are areas for improvement. The Health and Social Care Act allows local Healthwatch authorised representatives to observe service delivery and talk to service users, their families and carers on premises such as hospitals, residential homes, GP practices, dental surgeries, optometrists and pharmacies. Enter and View visits can happen if people tell us there is a problem with a service but, equally, they can occur when services have a good reputation - so we can learn about and share examples of what they do well from the perspective of people who experience the service first hand.

Healthwatch Enter and View visits are not part of a formal inspection process, neither are they any form of audit. Rather, they are a way for Healthwatch Northamptonshire to gain a better understanding of local health and social care services by seeing them in operation. Healthwatch Enter and View Authorised Representatives are not required to have any prior in-depth knowledge about a service before they Enter and View it. The representative's role is to observe the service, talk to service users, families, other visitors and staff if appropriate, and make comments and recommendations based on their subjective observations and impressions in the form of a report. All Healthwatch Northamptonshire authorised representatives have been through a recruitment process (either as staff or volunteers), had an enhanced Disclosure and Barring Check, and received Enter and View and safeguarding training.

This Enter and View Report is aimed at outlining what we see and hear during our visits and making relevant recommendation for improvement to the service concerned. The reports may also make recommendations for providers, commissioners, regulators or for Healthwatch to explore particular issues in more



detail. Unless stated otherwise, the visits are not designed to pursue the rectification of issues previously identified by other regulatory agencies.

Healthwatch Enter and View visits are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit they are reported in accordance with Healthwatch safeguarding policies. If at any time an authorised representative observes anything that they feel uncomfortable about they need to inform Healthwatch Northamptonshire of their concerns, who will inform the service manager and may terminate the visit.

In addition, if any member of staff wishes to raise a safeguarding issue about their employer they will be directed to the CQC where they are protected by legislation if they raise a concern.

Purpose of visit

Healthwatch Northamptonshire is carrying out a series of visits to NHS and Social Care funded accommodation in Northamptonshire to ascertain the quality of life and experience and opinions of residents. We first visited Templemore Care Home in January 2014. From this visit we felt the home provided a good standard of care and that residents were happy and safe. The activity coordinator was not available during that visit and we did not see any activities taking place so we were keen to visit again to see the activities programme. We also wished to visit again once the building work that was underway was complete, to find out more about the home's medication policy, and to look at the emergency evacuation procedure for residents whose bedrooms are upstairs in the main house.

How the visit was conducted

The visit was an announced visit with the Manager being given eight weeks' notice. We sent letters, posters and leaflets to the home to inform residents, relatives (or equivalent) and staff about our visit and Healthwatch Northamptonshire. We observed the condition of the premises, and interaction between the staff and residents and talked with four residents and two members of staff. We also spoke



with a senior member of staff from B&M Care at the start of the visit and at the end to clarify any questions that had been raised.

Observations and findings

About the home

- A new, experienced manager for the home had just been appointed.
- The home has 64 beds, one of which is a double room. This is a reduction of eight beds.
- Staff work to three different types of shift patterns - 8pm-8am, 8am-2pm and 2pm-8pm. Five staff members are present during a night shifts and another eleven during the other two shifts.
- None of the staff are registered nurses but however the senior staff are medically trained and have first aid certificates.
- Some senior members of staff are trained to a level 5 NVQ.
- The home takes in end-of-life residents as well as respite individuals.
- All residents have a care plan which is read and signed weekly by members of staff.
- There is a walking handover on each shift, a written report and there are checks and a verbal handover in all three areas of the building.
- There is a specific number of staff responsible for training. All staff have had a Disclosure and Barring Service (DBS) check before being appointed.
- All staff undergo mandatory training and the home uses both in-house and external trainers (but not electronic training). This includes skin viability training to help prevent pressure sores and ulcers. The following training has an annual update: fire, moving and handling, pressure ulcer, and safeguarding. Health and safety, food hygiene, infection control, and basic emergency first aid training is updated every three years.
- There is a medication policy and procedure manual for the home (we were given copies). Only senior members of staff are allowed to administer medication and the drugs are locked away. We did not see a medications trolley being used.

General impressions of the home

- Templemore has undergone a major refit since the Healthwatch Northamptonshire visit in January 2014.



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- The building seemed to have a pleasant atmosphere with no bad smells or untoward noise.
 - The reception area was welcoming and the staff were helpful.
 - Cleanliness and hygiene of all public rooms and areas appeared to be well managed and had no strong smells.
 - We noticed a lack of hand gel beside all the hand washing facilities in the bathrooms and toilets. After we pointed this our staff found all the gel units that had been procured but had not been put into place and we were assured these would be in place as soon as possible.
 - We were given copies of the hand washing and infection control policies and procedure manuals.

Personal care and dignity of resident

- All the residents looked well dressed and we did not see any residents looking distressed.
- All of the laundry is done in house.
- All residents have a history booklet which is filled in by their relatives and they are called by their preferred name.
- All residents are weighed once a month (unless there is a need for more frequent weighing) and the staff feel that there are enough staff available to feed all the residents.
- The district nurse comes in whenever necessary and a visiting doctor from St. Luke's Primary Care Centre in Duston also comes in with three other doctors on a weekly basis.
- Other professionals from the private sector are called in when necessary, such as dentists, opticians and assistance for hearing aids. A Chiropodist comes in every six weeks. There is no visiting community dentist and dental care can be costly for residents.

Staff behaviour, attitudes and relationship with residents

- From all appearances and behaviour there is a good relationship between the residents and staff as a whole and staff interact with the residents.
- All staff introduce themselves to the residents.

Independence of residents and control over daily life

- Staff give residents as much independence as possible. This is in the choice of clothes they can wear and general privacy of the room - staff knock before entering.
- Money is handled by the relatives of residents, otherwise expenses are invoiced.
- Nearly all of the relatives have Power of Attorney.



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- One resident has a key worker from Northamptonshire County Council who has control of the resident's finances, but this is not common.

Activities for residents

- We saw commendable and extensive efforts and resources given to help promote activities for residents of all ages and abilities.
- The home has two activities organisers who cover seven days a week.
- We were given a copy of the activity programme for the week we were visiting and the previous week. Activities within the home include:
 - a keyboard player who leads sing-alongs
 - an exercise instructor
 - visits from a therapy dog
 - reminiscence
 - games and puzzles
 - afternoon drinks
 - nail care and foot spa
 - knitting
 - films
 - food making activities
- There is also a minibus available for trips, for example a farm was visited recently.
- Pub lunches are popular as are visits to the garden centre. Relatives can also take their relative resident out for the day.
- Around the home there are all sorts of activities fixed to the walls and in most places around the home there is something for the residents to do.
- Each resident's room has a 'memory box' filled with things they remember.
- Three of the residents are good at playing the piano.
- There is a hairdresser who comes to the care home weekly and has the use of an allocated room.

Food and drink and meal times

- We did not see any water containers around the home but there were many jugs of juice and plenty of glasses. The home told us that fluids are available throughout the home every day and that there are drink rounds of tea/coffee at breakfast, 11am, after lunch, 3pm, tea time and 8pm. We asked if there were hourly checks on the residents to make sure they had all taken a drink. This is not something that the home is obliged to do but staff are trained to encourage residents to drink.
- There is a resident chef and a dietician comes from the hospital if a referral is made from the home, although it takes two weeks for a visit to occur.



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- The residents have three cooked meals a day, coffee and biscuits in the morning and tea and biscuits in the afternoon.
 - Some residents are solely on food supplements.
 - Relatives are encouraged to come in and help feed their relative resident if they want to.
 - Three of the four residents we spoke to thought the food was good. The other resident was new and was used to cooking and looking after themselves and others.

Relationship between the home and residents/relatives

- Residents meetings are held monthly by the activity facilitator. The meetings are open to all residents and the minutes are available. There is also an annual survey of residents.
- We were able to talk with four residents in the main house. One resident was new to the home and still adjusting. The other three residents said they liked living in Templemore and that staff were very kind and helpful. They felt well looked after and secure compared to when they previously lived in their own homes and were anxious about getting around and other issues.
- The home also has a complaints policy, which we were given a copy of. It includes procedures for processing comments and suggestions as well as complaints. Each complaint is dealt with in the home and a resolution is found. Some complaints are passed on to the home from the Head Office or the commissioner and a written response is then given in the appropriate time.

Staff satisfaction

- There is good teamwork with the staff and they are all informed if any changes occur.
- The staff are not afraid to voice any concerns they might have.
- The staff feel like Templemore is a happy home and would recommend it to their own relatives and friends.
- The staff work a mixed shift pattern and can eat in the home.
- Staff are consulted at bi-monthly meetings, supervisions and yearly appraisals.
- All staff are content with the handover system.
- We spoke with two members of staff who had worked at the home for two and three years respectively. They enthusiastically told us that they enjoyed their work at the home and had good relationships with the residents.
- One carer told us how the residents brought them a lot of joy.

Other observations and comments from resident, staff and relatives



- During our last visit we were concerned about the fire policy and evacuation process, particularly during the time of building works. During this visit we were able to see the home's fire safety policy, which mentions that all residents should have a risk assessment carried out. We did not see an example of this but were told that all residents have a personal emergency evacuation plan (PEEP), which we could have seen.
- “This home appears to have improved greatly since our last visit. There have been major changes not only with the vast amount of refurbishment but also in staff and the feel of the home is much better than when we last visited. I would recommend this home to potential residents.”

Recommendations and response from Templemore Care Home

1. Introducing an hourly drinks could further encourage residents to drink enough.

Response from Templemore:

The home has fluids available throughout the waking day, and jugs of fluid are in bedrooms.

2. The home could encourage staff members to sign up as ‘Dignity Champions’¹ and ‘Dementia Friends’² and ‘Dementia Champions’ to further ensure compassionate and person-centred care.

Response from Templemore:

The home is in the process of introducing ‘Dementia Champions’. The home staff have completed Dementia training by taking the Alzheimer’s Society course ‘Tomorrow is Another Day’³.

The company (B&M Care) has made the commitment for 2016 that all staff will complete the Virtual Dementia Tour, by PK Beville⁴.

¹ www.dignityincare.org.uk/Dignity-Champions/Becoming_a_Dignity_Champion/

² www.dementiafriends.org.uk

³ www.alzheimers.org.uk

⁴ www.secondwind.org/virtual-dementia-tour/



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