

Enter and View visit to Templemore Care Home, Harlestone Road, Northampton.

23rd January 2014

This report is based on our observations of our visit on 23rd January 2014. This is an indication of the situation on that day. We are grateful to Mrs Monika Relton, Home Manager and the staff and residents of Templemore for making us welcome and sharing information with us.

Templemore is a large Victorian House with two additional annexes. The full capacity is 72 beds and residents are housed in three separate areas. Most of the residents have some degree of dementia. One unit caters for physically mobile residents with dementia, another cares for frail elderly residents while the main house is home to those requiring slightly less care. We visited on a Thursday afternoon and met with the Home Manager and her deputy.

The home was undergoing major building work including re-wiring, redecoration and the construction of a large conservatory. The number of residents had been temporarily reduced to 63 because of the building work. Our visit was prompted by an outbreak of Norovirus in November 2013 which had affected residents and staff. We had received anecdotal information that staffing levels at the time of the outbreak were inadequate to cope with an outbreak of sickness among residents and staff. We were particularly looking at the standards of hygiene and staffing levels.

What we noticed about the Templemore environment:

The entrance hall was impressive with a reception desk and a signing in book. The home's receptionist was welcoming and polite and the area was clean and tidy. The Home Manager told us that there were 63 residents with 12 care staff on duty in the morning and 11 in the afternoon. There are 5 staff on duty at night. The Manager and her deputy are not included in this number and there are additional domestic staff. A full time Activities organiser is employed but was off sick when we visited. The outbreak of Norovirus in December had caused serious problems with staffing levels but management advised us that they had resolved these issues by using agency staff.

Templemore has its own kitchen and food is cooked on the premises and served in the three separate dining rooms. Templemore does not encourage visitors at mealtimes in order to enable staff to help residents who have difficulty eating. Residents are offered three meals a day plus tea and biscuits at regular intervals. No water dispensers were evident for staff or residents but we were assured they were available

There is a laundry on the premises with a full time member of staff. Residents were dressed smartly in their own clean ironed clothes and were well presented. Most of the rooms had an en-suite toilet and wash basin and many had a shower. We were told that there were communal bathrooms for residents who did not have en suite facilities but they were not necessarily close to the bedrooms. The bedrooms were pleasantly and individually decorated and all were clean and tidy. A few residents had their own furniture and some personal possessions but most were furnished with a bed, a chair and

a wardrobe. The manager told us that residents were encouraged to come downstairs rather than spend time alone in their rooms. There were a number of different lounges including a lounge for visitors which was not in use when we visited due to the refurbishment work. There were also three hairdressing areas and a treatment area for use by visiting medical staff. None of these were being used when we visited,

Many of the bedrooms had pictures of the residents on the door to help them locate their rooms and some of the communal toilets had pictures on the doors to aid recognition. Some of the dining rooms had appropriate pictures to help residents identify the rooms. Generally residents did not move around without help and encouragement from a member of staff.

There was a full complement of staff on duty during our visit and they were all very busy dealing with residents. Tea was being served during our visit - all residents were encouraged to take a drink and a biscuit but it would be difficult for staff to ensure that all confused residents actually remembered to drink their tea.

Most of the residents were sitting in one of the lounges. The TV was on in most of the lounges but in one area residents told us that the TV had turned itself off and no one had turned it back on. There were no activities because the activity coordinator was off sick. In one area a care worker was trying to complete an appropriate jigsaw puzzle with two residents who seemed to be enjoying the activity.

The building work was mainly contained in areas away from the lounge areas but the noise did impact on the residents. The building work caused considerable disruption to the upstairs bedroom area. The fire alarm system in this area was being replaced and we intend to revisit Templemore to look at the new fire evacuation process once the work is completed

The toilet areas for residents were clean and accessible with wash hand basins and soap. We did not see the staff toilet facilities or areas near to the lounges for staff to wash their hands after helping residents with personal care. We saw only two hand gel dispensers in Cedars 2.

What the residents said:

The majority of residents were very frail and unable to tell us what they thought about Templemore. The more confused residents seemed happy and were treated with respect by the staff.

We were able to talk to some of the residents in the main house. They all said that they liked living at Templemore; the staff were very kind and helpful. They felt clean and well looked after. The food was good. Several residents mentioned that there was nothing to do during the day except watch TV. One group said they enjoyed talking to each other. Another resident remembered the Christmas pantomime performed by staff. Residents said they did not have their own money and were reliant upon family to bring in anything they needed. Several people enjoyed sitting in the garden in the summer and missed this in the winter.

There were no visitors in the lounge on the day we were at Templemore so were unable to speak to relatives of residents. Several residents said they had very few visitors but may have been unable to recall visits due to their dementia

What the staff said:

We spoke to three members of staff who had all worked at Templemore for several years. They all said that they enjoyed their work and had good relationships with residents.

Although agency staff had been used during the Norovirus outbreak staff generally stay in post and the management do not need to use agency staff.

Visitors:

We would have liked to talk to relatives of the residents but there was only one visitor at Templemore on the day we visited and we were unable to talk with her.

Our conclusions:

The home is clean and comfortable - residents are generally well looked after and have no complaints about their care. The residents are well groomed and have a choice of clothes to wear. All the residents - even the most confused were clean and treated with respect.

Staff have a high workload and do not always have enough time to check that everyone is eating and drinking the beverages they are given. We did not see any facilities for staff and visitors to wash their hands before helping residents with food.

We were concerned at the lack of activities for residents and would like to have seen other staff organising activities in the absence of the activities coordinator but realise that this was not feasible because of the high level of care required by the residents.

The ongoing building work raises concerns about safety of the building. There were a number of hazards such as trailing cables we were assured that they would be removed whenever residents were in the vicinity of the building work. We would like to revisit Templemore again to look at the emergency evacuation procedure for residents whose bedrooms are upstairs in the main house.

The staffing levels on the day of the visit appeared adequate but did not allow staff time to chat with residents. If another outbreak of sickness arose prompt action would be required to ensure adequacy of staffing levels.

The Manager told us that all medication was given by staff. We did not see the drug trolley as we were not present during a drug round.

Our recommendations:

1. The home review hand washing facilities for staff and visitors to ensure good hygiene while helping residents with food and drink or personal care.
2. As care staff are generally very busy providing personal care we recommend that extra help is brought in to interact with residents when the Activity Co-ordinator is not available. Templemore have advised us that they already have a team of volunteers and external people who assist the activity facilitator.
3. Residents could benefit from more activities and opportunities to go outside.
4. As the ongoing Building work might cause disruption to the fire alarm system we recommend more frequent testing of fire alarms and reviews of emergency evacuation procedures while the work is in progress.

Conclusion

We are very grateful to Mrs Monika Relton and the staff and residents at Templemore for allowing us to visit and for answering our questions. We feel that Templemore provides a good standard of care and residents are happy and safe. We were sorry that the Activity Co-ordinator was not available on the day we visited as we felt that some residents enjoyed activities and were keen to have things to do.

We would like to visit Templemore again once the Building work is finished and to see the Activities programme in action. We would also like to see the drug's policy for Templemore Care Home.

Maggie Price and Val Dumbleton
Healthwatch Northamptonshire
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