M P Talbot & J E Talbot

The Talbots

Inspection report

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Date of inspection visit: 29 June 2015
Date of publication: 04/08/2015

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?	Requires improvement

Overall summary

The Talbots is a care home registered to provide accommodation and personal care for up to 16 people who have mental health support needs and/or a learning disability. There were 15 people living at the home at the time of our visit. The home is two converted houses that have been knocked through to make one home and accommodation is provided on two floors with stairs as access. There are internal and external communal areas, including a lounge / dining area, a conservatory, an outside smoking area and a garden for people and their visitors to use.

This inspection was carried out on 29 June 2015 and we gave the service 24 hours' notice of our inspection. Our last inspection took place on 28 August 2014 and as a result of our findings we asked the provider to make improvements to requirements relating to workers, supporting workers and assessing and monitoring the quality of service provision. We received an action plan detailing how and when the required improvements would be made by. During this inspection we found that the provider had made the required improvements.

There was a registered manager in place. They had been in post since October 2010. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered

Summary of findings

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 Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and report on what we find. The management team were aware that they needed to safeguard the rights of people who were assessed as being unable to make their own decisions. People were not deprived of their liberty as people had capacity to make their own decisions and to come and go from the home as they wished.

People who lived in the home were supported by staff in a kind way that maintained their safety, but also supported their independence. People's daily notes, in which staff recorded how they supported people, were sometimes written using language that was disrespectful to the person they were supporting.

People had care and support plans in place which recorded their likes and dislikes, needs and wishes. Risks to people were identified by staff to enable people to live as safe and independent a life as possible. There were arrangements in place for the safe storage, disposal, management and administration of people's prescribed medicines.

There was an 'open' culture within the home. People and staff were able to raise any suggestions or concerns that they might have had with the management team or the registered manager and feel listened too.

There were a sufficient number of staff on duty. Staff were trained to provide effective care which met people's individual care and support needs. Staff understood their role and responsibilities to report poor care. Staff were supported by the registered manager to maintain their skills through supervision, appraisals and training.

The registered manager had in place a quality monitoring process to identify areas of improvement required within the home. However, these checks were not formally recorded.

Summary of findings

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.

Staff were knowledgeable on how to support people safely and to make sure that any identified risks were reduced. Staff were aware of their responsibility to report any safeguarding concerns.

People's support and care needs were met by a sufficient number of staff. Staff were recruited safely and trained to meet the care and support needs of people who lived at the home.

Medicines were managed and administered safely.

Good

Is the service effective?
The service was effective.

People were not deprived of their liberty.

Staff were trained to provide effective care and support to people.

People were supported by staff to eat a nutritional diet and drink fluids.

Good

Is the service caring?
The service was caring.

Staff were kind and respectful in the way that they supported people.

Staff encouraged people to make their own choices about things that were important to them and to maintain their independence.

People's privacy and dignity were respected by staff.

Good

Is the service responsive?
The service was responsive.

People were supported by staff to maintain their interests and take part in activities in the local community to promote social inclusion.

People's care and support needs were assessed, planned and evaluated. People's individual needs and wishes were documented clearly and met.

There was a system in place to receive and manage people's suggestions or complaints.

Good

Is the service well-led?
The service was not always well-led.

There was a registered manager in place.

Requires improvement

Summary of findings

There was an open culture within the home. Staff were supported by the registered manager to provide care and support to people.

There was a quality monitoring process in place to identify any areas of improvement required within the home. However, some audits were not formally documented.

The Talbots

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.

This inspection took place on 29 June 2015, was announced and was completed by two inspectors. We gave the service 24 hours' notice of our inspection and this was to ensure that staff and people would be available during this visit.

We looked at information that we held about the service including information received and notifications. Notifications are information on important events that happen in the home that the provider is required to notify us about by law. We also received feedback from a representative of the quality assurance team, adult social services, Norfolk County Council to aid with our inspection planning.

We observed how the staff interacted with people who lived in the home. We spoke with five people who used the service. We also spoke with the director, two day to day managers, a senior care assistant and a care assistant.

We looked at three people's care records and we looked at three staff files. We also looked at systems for monitoring staff supervisions, appraisals and training. We looked at other documentation such as quality monitoring records, fire safety records, residents and staff meeting minutes, maintenance and utilities records, compliments and complaints and medicines administration records.

Good

Is the service safe?

Our findings

The majority of people we spoke with told us that they felt safe living in the home. One person said that, "I feel very safe here," and another person told us, "I feel safe here." One person we spoke with said, "I don't always feel safe here." They explained that this was because the front door to the home was often unlocked so people could come and go as they wished. They went on to clarify that they were able to lock their own bedroom door for safety.

During our last inspection we found that effective systems were not in place to identify, assess and manage risks to the health, safety and welfare of people who used the service. This was a breach of Regulation 10 (1) (a) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service provision (which corresponds to Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2014 Good governance). At this inspection we found that the registered manager had made improvements. People had individual risk assessments undertaken in relation to their identified support and care needs. Records we looked at showed that these assessments were reviewed on a yearly basis. Risks included, verbal altercations, alcohol, and self-neglect and vulnerability. Risk assessments gave some guidance to staff to help assist people to live as safe and independent a life as possible, and reduce the risk of people receiving inappropriate or unsafe care and assistance. Staff we spoke with had worked with people using the service for a long time and demonstrated their knowledge to us of how to support people with their identified risks. However, the risk assessments we looked at required more robust documented guidance for staff. Examples included guidance on people's health conditions and what signs to look out for, distraction techniques, for example, when people were distressed or what support to be given when self-neglect was noted.

At our last inspection we found that the registered manager did not have effective recruitment procedures in place to ensure that only people were employed to carry out regulated activities that were of a good character. This was a breach of Regulation 21 (a) (i) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 Requirements relating to workers (which corresponds to Regulation 19 HSCA 2008 (Regulated Activities) Regulations 2014 Fit and proper persons employed). During this inspection we found that staff we spoke with said that pre-employment safety checks were carried out on them prior to them starting work at the home. Records we looked at included one new staff member and we saw that following the previous inspection, the management team had more robust checks in place. These checks included photographic identification, professional and character references, gaps in employment history explained and a disclosure and barring service check. This demonstrated to us that there was a system in place to make sure that staff were only employed if they were deemed safe and suitable to work with people who lived in the home.

People we spoke with were aware of their medicine and its importance. One person said, "They do the medication good here." We found that people's prescribed medicines were stored safely and at the correct temperature. Weekly records of when medicines were received into the home, when they were given to people and when they were disposed of were maintained. We checked a random selection of records and found them to be accurate. However, we did note that stock records, including the number of tablets carried forward and stock tallies [the number in stock at any one time] were not always kept.

Staff told us and records we looked at showed that staff were trained to administer medicines. A staff member said that they were currently being 'shadowed' by a more experienced staff member when administering medicine and, "Receiving feedback," until the management team deemed them competent and confident to administer medicines. However, the management team told us that these staff medicine administration competency checks were carried out on staff but not formally recorded.

Staff we spoke with demonstrated to us their knowledge on how to identify and report any suspicions of, or actual harm. Staff were aware that they could report concerns to external bodies such as the local authority and the Care Quality Commission. With the exception of the new member of staff, staff told us that they had undertaken safeguarding training and this was confirmed by the records we looked at. We saw that information on safeguarding was available on the communal notice board in the home, for people living at the home, their visitors and staff to refer to. People we spoke with talked positively about staff and how they were treated by staff. One person

Good

Is the service safe?

told us that staff, “Guide you and help you.” Staff we spoke with were clear about their responsibilities to report poor care practice and abuse and this showed us that staff knew the processes in place to reduce the risk of abuse.

People told us that staff were available to them when needed. One person said, “There is enough staff here to help me.” During our observations we saw that there were enough staff to provide support and care to people in an unrushed manner. Due to people being independent, there was no one living at the home during this visit that required additional staff to help with their complex health and support needs or mobilisation. The management team had determined that a minimum of two staff was to be on shift at any one time. This is what we observed during this inspection. Staff we spoke with confirmed to us that people were supported by sufficient numbers of staff and that the registered manager was available ‘on-call’ when required.

We saw records that fire drills took place within the home. This was confirmed by staff we spoke with. This showed us that there was a plan in place to assist people to be evacuated safely in the event of an emergency.

We looked at the records for checks on the home’s utility systems and the buildings fire risk assessment. These showed us that the registered manager made regular checks to ensure people were, as far as practicable, safely cared for in a place that was safe to live, visit or work in.

Good

Is the service effective?

Our findings

During the last inspection we found that people were not always cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard. This was a breach of Regulation 23 (1) (a) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 (which corresponds to Regulation 18 (2) HSCA 2008 (Regulated Activities) Regulations 2014 Staffing). At this inspection staff told us and records we saw confirmed that staff were now supported with regular supervisions and an appraisal. One staff member said that they found these, "Useful." Another staff member told us that they felt able to do the role with the induction they received. They said, "The [day to day manager] definitely supports me." Staff said that when 'new' they were supported with an induction process. This included 'shadowing' a more experienced member of staff. This was until they were deemed competent and confident by the management team to provide effective and safe care and support.

We found that staff were knowledgeable about people's individual support and care needs. Staff told us about the training they had completed to make sure that they had the skills to provide the individual care and support people needed. This was confirmed by the registered manager's record of staff training undertaken to date and staff files we looked at. This showed us that staff were supported by the registered manager to provide effective care and support with regular training and personal development.

We spoke with the management team and staff about the Mental Capacity Act 2005 (MCA) and changes to guidance regarding the Deprivation of Liberty Safeguards (DoLS). We found that they were aware that they needed to safeguard the rights of people who were assessed as being unable to make their own decisions. The management team told us that people had been assessed when first coming to live at the home as having capacity to make their own decisions.

During this inspection we saw that people had freedom to come and go from the home and that people were not deprived of their liberty. This was confirmed by a person who said, "I come and go as I like."

We saw that staff respected people's right to make their own choices in relation to their daily living. Staff we spoke with demonstrated to us their understanding of why it was important to respect people's preferences and how they respected people's choices. People we spoke with, and our observations, confirmed this to be the case.

People were very positive about the meals provided. One person explained to us how they, "Can have snacks and staff make drinks. [Staff] will give different options, alternatives if you want. [I] had bananas in custard today." Another person told us, "The food is good here." The home had a provision for people to prepare their own drinks and snacks with support when they wished to do so. Fresh fruit was available in the kitchen and we saw soft drinks on offer in communal areas of the home throughout the day. Staff told us that people had capacity to choose what they wanted to eat and drink, and that they respected this choice. They said that they tried to encourage people to eat healthy food options. One person said that they knew they should not drink [sugar drink] because of their health condition but it was their, "Pleasure." They went onto tell us how staff supported them with this, "The staff worry about my [health condition]." We saw information on communal notice boards which informed people around health implications when drinking too many sugary drinks. This showed us that people were supported by staff with their nutritional and hydration needs but that individual choices were respected.

One person told us how they were supported well by their doctor who they saw promptly because staff assisted them with this. This was confirmed by the care records we looked at where we saw that people had access to external health care professionals, such as the doctors, dentist and mental health team. We also noted that there were prompts for staff for people, deemed at risk, to be referred by staff to specialist external health care professionals.

Good

Is the service caring?

Our findings

People who lived in the home made positive comments about the care and support provided by staff at the home. One person told us that, "Staff help, [they are] really kind." Another person said, "We have a laugh and a joke…I am very happy here."

One person confirmed to us that they regularly, "See a friend." Another person said, "I always look forward to seeing my [family member]." This was confirmed during this inspection where we saw people's friends and family visit them during the day. This meant that people were supported to maintain contact with people and family members who were important to them.

We saw that staff gave people choices and respected the choices they made. Staff talked us through how they encouraged people's independence and supported people to do things for themselves. One person told us, "The staff encourage me to be clean and cook food…the staff encourage me to have a full programme, I need that support. I'd go downhill without it." Another person said, "Staff help you, they guide you to help you……staff are here to help and they do." Our observations throughout the visit confirmed that encouragement was given by staff to people they supported in a kind and caring way.

However, our review of people's documented daily notes showed that staff had used written language in these notes that was disrespectful to the people they supported. This type of disrespectful language was not observed to be used by staff when supporting people face to face during this inspection. People we spoke with also confirmed to us that staff spoke to them in a respectful manner.

People were able to lock the door of their bedrooms and communal bathrooms and toilets to maintain their privacy and dignity. One person confirmed to us that, "Staff knock before they come into my room." People were encouraged to personalise their bedrooms to make them feel more homely and meet their individual preferences. Our observations confirmed this. People told us that staff prompted them to undertake their own cleaning to maintain their independence. One person told us, "I clean my room every week with the staff's encouragement."

Care records we looked at showed that staff reviewed and updated people's care and support plans. This helped ensure that people were provided with care and support by staff based upon their most up-to-date care needs. We saw in one care record we looked at that the person did not want to be involved in their care planning and reviews. However, it was not clear how people had been involved in reviews of their care and support as this was not recorded in the care records we saw.

The management team told us that information regarding advocacy services was made available for people if they wished to be supported with this type of service. They confirmed that during this inspection no one in the service was being supported in this way. Advocates are people who are independent of the service and who support people to make and communicate their wishes.

Good

Is the service responsive?

Our findings

We saw people pursuing their interests and maintaining their links with the community during this inspection. Examples included visits to local religious services, shops, local cafés and restaurants, art and craft courses and a gym. This was confirmed by people we spoke with. One person said, "I enjoy going to the centre and doing pottery." Another person told us, "I've been to [name] gym today…I play pool and go to [name] farm," and one other person said, "I go to the [religious service] every Sunday and Tuesday."

People's social inclusion was promoted by staff and we saw that people's visitors were welcomed into the home during this inspection. People were also supported by staff to spend time away from the home visiting family and friends. One person told us how they visited their family regularly. They told us, "I go home to [family member] every weekend."

People's health and support needs were assessed and planned to agree their individual and personalised plan of care and support. Records included information on people's social history, any interests they may have included in a 'this is me document.' This information helped staff to get to know and understand the individual they were supporting. Staff we spoke with demonstrated to us a good understanding of each individual persons care, support needs and backgrounds. Care records showed that people's care and support needs, and risk assessments were known, and monitored by staff. Records we looked at documented that people had signed to agree their plan of care and support. Reviews were carried out to ensure that people's current support and care needs were documented. The management team told us that these records were reviewed yearly and updated as required.

People we spoke with told us that they knew how to raise a concern. One person told us that they had no worries or concerns. Another person said, "I haven't ever felt the need to complain about anything." This was confirmed by the records we looked at. House meetings gave people opportunity to make any suggestions that they may have and raise any concerns. Records we looked at showed that in response to a concern raised around food, menu choices were discussed and agreed at the next meeting held.

We asked staff what action they would take if they had a concern raised with them. They confirmed to us that they knew the process for reporting concerns and that they would raise these concerns with the registered manager or the management team. Records showed that only one complaint about the service had been received in the last twelve months.

Requires improvement

Is the service well-led?

Our findings

The home had a registered manager in place who was supported by a team of managers and care staff. We saw that people who lived at the home interacted well with the staff. People we spoke with had positive comments to make about the staff and registered manager.

During the last inspection we found that the registered manager did not have an effective system to regularly assess and monitor the quality of the service that people received. This was a breach of Regulation 10 (1) (a) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service provision (which corresponds to Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2014 Good governance). At this inspection the management team talked us through their on-going quality monitoring process. Monitoring included, but was not limited to, medicine records, staff training records and staff supervisions. However, these reviews were not formally documented. We spoke with the management team about the lack of quality monitoring of people's care records and corresponding records such as risk assessments and daily notes. Quality monitoring would have also identified that it was not recorded within people's care records whether they had attended reviews of their care plans. They told us that care records and corresponding documents did not form part of the services quality monitoring. We spoke with the management team at the time of the inspection regarding how daily notes had been recorded by staff and the language used. We gave them several examples of unprofessional language used in daily notes. They agreed that this issue would have been identified if care records and corresponding documents had formed part of their quality monitoring process.

People, staff and stakeholders were given the opportunity to feedback on the quality of the service provided via a survey. The management team said that information from the feedback was used to improve the quality of service where possible. The feedback showed positive comments about the quality of the service provided with no actions required.

Staff we spoke with were aware of the whistleblowing procedures. They felt confident that they could raise any concerns with management staff regarding any poor care practice that they had witnessed or were concerned about. This showed us that they understood their roles and responsibilities to the people who lived in the home.

Staff told us that an open culture existed and they were free to make suggestions, raise concerns, drive improvement and that the registered manager was supportive to them. One staff member went on to tell us how they suggested an improvement to the domestic cleaning records and that this had been listened to and action taken. Staff told us that they could speak with the registered manager whenever they wished to do so. This was also confirmed by people we spoke with. One person told us that house meetings took place and that they felt listened to and respected by staff.

Staff told us that there were regular staff meetings to provide an open forum where they could raise topics they wished to discuss. Meeting minutes we saw demonstrated to us that the registered manager used these meetings to discuss a range of subjects with staff such as the new Care Act.

As the registered manager was not available during this inspection we spoke with the management team about notifications which they are legally obliged to inform us about. The management team were able to demonstrate to us that they were aware of the incidents in which the Care Quality Commission were required to be informed and that non had arisen since 2012. This showed us that the management team had an understanding of their role and responsibilities.