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The Talbots

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This inspection took place on 10 October 2017 and was unannounced.

The Talbots provides accommodation and care for up to 16 people, many of whom may be living with mental health and/or learning difficulties. At the time our inspection there were 16 people living in the home.

A registered manager was in post. 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.

We had previously inspected this service on 29 June 2015 and found that regular quality monitoring was not recorded, people's medicines were not managed appropriately and that daily records were written in a disrespectful way. We found during our most recent inspection that steps had not been taken to address these issues.

We found that the provider was in breach of one of the regulations. This was because there was no robust system in place to monitor and assess the quality of service being delivered. People's care records were not audited and quality monitoring checks in relation to the general safety of the service were not thorough. Staff training records showed that most staff had not had refresher training in the courses the provider expected them to attend.

Risk assessments were not in place where risks to people's health or wellbeing had been identified. Risks within the environment were carried out on an annual basis. However, these checks did not cover all areas of the home. Regular sampling of water was not carried out and the only inspection that was carried out on the water system was done on an annual basis. We found that all other utilities and fire equipment had been regularly serviced.

Not all members of staff had received the necessary training to administer people's medicines in a safe way and there was no formal checking in place to assess staffs' competency in this area. In addition to this, there were no PRN protocols in place and people's medicines and their associated records were not audited.

People's care records did not contain sufficient detail about their physical and emotional care needs. We also saw that daily notes written about people were not done so in a respectful way. However, staff knew people's care needs well and treated people in a kind and caring manner.

People were involved in reviewing their care and were able to make choices about the care and support they received. Staff supported people to be as independent as possible and people were able to continue with

their hobbies and interests in and outside of the home.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

Risk assessments for people's individual needs were not in place.

Regular health and safety checks were not carried out.

People's medicines were not audited and not all staff had received training in the safe administration of people's medicines.

There were safe recruitment practices in place and staff knew what constituted abuse.

Is the service effective?

Good

The service was effective.

Not all staff were up to date with their training.

People were supported to make decision about their care and treatment.

People were supported to maintain a sufficient dietary intake and prompt referrals were made to relevant healthcare professionals when concerns were identified.

Is the service caring?

Good

The service was caring.

Staff treated people in a kind and caring manner and understood people's individual needs.

People were able to have visitors and visitors were made to feel welcome by staff.

People were supported to be as independent as possible.

Is the service responsive?

Good

The service was responsive.

People's care records did not contain sufficient detail about people's care needs.

People were supported to pursue their interests.

There was a complaints policy in place and people felt comfortable with raising any concerns.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

Regular and robust quality monitoring was not carried out.

Staff felt supported and the management team were approachable.

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.

As part of the inspection, we reviewed the information available to us about the home, such as the notifications that they had sent us. A notification is information about important events which the provider is required to send us by law. Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. They did not return a PIR and we took this into account when we made the judgements in this report.

During the inspection we spoke with eight people who lived in the home. We also spoke with four members of staff including three members of care staff and the registered manager. We checked two people's care records and the medicine administration records for two people. We also looked at information relating to how the service was run. This included health and safety records, staff recruitment and training files and a number of quality monitoring reports.

Requires Improvement

Is the service safe?

Our findings

The service was not consistently safe. Where risks relating to people's physical and emotional health had been identified and documented, there was a lack of detailed risk assessments pertaining to the risks identified. For example, one person was at risk of developing a pressure sore. Their risk of developing a pressure sore had not been assessed and there was also no risk assessment to detail how to manage and mitigate this risk. We saw that another person who had diabetes was consuming a lot of sugary drinks. We saw that this was referenced in their care plan but again there was no risk assessment to detail how to safely manage the risk that this posed to the person's health. However, when we spoke with staff they were able to tell what steps they took to minimise people's individual risks.

Whilst most risks within the environment had been identified, documentation around environmental risks did not contain sufficient detail. For example, risks assessments for areas in the home such as the conservatory and kitchen did not detail what the individual risks are in these areas or how to minimise any potential hazards. There was a lack of frequent reviewing of environmental risks. We noted that a health and safety check of people's bedrooms and communal areas took place annually. This meant that there was the potential that a hazard within the home could not be identified in a timely manner due to the lack absence of robust monitoring.

We saw that there was no policy in place for the safe management of legionella. Weekly testing for Legionnaire's disease was not taking place. The only testing carried out was on a yearly basis. The last test was carried out in January 2017 and this showed that there was no legionella present.

Other utilities such as gas and electricity had been serviced and inspected and this was carried out on a frequent basis. In addition to this, fire safety equipment was also tested frequently.

We saw that some people were prescribed PRN medicines. A PRN medicine is a medicine that people take as and when they require it. For example, paracetamol for pain relief. There were no PRN protocols in place. A PRN protocol gives staff guidance about when the medicine should be given and what the medicine is for.

There was regular monitoring of the stock levels of people's medicines but there was no comprehensive auditing of the safe management and administration of medicines. We saw that not all staff had received the appropriate training to administer people's medicines.

People we spoke with told us that they were given their medicines and one person we spoke with knew what their medicines were for. Another person told us that they understood why they needed their medicines but didn't know what their medicines were. We looked at the medicine administration record (MAR) charts for two people. We noted that there were no missed signatures and that stocks of their medicines tallied with the total written on the MAR chart.

Accidents and incidents were recorded and appropriate follow up action was taken post incident. Currently,

there was no analysis of the accidents but we noted from the accident book that few accidents occurred over the past year.

People told us that they felt safe living in the home. One person commented, "I feel very safe, it's nice here." Staff understood what constituted abuse and were able to tell us what procedures they would follow if they were required to report any concerns relating to abuse. Training records confirmed that most staff had received training in the safeguarding of adults.

We looked at the past four weeks of the staff rota and saw that there were consistently enough staff on duty to meet people's needs. The registered manager informed us that sometimes agency staff worked in the home but they had agreed with the agency to use the same staff members. This was to ensure continuity of care and also enabled the agency staff to familiarise themselves with people's individual care needs.

We looked at the recruitment files for two members of staff. We saw that appropriate references had been sought and satisfactory DBS (Disclosure and Barring Services) checks had been carried out before they commenced their employment in the home. This helped to ensure that suitable staff were recruited to care for the people living in the home.

Good

Is the service effective?

Our findings

Not all staff had received training relevant to their role. We looked at the training matrix and saw that no staff had received training in health and safety and that only one member of staff had an in date certificate for attending Mental Capacity Act training. We also noted that three staff required food hygiene training. However, from the conversations that we had with people and the observations we made, we felt that staff demonstrated that they had the knowledge to effectively support people.

We recommend that the registered manager ensures that all staff are up to date with their training.

Staff we spoke with told us that they completed an induction when they started working at The Talbots and induction records we looked at confirmed this. We saw that staff were introduced to people and were required to familiarise themselves with people's care files and the policies and procedures for the service. We saw that staff were supported through regular supervision with a senior member of staff. We saw that staff met with their supervisor on a regular basis to discuss their job role and any training needs.

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 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 who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

At the time of our inspection, no applications had been made to deprive a person of their liberty. Staff we spoke with understood the principles of the MCA. They could tell us how they encouraged people to make healthier choices regarding their diet but they were also aware that people had the right to make unwise decisions.

People told us that they enjoyed the food at The Talbots and that they were consulted about the menus. One person explained, "We all agreed that we wanted curry so we had that, but I wanted vegetable curry and there wasn't any but otherwise it was good." We saw during lunch that people were served either and sandwich or soup which was to their liking. A choice of drinks were served and people were served hot drinks at regular intervals throughout the day. Hot drinks were available outside of these times as well. We saw that people were able to choose where they wanted to have their lunch and some people sat in the garden. The atmosphere over lunch was relaxed and people helped to pour drinks for each other.

Timely referrals were made to relevant healthcare professionals where concerns were identified about a person's physical or emotional wellbeing. People could also ask for a staff member to attend appointments with them. One person explained, "Usually I'm scared stiff of going to the [hospital] but [staff member's name] came with me and they gave us both a cup of tea after the thing they did to me, and that was nice."

Good

Is the service caring?

Our findings

People attended regular reviews about their care with other relevant professionals. This enabled people the opportunity to meet with others involved in their care and they were involved in their care planning. The registered manager told us that this is where decisions about people's care were made and staff reviewed the person's care plan. We saw that staff kept a daily record of people's emotional and physical health. The daily notes contained detailed information about how the person had been.

All of the people we spoke with told us that the staff were either "Kind" or "Nice". One person commented, "I chose this place myself, there's people like me here." They added, "It's one of the best choices I've ever made." Throughout our inspection we saw that staff addressed people in a kind and caring manner. We also saw that humour was used appropriately and saw that people enjoyed spending time with staff. People regularly approached staff and asked to speak with them. Staff made the time to speak with people or arranged for a mutually convenient time if they were busy.

Where people did not have a next of kin, they were supported to access an advocate. The registered manager told us that they were in the process of arranging and advocate for one person who was living in the home.

Staff prompted people to be as independent as possible. One staff member told us, "We try to encourage people to be independent and give people the opportunities to do things for themselves. One person sometimes comes in to the kitchen to help with the dishes. We try to get people involved." One person explained to us that they used to have a member of staff go out with them in to the city but now they were able to go independently in a taxi.

People's privacy was respected and we saw that when people asked to speak with a member of staff, the staff suggested that they go somewhere private to talk. There were no areas of the home where people could speak privately apart from in their rooms. However, there was a homely lounge with plenty of seating, a large conservatory and garden so people had alternative places to go if they did not want to spend time in their room.

People were able to have their relatives and friends visit without restriction and people told us that they enjoyed having people visit them. During our inspection we saw that a visitor to the home was warmly welcomed by staff.

Good

Is the service responsive?

Our findings

People's care plans lacked detail about their specific care and support needs. This included a lack of comprehensive risk assessments. We were informed that people were involved in planning their care and would attend regular reviews about their care. However, when we spoke with staff, they were knowledgeable about people's individual needs and how people liked to be supported.

Throughout our inspection we saw that staff were always available to people and spent much of their time in the communal areas of the home where most people were. We saw that people were at ease with approaching staff and staff took the time to listen to people and showed interest in what people were saying.

The registered manager told us how they were supporting one person with a move to another service. This was because their care needs could no longer be met at The Talbots. They explained that they were taking the person to visit other services. They had explained to the person who was upset about leaving The Talbots why it would be more suitable for them to move to somewhere that would be able to provide them with the care that they needed.

People were supported to follow their interests. One person told us, "I go out when I want to, I go and play pool." Another person told us, "I've been going to knitting classes, but they don't have a lift so staff are helping me to look for other places [to go knitting]." People were able to access the city which was nearby and people spoke of going out by bus or taxi. There were also activities for people in the home. We saw that one person was painting in the conservatory and other people were keen to show us colouring books and clothes they had been out to buy.

We saw from records that regular meetings took place for the people who lived in the Talbots. This is where people were able to discuss any issues that they had and gave people the opportunity to make suggestions about how the service is run.

People told us that they knew who they would go to if they had a problem. One person commented, "I don't have any serious worries in life, but if I'm not happy I'd go and see [staff member's name]." There was a complaints procedure in place and people felt able to direct any concerns to the registered manager. We saw that there had been no complaints about the service in the past 12 months.

Requires Improvement

Is the service well-led?

Our findings

At our last inspection on 29 June 2015, we noted that any quality monitoring that was carried out was not recorded. During our most recent inspection we found that improvements had not been made in this area. There were a number of areas that were not audited. These included people's care records and medicines. Checks were carried out regarding the stock levels of people's medicines but there was no thorough auditing of people's MAR charts. By monitoring people's records in relation to their medicines, any discrepancies relating to the safe management and administration of people's medicines could be identified in a timely manner and prompt remedial action taken.

Whilst it had been identified what training staff were required to complete, some staff were out of date with their training by three years. Some staff had not received up to date training in the safe management and administration of people's medicines. We saw from the most recent staff training records that thee members of staff had not received medicines training for over two years. The provider's training records state that this training should be updated every 1-2 years. There was also no regular schedule in place to routinely assess staffs' competency in this area. The lack of auditing around staff training meant that all members of staff required training updates in certain courses.

There was also a lack of robust quality monitoring around health and safety in the home. Whilst some checks were carried out, these were infrequent and did not monitor and assess all areas of the home. This meant that potential hazards may not be identified as quickly as possible.

People's care records were not routinely checked and they did not contain an adequate level of information relating to people's individual needs. We noted during our previous inspection on 28 June 2015 that staff did not always write about people in a respectful way. During this inspection we noted that this had not been addressed and staff continued to write about people in a derogatory way. We raised this with the registered manager who told us that they would speak with staff about this.

As a result of these findings the provider was in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People we spoke with told us that they thought that the home was well led. People told us that all members of the management team were approachable. Staff we spoke with also commented that they felt as though they were supported by the registered manager. One member of staff told us, "The manager and director are really helpful and supportive." Staff told us that they met regularly to discuss people's care needs and were also involved in making suggestions about how the service is run.

The registered manager told us that they invite people to complete an annual quality survey every year but they were unable to locate the responses. One of the directors showed us the updated surveys that they plan to give out before the end of the year. There were surveys for the people living in the home, their relatives and friends and professionals. This enabled the registered manager to gain a good oversight of the service and identify any shortfalls.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Suitable systems were not in place to monitor, assess and improve the quality and safety of the service. Accurate and complete records were not maintained in respect of each person who used the service. Regulation 17(1)(2)(a)(b)(c)(f)