

Grov Limited

# Talbot House Nursing Home

## Inspection report

28-30 Talbot Street  
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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 responsive?	Good ●
Is the service well-led?	Requires Improvement ●

# Summary of findings

## Overall summary

This inspection was unannounced and took place on 21 July 2016. The service was registered to provide accommodation for up to 25 people. People who used the service had physical health needs and/or were living with dementia. At the time of our inspection 22 people were using the service.

There was a registered manager in post, however they were not active in this role. A new manager had recently been recruited to replace them. They told us they were going to apply to register with us. 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.

Our last inspection took place on 1 April 2015, and at that time we asked the provider to make improvements to ensure that there were effective systems in place to assess, monitor and improve the quality of care people received. Some improvements had been made, but further improvements were required. Some information was being gathered, but there was limited analysis of any trends that could be used to drive continuous improvement.

Staff also told us they would benefit from further training and development opportunities to increase their understanding in certain areas. Staff supervisions, which may have identified areas where staff needed further support to develop their skills, were not consistently taking place.

At our last inspection, we had also asked the provider to make improvements to ensure that people were not being restricted unlawfully. At this inspection, we found that improvements had been made. When people who lacked capacity were restricted, the necessary authorisations were in place to do this lawfully.

People were safe and protected from harm and abuse. Staff demonstrated an awareness of how to keep people safe. Risks to individuals were assessed and managed. There were enough staff to meet people's needs and keep them safe. The provider recruited staff in a safe way and people's medicines were managed safely.

People were supported to make decisions. When people were not able to make certain decisions for themselves, care and support was provided in their best interests. Staff had the knowledge and skills needed to support people. People received food and drink that met their nutritional needs and were referred to other healthcare professionals to maintain their health and wellbeing.

People were treated with kindness and compassion and their dignity and privacy was promoted and respected. People were listened to and were encouraged to be independent and make decisions about their care and support. People were enabled to maintain relationships that were important to them.

People and their relatives were involved with the planning of their care, and were supported to follow their interests and take part in activities. People knew how to raise and concerns and were encouraged to share their views about the service.

There was a positive culture within the service; people and staff spoke positively about living and working there.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

People were safe and protected from harm and abuse. Staff demonstrated an awareness of how to keep people safe. Risks to individuals were assessed and managed. There were enough staff to meet people's needs and keep them safe. The provider recruited staff in a safe way and people's medicines were managed safely.

### Is the service effective?

Good ●

The service was effective.

People were supported to make decisions. When people were not able to make certain decisions for themselves, care and support was provided in their best interests. When people were restricted, the necessary authorisations were in place. Staff had the knowledge and skills needed to support people. People were enabled to maintain a balanced diet and have access to healthcare services when needed.

### Is the service caring?

Good ●

The service was caring.

People were treated with kindness and compassion and their dignity and privacy was promoted and respected. People were listened to and were encouraged to be independent and make decisions about their care and support. People were enabled to maintain relationships that were important to them.

### Is the service responsive?

Good ●

The service was responsive.

People and their relatives were involved with the planning of their care, and were supported to follow their interests and take part in activities. People knew how to raise concerns and were encouraged to share their views about the service.

### Is the service well-led?

Requires Improvement ●

The service was not consistently well led.

There were not always effective systems in place to check the quality of the service and drive improvement. A training and supervision schedule was being implemented for staff. There was a positive culture within the service and staff felt supported and motivated.

# Talbot House Nursing Home

## **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 visit took place on 21 July 2016 and was unannounced. The inspection team consisted of two inspectors.

We checked the information we held about the service and the provider. This included notifications that the provider had sent to us about incidents at the service and information we had received from the public. We also spoke with the local authority who provided us with current monitoring information. We used this information to formulate our inspection plan.

We had asked the provider to send us a provider Information return (PIR). A PIR is a form that asks the provider to give some key information about the service. This includes what the service does well and improvements they plan to make. The provider had told us we would receive this by 10 July 2016, but they did not complete this prior to our visit. However, we offered the provider the opportunity to share information they felt was relevant.

We spoke with seven people who used the service and three visitors. We also spoke with four members of care staff, one of the cooks, two nurses and the manager. Some people were unable to tell us their experience of their life in the home, so we observed how the staff interacted with people in communal areas.

We looked at the care plans of six people to see if they were accurate and up to date. We reviewed two staff files to see how staff were recruited and checked the training records to see how staff were trained and supported to deliver care appropriate to meet each person's needs. We also looked at records that related

to the management of the service including the systems the provider had in place to ensure the quality of the service was continuously monitored and reviewed to drive improvement.

# Is the service safe?

## Our findings

People told us they felt safe living at Talbot House. One person told us, "I feel very safe living here; two days after moving I told my relation I wanted to stay." Another person said, "I'm happy, I don't feel scared." One visitor told us, "Yes, my relation is definitely safe here. I have seen the way the staff talk and help; I know my relation wouldn't be abused here." Another visitor said, "It's a massive weight off my shoulders knowing my relation is well cared for here."

Staff were knowledgeable about the different kinds of abuse that could happen and knew how they would recognise this. One staff member told us, "If I saw that someone had any bruises, I would make sure that no one was hurting them. I would speak to the nurse and tell them. I'd also ask the person if everything was okay." Another staff member said, "You would know when something isn't right, and I would report any changes in the person to the senior or the nurse in charge. They may be quieter than usual, or just not themselves." Staff were confident that any concerns raised would be dealt with. One staff member told us, "Things are taken seriously, and everything I have told the seniors has always been reported."

Staff told us there was a whistle blowing policy in place. This policy protects staff if they wanted to raise any issue of concern, anonymously if they preferred. One staff member said, "I'm aware of this policy; I've not had to use it though, but would do if I needed to. I would take any concerns seriously and act on them."

Some people were at risk of developing sore skin, and one visitor told us, "My relation has to be turned regularly and the staff always do this so they don't get pressure areas. They are all very good." We saw that the number of the turns had been reviewed which resulted in the frequency being increased. Staff were aware of these changes and the care plan had been updated to reflect this. Some people had pressure relieving mattresses and we saw that these were kept at the recommended setting. We saw that other people had specialist cushions to sit on or rest their feet on to minimise the risk of them developing sore skin. We observed staff ensure that this equipment was in place and that people were using it according to the recommendations that had been made. This demonstrated that these risks were assessed and managed effectively.

When people needed support to transfer, we observed staff doing this in a safe way and followed the recommendations in the risk assessments. For example, we saw that staff checked that the correct equipment was used and that it was well maintained. We heard staff explain to people what they were doing, and would ensure that people were sitting in slings safely. One staff member told us, "The seniors will sometimes observe us when we transfer people to make sure we are doing it right." When people were at risk of falling, we saw that assessments were in place to minimise this risk. These had been reviewed so the information was correct and up to date.

People had individual personal evacuation plans in place that explained to staff how to support people in case of an emergency. These had been reviewed so the information reflected people's individual needs. One staff member told us, "We all know what to do if there was an emergency; fortunately we haven't had to carry this out, but I'm confident that we would cope well." We saw that people had the call alarms in reach



so they could summon help if needed. One person had been assessed as being at risk of becoming tangled with the cord, and so alternative arrangements had been made to check on them at regular intervals. Their visitor confirmed, "The staff are always checking on my relation to make sure they are okay."

We saw and people told us there were enough staff to meet people's needs. One person said, "There are enough staff; they are busy, and sometimes they will ask if I can wait a bit, but they always come back." Another person told us, "I don't notice any difference between the week and weekend in terms of numbers of staff. I get the help I need when I need it." One visitor told us, "The staff are very busy, but they always make time to chat with my relation." One staff member said, "No one gets left out and we always have another person available when people need two to support them. We never have to do this alone. Any absences are always covered and I don't have concerns." We saw that staffing levels were determined by the needs of the people who used the service and were reviewed as people's needs changed.

We spoke with staff about the recruitment process. One member of staff who had recently started working within the service told us, "All the checks were done before I started work here. I had to renew my DBS." The Disclosure and Barring Service (DBS) is the national agency that keeps records of criminal convictions. We looked at two staff files and we saw pre-employment checks were completed before staff were able to start working in the home. This demonstrated there were recruitment checks in place to ensure staffs suitability to work within the home.

People told us they received their medicines as prescribed. One person said, "It's marvellous; I get my medicines every day. All the nurses are good, and I can have some pain relief if I need it." Another person said, "I get my medicines when I need them; I have some in the morning, and some in the evening." Another person told us, "I get my medicines as I need them and on time. I have a patch for my pain relief and it's changed every week without fail." We saw that people's medicines were reviewed, and one staff member told us, "[Person who used the service] did have certain medicines prescribed to take each day, but it was making them sleepy. We raised this with the doctor and now they just have them when needed. It's working a lot better now." When people had medicines to take 'as required' rather than every day, we saw there were guidelines for staff to follow to enable them to know when this medicine was required. One visitor told us, "The staff can read my relation now; they know the signs to look for if they are in pain and need some pain relief." We saw that the medicines administration records were completed when people had taken their medicines and that the medicines were stored safely so that only authorised people would have access to them.

# Is the service effective?

## Our findings

At our previous inspection in April 2015, we found the provider was not working in accordance with the requirements of the Mental Capacity Act 2005. We found that some people who lacked capacity were being restricted of their liberty without the necessary authorisations in place. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we found the provider had made improvements. When people who lacked capacity were being restricted of their liberty, we saw that DoLS authorisations were in place or applications had been made.

The Mental Capacity Act 2005 (MCA) provides the 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 capacity to make particular decisions, any made on their behalf must be in their best interests and 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. The application procedures for this in care homes and hospitals are called Deprivation of Liberty Safeguards (DoLS).

We found the staff were aware of the general principles of the Act. One staff member told us, "Most people can make their own decisions, but there are some who can't. But we won't just do things without asking people. We will try to offer people choices and try to encourage them to make their own decisions." Another staff member said, "There are some people who may refuse for us to help them with their personal care, but we know it's in their best interests to keep them clean." One visitor told us, "My relation doesn't have capacity to make certain decisions. The doctor wanted to put a 'do not attempt resuscitation' order in place, and I was involved with that discussion." Another person who did not understand about their medicines sometimes had them administered covertly in their food to ensure they had them as prescribed. We saw that the doctor had agreed that this would be in their best interests. The relevant people had been involved in decision and it was recorded in the care file. This demonstrated that the provider was working within the principles of the MCA.

People told us that staff would gain their consent before they supported them. One person said, "The carers will check that I'm happy with things before doing anything; they are very good." We observed staff following guidelines that detailed how people should be communicated with to enable them to make their own decisions. For example, giving people time to respond to questions. We saw that when people had capacity, they had consented to certain equipment being used to keep them safe. We saw that one person had been assessed as having capacity to make a certain decision. This had resulted in a risk assessment being completed for this situation to ensure their safety. We saw this was reviewed on a monthly basis.

People told us the staff had the necessary skills and knowledge to support them and meet their needs. One person said, "All the nurses understand about my condition." Another person told us, "The best things about being here? The care; the staff understand my needs." One visitor said, "I am happy that the staff have the knowledge to support my relation. The staff know what they are doing." Staff told us that when they used agency workers, they would usually be ones that knew the service. This meant that people were supported

by regular, consistent staff.

Staff we spoke with told us about the support they received which enabled them to have the skills needed to carry out their roles. One staff member said, "For my induction I spent time on the early and late shifts. This gave me time to get to know the people and for them to get to know me. We also had some mandatory training." Another staff member told us, "I spent some time shadowing the other staff and the senior would check I was doing things right. All the staff were supportive to me." Staff told us about some recent training they had received about end of life care. One staff member said, "This was really helpful training; it's helped us to get more information about what the person wants at this time."

People told us they enjoyed the food. One person said, "The food is very good, I have a choice. They will ask us all what we would like to have." Another person told us, "I have a choice for breakfast, and can have something hot if I want. The menus used to be set, but now there is a choice. It is very good food, a very high standard. I happened to mention that I didn't like breaded fish, and they gave me fish the next day with no breadcrumbs." We observed people being given hot and cold drinks throughout the day. One person said, "The carers are always offering me drinks, which is good for my health."

Some people needed their food prepared in specific way. One visitor told us, "My relation needs to have their food pureed; the staff make sure it's well presented and looks appetising." We saw staff following the recommendations made by the speech and language therapist when people were assessed as being at risk of choking on whole foods. When people needed their eating and drinking monitored, we saw that this happened. Staff were then able to check that people had enough to eat and drink during the day.

People were supported to maintain good health. One person said, "If I'm not well, I just have a word with the nurse and they will get the doctor." We were told that the doctor would visit each week, and one person confirmed they had seen the doctor the day before. Another person told us, "I usually stay up in my room, but the staff wanted me to come downstairs today as it's cooler. The doctor advised me not to get too hot." We saw the records of when the doctor had visited due to concerns raised, and the recommendations that staff had been given to follow. One staff member said, "Some people can't tell us if they're not feeling well, so we need to look out for signs; one person may get tearful, and then we'd know something was up. Any concerns are shared with the nurses at the handover." This demonstrated that people were enabled to receive on-going healthcare support. We saw and people told us that their healthcare needs had been reviewed, and any changes had been recorded in their support plans. We saw that various referrals had been made to different healthcare professionals. People told us that when needed, they were supported to attend these appointments. One visitor told us, "I'm always given feedback after any health appointments. I know they get the specialists in when needed."

## Is the service caring?

### Our findings

People told us and we saw that positive caring relationships had been developed. One person said, "The carers are lovely; they are good to me." Another person told us, "It's lovely here; the carers are all very kind. If I get upset, the staff will help me to feel better." We observed kind and compassionate interactions between the staff and people who used the service. One visitor said, "I've seen staff put their arms around my relation to comfort if they are upset." Another relative told us, "The staff are really caring; I'm happy with everything." We observed people laughing with staff and chatting together about various topics. We saw staff engaging with people when they supported them, and that this was in a caring, rather than task led manner. We observed that when some people were forgetful, staff were able to help them to remember the details about their family members, which demonstrated that staff knew people well and were aware about their personal circumstances and relationships.

People were involved in making decisions about their care and support. One person told us, "I can choose what time to get up, and go to bed when I like." Another person said, "I choose what to wear; the carers will get things out of the wardrobe and we do it between us." We heard staff giving people options about their support. For example, people were asked if they would like their personal care needs met before or after their lunchtime meal. The staff then did as people had requested. People were asked where they would like to sit at lunchtime, and were supported to do this. One person who used the service needed staff to assist them to have a drink. Throughout this, the staff member checked that the person wanted to continue with their drink and that this was done at a pace determined by them. This demonstrated that people were listened to and were given some control in their lives.

We saw that people were encouraged to be as independent as possible. We observed staff enable people to walk with support. One person told us how they liked to spend time in the garden when they chose. We saw that potential risks had been managed so they could do this safely on their own. One person said, "I do forget names, days and what's happening; so they got me this diary and I write all the important things I need to remember for the day." We saw staff ensuring people had everything they needed close to hand on a table nearby. This enabled them to get the things they needed themselves, rather than calling on staff to assist them.

We saw people's privacy was respected. Staff would knock on people's doors before entering their rooms, and people told us they could spend time on their own if they chose. One staff member told us, "We always make sure that people's clothing is tucked in and bathroom doors are shut." We observed staff checking that people's clothing was covering them when they were transferred in a hoist and that their clothing was readjusted when they sat down in chairs. We saw staff wiping people's clothing if they had split food or drink on themselves. People were dressed in styles that were individual to them. When people needed support to maintain their appearance, this was done for them. One person indicated to us that the staff member had put their make up on for them. This meant that people's dignity was promoted.

People told us they were supported to maintain relationships that were important to them. One person said, "I've got my own phone so I can talk to my family when I want." Another person told us, "My relations can

visit at any time they like; it's good to keep in touch with the family." Visitors also confirmed that they were always made to feel welcome whenever they visited and there were no restrictions to when they called. We were told how the manager would make arrangements for people's loved ones to be accommodated when they were towards the end of their lives. "There is nothing that's too much for them, which makes such a difference at these times. They may not have the frills of some places, but the care is excellent."

## Is the service responsive?

### Our findings

People and their relatives told us they contributed to the planning of their care. One person said, "The previous manager came out to the hospital to complete an assessment which we were both involved with. It gave a chance to say what help was needed and the things that were important to us both." One visitor told us, "We were all involved with the care planning. They did involve my relation throughout this." We saw that people's care records were individual and personal to them. One staff member said, "The care plans are really helpful for all the staff as it clearly tells us what should be happening for each person." Another staff member told us, "The paperwork is good here; it makes everything much easier to follow." The care records we looked at showed that when possible, people had been involved with the reviewing of their care. We saw that people's main care files were kept securely in the office to ensure confidentiality. People also had a supplementary file in their rooms or with them, which made it easier for staff to complete any recording as needed.

People told us and we saw that they were supported to follow their interests. One person said, "I watch the television if I want and I always have my daily paper delivered." Another person told us, "I used to play dominoes, and I've had some games with one of the ladies." One visitor said, "The activities co-ordinator is really great. They organise baking sessions, birthday parties and there was a recent picnic in the park. They come in all week and everyone loves them!" Another person said, "Sometimes we play bingo and other board games. I've got enough to do here, I'm happy, not bored." Some people told us that arrangements were made for their religious needs to be met. One person said, "They will come from the church to do a service and we can have Holy Communion if we want." We saw that people had personal items near to where they sat, and one person said, "I like to have the family photos to look at; it's like being in my own little lounge."

People were encouraged to share their views about the service, and one person said, "We have residents meetings and we talk about what we would like to do or any changes we want." One visitor also told us, "They have group meetings for the relatives where they ask for our views on things." People told us they knew how to raise any issues or make a complaint. One person said, "I would be able to tell the carers or the manager if I had any worries, but I haven't got any." One visitor said, "I'd be more than happy to raise any concerns with the manager, and I know they would sort things out." We saw that any concerns or complaints raised were logged and recorded. We saw that these had been responded to and dealt with in a timely manner.

## Is the service well-led?

### Our findings

At our previous inspection, we found that whilst the provider was not in breach of any regulations, improvements were needed to ensure there were good governance systems in place to drive continuous improvement within the service. At this inspection, we found that some improvements had been made but further were required.

We found that there were some systems in place to monitor the quality of the service, but these were not always effective. For example, we saw that fridge temperatures had been recorded where medicines were stored. However, there were gaps in the recording and there was no clear indication who actually looked at this information or what any resulting actions taken were. We saw that accidents and incidents involving people who used the service had been recorded. However, there had been no analysis of this information which would have enabled the manager to identify any patterns or trends that needed addressing. Other systems in place were more effective, such as the fire safety and maintenance audits as they identified any outstanding issues and required actions that were then followed up.

We were told that there had been a number of changes within the management of the service. One staff member said, "We have had an unsettled time; the last manager left without notice, the previous manager then came back two or three days later, and now we have a new manager who has just started." The new manager told us they knew they needed to put effective systems in place to assess, monitor and improve the quality of care people received.

Whilst staff told us they felt motivated and supported working within the service, and we did not find any concerns regarding their knowledge, some told us they would benefit from having further training. One staff member said, "I think we could do with more training to keep us up to date with things." Another staff member told us, "There are some things like DoLS that I've heard of but I don't really understand." Some staff members told us they had not yet received any formal supervision sessions and said this would be helpful to them to look at their learning and development. One staff member said, "I haven't had any supervisions yet. The previous manager said they would catch up with me and did ask if everything was okay. But I would go to the new manager if I had any worries." The manager told us they were implementing a training and supervision schedule for the staff and were updating the information needed to do this. Staff told us that a meeting had been arranged with the new manager for all the team to attend.

The manager demonstrated an understanding of their responsibilities and was aware of the notifiable incidents that should be reported to us. However, the provider had not always notified us as they are required to do. For example, one person who used the service had sustained an injury to their leg and needed treatment in hospital and we had not received a notification about this as required.

People spoke positively about the recent changes in leadership, and one member of staff told us, "There is a lot to be done but the new manager has some good ideas. We all help where we can and work together to make changes." Another staff member said, "We are going to be starting 'resident of the day' where we all focus on one person to check their care and everything. We are looking forward to it; it will be good."

People who used the service and their relatives spoke positively about their experience of living at Talbot House, and we were told, "There have been changes, but I would be confident in approaching the new manager. It is a lovely place, we couldn't have picked anywhere better."