

Livability

Livability Talbot Manor

Inspection report

57 Talbot Manor
Bournemouth
Dorset
BH3 7HT

Tel: 01202512918
Website: www.livability.org.uk

Date of inspection visit:
17 January 2019
24 January 2019

Date of publication:
19 February 2019

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?

Good ●

Summary of findings

Overall summary

Livability Talbot Manor is made up of a care home and a care at home service. Talbot Manor is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Liveability Talbot Manor is registered to accommodate up to 12 people. At the time of our inspection 12 younger adults with physical and learning disabilities living in the home.

The location also includes Shaftesbury Court. This service is a domiciliary care agency. It provides personal care to people living in their own specialist housing. At the time of our inspection, 14 younger adults were receiving support with personal care in their own flats at the time of our inspection.

There was a registered manager 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. The registered manager led both the services.

Where our evidence about people's experience was different in the different settings we have made this clear in the report.

The people living in Talbot Manor had mostly lived there for many years. The home had been established before the introduction of Registering the Right Support and had not been developed and designed in line with the values of inclusion that underpin this and other best practice guidance. However, the people living there were settled and happy with the support they received.

Although actions had been taken to promote independence and choice in line with the guidance there was no formal plan regarding how the provider would ensure the service reflected the values of Registering the Right Support in the future. We have made a recommendation about this in the report.

Staff cared about the well-being of people they supported. We received positive feedback from people about the kindness of staff.

People were supported by safely recruited staff and there were enough trained and experienced staff to support people.

Staff understood how to identify and report abuse and were supported in their roles by senior staff and colleagues. Staff received training to enable them to carry out their roles competently.

People were supported to make choices about how they spent their days. Staff had a good knowledge and understanding of the Mental Capacity Act 2005 (MCA) and promoted independence and choice.

People's health care needs were met and people were supported to see healthcare professionals when appropriate. People were supported to take their regular prescribed medicines safely by staff who had received the appropriate levels of training. At Talbot Manor, protocols for some medicines that were taken when needed were not being followed. The registered manager assured us that this would be addressed and took immediate action to ensure monitoring and reporting supported safe medicine administration.

People were supported to develop and maintain their interests within the home and the local area.

People and their relatives knew how to make a complaint if they needed to and felt any concerns would be taken seriously and action taken straight away. Some people at Talbot Manor had not raised frustrations about their housemates with staff. We discussed this with the registered manager.

There were quality assurance systems in place to drive improvement and ensure a safe, effective, caring and responsive service.

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 remained Good.

Is the service effective?

Good ●

The service remained Good.

Is the service caring?

Good ●

The service remained Good.

Is the service responsive?

Good ●

The service remained Good,

Is the service well-led?

Good ●

The service remained Good.

Livability Talbot Manor

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 checked 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.

The announced comprehensive inspection visit took place on 10 and 17 January 2019. The inspection team was made up of two CQC Inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed information we held about the service. This included the Provider Information Return (PIR). The PIR 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. We also reviewed information received from a local authority who commissioned from the service for their views on the care and service given by the home.

During the inspection we spoke with six people who live at Talbot Manor and two people who lived at Shaftsbury Court. We observed and listened to how staff interacted with people and spoke with a relative of a person living at Talbot Manor by phone. During the visit we spoke with the registered manager and seven members of staff.

We looked at records related to six people's care and support. This included care plans, care delivery records and medicine administration records (MARS). We also looked at records relating to the management of the service including: three staff files with reference to their recruitment and supervision; maintenance records; quality assurance records; training and staff meeting minutes.

Is the service safe?

Our findings

Staff, people, professionals and a relative all told us the support provided by staff kept people safe. The relative told us they were kept informed and involved. Staff understood the measures that were in place to reduce risks and how these measures were balanced with people's wishes.

Risk assessments covered relevant aspects of people's lives such as mobility and safe eating and drinking. Care plans set out the support people needed to reduce these risks. Staff had clear understandings of these risks and the support they provided to reduce them.

Two people living in Talbot Manor needed staff to monitor their bowel function and follow guidance if they became constipated. Records indicated periods of up to six days without these people having a bowel movement. Both people were prescribed medicine to take with guidance about how it should be given. This guidance was not being followed. We spoke with staff who were all confident that this was a recording error as they knew the people well and would notice signs of discomfort and poor health. Health records and feedback from professionals supported this assertion. The registered manager assured us they would address this reporting and raised it with staff before the end of our visits.

Staff demonstrated a good understanding about potential signs of abuse and knew the process to take if they had concerns they needed to report internally or contact the local authority's safeguarding team. Staff told us they were able to highlight any issues to management. They also told us that they knew how to whistleblow if they believed concerns were not addressed robustly.

There were enough appropriately trained staff employed to support people. Recruitment practices were appropriate and the relevant checks had been completed. These checks included the use of application forms, an interview, reference checks and criminal record checks. This made sure that people were protected as far as possible from staff who were known to be unsuitable.

Medicines were administered safely. We checked the stock and storage of medicines and reviewed the medicine administration records (MARs). Staff who administered medicines had received up to date medicine training and had their competency checked. Staff understood how people indicated they were in pain and we saw pain relief medicine was administered with an explanation recorded. The protocols for medicines to support people's bowel function were not followed accurately. The registered manager told us they would discuss this with the member of staff who oversaw medicines and liaise with GPs as appropriate.

There were plans made for safe evacuation from the premises in an emergency situation such as a fire. This information was kept up to date. The provider had a system in place to ensure the premises were maintained safely.

Talbot Manor and the communal area of Shaftesbury Court were clean during our visits. Staff understood their responsibilities and worked with people, to maintain hygiene to ensure infection control within the home.

Is the service effective?

Our findings

The service was working within the principles of the Mental Capacity Act 2005 (MCA) and applications had been made related to restrictions on people's liberty where appropriate. Staff understood the importance of discussing and reviewing restrictions to ensure they were not assumed as permanent. Staff showed a good understanding of how people consented to their care and support and the choices they could make each day.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). At Talbot Manor, we noted that the conditions attached to one person's DoLS were not being met. We spoke with the registered manager who advised us they would raise the difficulties inherent in these conditions with the local authority.

Assessments and care plans were comprehensive, detailed and reflected people's preferences and wishes. They covered areas such as communication, eating and drinking, health, personal care, important relationships and faith. Care plans were regularly reviewed and updated in consultation with people, family and professionals when appropriate.

The environment at Talbot Manor reflected the family home ethos of the service. People had their own personal spaces and shared communal areas. Recent improvement work had seen carpets replaced with laminate flooring. This had an echo effect in large communal areas and we noted some people expressing discomfort at noise levels. We spoke with the registered manager about this who explained that at night staff wore soft shoes to reduce the chance of disturbing people. People were happy with the communal areas of the Shaftesbury Court flats.

Staff had the skills and knowledge they needed to perform their roles. One person told us: "Staff always know how to support me, they have the right training." Staff explained they could access the training they needed. Training was relevant to the needs of people living in the home and the training programme was being continually developed. Supervisions were used to develop and motivate staff, reviewing their practice and focusing on their professional development. Staff commented that they felt these sessions were useful and that they felt supported and encouraged to develop.

People were supported to eat and drink enough to maintain a healthy balanced diet. Meals were planned that reflected their likes and dislikes and faith needs. People were supported to cook and prepare their own meals when this formed part of their care plan. People told us they liked the food at home and also enjoyed going out to eat. Care plans contained details of food preferences and the support people required to eat and drink safely.

People were supported to manage their health. One person observed: "Staff have helped me with decisions, they have helped me to decide how I want to take my medications and manage my health." Staff supported people to keep active and follow plans and guidance from health professionals. Staff also liaised with

health and social care professionals to ensure people got the right healthcare. We received feedback from health professionals with regular involvement with the service. They told us staff followed guidance and were able to provide any information requested. Records reflected this was the case for ongoing health issues and emerging issues.

Is the service caring?

Our findings

There was a welcoming and friendly atmosphere at both Talbot Manor and Shaftsbury Court. People, professionals, a relative and staff commented on the caring nature of the staff team. One person told us: "staff are friendly, they know me well and have good relationships with me." another commented that staff were: "...always very kind". People were comfortable approaching staff who sought to understand their individual communication styles and methods.

Care and support plans focused on achieving outcomes that were meaningful to people. Staff encouraged people to make choices about how they spent their time. People described how they spent their weeks and were positive about the choices they had made.

Staff understood the importance in respecting people's rights to privacy and dignity and this was supported by care plans. Care plans also identified what parts of tasks people could do for themselves. We discussed this with staff who told us they encouraged people to do tasks for themselves and provided support where and when it was needed.

We saw genuine affection between staff and people. Some of the staff team had known people over many years. This added to their understanding of their history and what mattered to them. People benefitted from the additional depth and trust in these relationships when they faced challenging periods in their lives. Staff all reflected in discussions with us their desire to provide the best possible care and support for the people they supported. One member of staff explained their motivation as 'making a difference'.

Is the service responsive?

Our findings

Staff were attentive to people's needs. Staff told us that communication within the home was very good with clear handovers of any changes. The registered manager explained that good communication ensured staff worked as a team to make sure people were supported appropriately and consistently. When there was a change in need care plans were updated to reflect this.

Relatives were kept informed about changes in the support people needed and their well-being. One relative reflected on the appropriate and caring communication between the home and family.

Staff knew about the people living in the home: they knew what and who were important to them and how they liked to spend their time. They also described how and when they preferred their personal support to be given. Staff understood how getting to know each person helped them to provide support. People reflected that the support they received took account of their preferences.

People were supported to follow their interests and this meant they spent their time doing things they enjoyed. One person described a shopping trip they had recently been on; their established relationship with the shop was clear in their narrative.

Staff communicated in ways that suited people. These ways of communicating effectively were described in care documents and shared with new staff and professionals appropriately. This meant the service complied with the Accessible Information Standard (AIS). The AIS is a framework put in place in August 2016 making it a legal requirement for providers of NHS and publicly funded care to ensure people with a disability or sensory loss can access and understand information they are given.

People and their relatives told us they knew how to complain if they needed to, one person described a complaint they had made and how they had received a satisfactory result. Complaints were managed effectively and transparently.

At Talbot Manor some people shared frustrations about the habits of people they lived with. They told us they did not want to raise these as they did not wish to cause offence or upset. It is important that the promotion of a family and group feel is not at the expense of people feeling unable to express individual frustrations and grumbles. We spoke with the registered manager about this and they reflected on the kindness of people living in the home. They told us they would address in conversations with people.

Is the service well-led?

Our findings

The service had a registered manager 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.

Staff and relatives spoke positively about the registered manager and staff all commented on the availability, approachability and commitment of senior staff. People recognised and engaged with familiarity and warmth with the registered manager. There was an open, friendly, and supportive culture within the home and a clear management structure. One member of staff said, "The registered manager works so hard and cares so much." Another member of staff told us: "I love my job. I make a difference."

People and relatives were asked for their views on the service as part of quality assurance and these were used to improve the care and support people received. People at Talbot Manor had regular 'chit chats' to discuss subjects such as staffing, staying safe and to share news.

The registered manager described how they stayed up to date with good practice by talking with colleagues. They shared their improvement plan which, at Talbot Manor, did not make reference to Registering the Right Support (RRS). RRS is new statutory guidance for providers of services used by people with learning disabilities and/or autism. The registered manager was aware of the guidance and the values underpinning RRS. However, as the service had been registered prior to the guidance being developed, it was not set up in line with the principles, with 12 people with varied support needs and lifestyles sharing one large house.

In our conversations with the registered manager it was clear they had an understanding of the guidance and ideas of how they could develop the service in the future, such as using a small kitchen on the first floor of the house and encouraging people to use public transport. However, these ideas had not been formalised and we could not be assured that the service would be developed further to enable people to develop their autonomy and independence.

We recommend action is taken to develop formal plans to ensure the service is developed in line with the values of RRS.

The registered manager understood their statutory obligations and there was a system in place to ensure statutory notifications were made to CQC.

The registered manager maintained regular oversight of the service spending time alongside staff and people on a day to day basis. A range of audits and checks were also carried out to ensure that care plans were up to date, that the environment was safe and well maintained and that medicines were given as prescribed.