

Mr & Mrs J Colley

# Talbot Woods Lodge

## Inspection report

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2015

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### Ratings

#### Overall rating for this service

Good 

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?

Good 

### Overall summary

The inspection was unannounced and took place on 25 February and 2 March 2015.

Talbot Woods Lodge is a care home for people with learning disabilities. The home is registered to provide personal care for 15 people. At the time of the inspection there were 15 people living at Talbot Woods Lodge.

There was a registered manager who was also one of the registered providers. 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 inspected the home in December 2013 and identified a breach in the regulations. This was because the registered person did not have suitable arrangements in place to protect people against the risk of restraint being unlawful. There were no records of mental capacity assessments or best interest decisions in line with the Mental Capacity Act 2005 to support the use of physical interventions. At this inspection improvements had been

# Summary of findings

made and the shortfall was met. This was because decisions that were made in people's best interests were recorded to ensure that people's rights to make decisions about their care and support was respected.

Some of the people had complex needs and were not able to tell us their experiences. We saw that those people and the people we spoke with were smiling, happy and relaxed in the home.

Medicines were managed safely and stored securely. People received their medicines as prescribed by their GP. Staff knew when they should administer PRN 'as needed' medicines. However, there were not any written plans in place. The deputy manager took immediate action to contact the prescribing health professionals for advice on writing these plans.

People told us they felt safe at the home. Staff knew how to recognise any signs of abuse.

The provider had a system in place to ensure staff understood their responsibilities in regard to the Deprivation of Liberty Safeguards (DoLS). The DoLS are part of the Mental Capacity Act 2005. They aim to make sure that people in care homes are looked after in a way that does not inappropriately restrict their freedom. The safeguards should ensure that a care home only deprives someone of their liberty in a safe and correct way, and that this is only done when it is in the best interests of the person and there is no other way to look after them. There were records that showed the provider had a

system in place to ensure they recognised where an individual may require a DoLS application to ensure their rights were upheld. DoLS applications were correctly completed and submitted to the local authority.

The provider had a range of systems in place to protect people from risks to their safety. These included premises and maintenance checks, regular servicing and checks for equipment such as hoists, stair lifts and all electrical equipment and risk assessments for each person living in the home.

People received care and support in a personalised way. Staff knew people well and understood their needs. People received the health, personal and social care and support they needed.

Staff were caring and treated people with dignity and respect. People had access to the local community and had individual activities provided.

There was a stable staff team and agency staff were not used. Staff received an induction, core training and specialist training so they had the skills and knowledge to meet people's needs.

People, staff, health professionals and a relative commented on the friendly and family atmosphere at the home. There was a clear management structure and staff, representatives and people felt comfortable talking to the managers about any concerns and ideas for improvements. There were systems in place to monitor and drive improvement in the quality of the service.

# 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 but some improvements were needed in medicines management. This was because there were no written PRN plans in place.

People, staff, relatives and professionals told us there were enough staff to keep them safe. We found staff were safely recruited.

Any risks to people were identified and managed in order to keep people safe.

Requires improvement



### Is the service effective?

The service was effective.

Staff received training to ensure they could carry out their roles effectively. Supervision processes were in place to enable staff to receive feedback on their performance and identify further training needs.

Staff demonstrated a good understanding of The Mental Capacity Act 2005 and people were asked for their consent before care or treatment was given to them.

People were offered a variety of choice of food and drink. People who had specialist dietary needs had these met.

People accessed the services of healthcare professionals as appropriate.

Good



### Is the service caring?

The service was caring.

Care was provided with kindness and compassion by staff who treated people with respect and dignity.

Staff understood how to provide care in a dignified manner and respected people's right to privacy.

Staff were cheerful and kind, treated people with patience and were constantly aware of their needs.

Family and friends were made welcome and continued to play a part in their family member's care and support.

Good



### Is the service responsive?

The home was responsive to people and their needs.

Staff understood people's complex ways of communicating and responded to their verbal and non-verbal communication and gestures.

People were supported to pursue activities and interests that were important to them.

Good



# Summary of findings

People and their relatives knew how to complain or raise concerns at the home.

## **Is the service well-led?**

The home was well-led. Observations and feedback from staff, relatives and professionals showed us the home had a positive and open culture.

Feedback was regularly sought from people, staff and relatives. Actions were taken in response to any feedback received.

People and their relatives felt able to approach the management team and there was open communication within the staff team. Staff felt well supported by the management team.

There were systems in place to monitor the safety and quality of the service. There was learning from accidents, incident and investigations into allegations of abuse.

**Good**



# Talbot Woods Lodge

## 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 25 February and 2 March 2015 and was unannounced. The inspection was carried out by the lead inspector, an expert-by-experience and their supporter. They had experience of accessing learning disability services. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We met all 15 people and spoke with seven people and used Makaton (a type of sign language) with two people. We spoke with one visiting relative during the inspection. We also spoke with the registered manager, deputy manager and eight staff.

We looked at three people's care and support plans and records, all 15 people's medication administration records and documents about how the service was managed. Two people showed us their electronic care plans and records on their computer tablets. These included staffing records, audits, meeting minutes, maintenance records and quality assurance records.

Before the inspection we reviewed the information we held about the service, this included incidents they had notified us about. We contacted the local authority safeguarding, contract monitoring team, GPs and community learning disability team to obtain their views.

We did not ask the provider to complete a Provider Information Return (PIR) before our inspection. This is a form that asks the provider to give us some key information about the service, what the service does well and improvements they planned to make. This was because we brought forward this inspection to follow up on actions the provider had completed since the last inspection.

# Is the service safe?

## Our findings

One person was able to tell us they felt safe. Another person told us they weren't scared about anything and said staff keep them safe. People were relaxed with staff, freely approached, chatted with and sought out staff. This indicated they felt safe at the home with staff.

There were posters displayed in the communal and staff areas about how people and staff could report any allegations of abuse. All of the staff had received safeguarding training as part of their induction and ongoing training. All of the staff we spoke with were confident of the types of the abuse and how to report any allegations.

Staff had received training in medicines administration. The registered and deputy manager told us that staff had their competency assessed following completion of their training. They undertook monthly medicines audits and also completed random spot checks.

We looked at the medicines storage and found that medicines were stored safely. We saw from Medication Administration Records (MAR) that medicines were administered as prescribed.

Staff were able to consistently describe how, the circumstances and when they administered any PRN 'as needed' medicines. We reviewed the incident records and saw that whenever any PRN medicines were used there had been a review. This was to check the medicine had been used appropriately and to check the frequency of its use. Staff confirmed this happened every time any sedative PRN medicine was used. However, there were not any written PRN care plans in place that detailed the circumstances when they should be administered. This was an area for improvement because this potentially placed the person at risk of not receiving the PRN medicines when they needed them or receiving them when they did not need them. The deputy manager took immediate action and made a referral to the prescribing practitioners so that PRN care plans could be written and incorporated into any behaviour management plans.

People had risk assessments and plans in place for; pressure areas, nutrition, falls, and access to the community epilepsy management and behaviours that may present challenges to others. For example, we saw there were behaviour management plans in place for people who needed them. We spoke with staff who were clear about the strategies to reassure people and manage any behaviours that presented challenges to themselves and others.

We looked at the staffing rotas for a four week period, spoke with people and staff and they told us there were enough staff to meet people's needs. We saw that people received the care and support they needed without waiting. Staff responded to people's verbal and non-verbal requests quickly. The registered manager told us they calculated staffing levels according to people's needs and that if people's needs changed they increased staffing levels. Some individuals were supported by one member of staff so they were able to pursue different activities to the other people living at the home. All of the people, staff, relatives and professionals told us there were enough staff to meet people's needs.

We looked at four staff recruitment records and spoke with one member of staff about their own recruitment. Recruitment practices were safe and the relevant checks had been completed before staff worked unsupervised at the home. 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.

There were emergency plans in place for people, staff and the building maintenance. In addition to this there were weekly maintenance checks of the fire system and water temperatures. There were robust systems in place for the maintenance of the building and equipment. These were completed by one of the providers who was at the home most days of the week.

# Is the service effective?

## Our findings

People told us they were happy with the food at the home. One person told us their favourite foods were, “porridge and Cornish pasty” and that they got these. At lunch time food items were laid out so people could choose and prepare their own sandwiches.

People were involved in planning the menus. One person told us they went shopping with staff to the local supermarket to buy the food. There was a menu with pictures so it was easier for people to choose what they wanted. The manager explained that each person was asked what they wanted to eat each day as well as using the pictorial menu.

People’s nutritional needs were assessed, monitored and planned for. People were weighed monthly and action was taken if people’s weight changed significantly.

One person’s food, fluid and nutrition plan had been written by the speech and language therapist because of their difficulties with swallowing. The plan included the consistency of food the person needed. This person’s relative confirmed their family member had their food at this consistency.

Staff and managers completed core training, for example, total communication, infection control, moving and handling, epilepsy, safeguarding, fire safety, health and safety and food hygiene. Staff told us the induction training they received had been effective and that they had felt well supported throughout their induction period. In addition to this staff completed the Skills for Care Common Induction Standards, which are nationally recognised induction standards.

The registered and deputy manager had a training plan and planned to include further specialist training such as nutrition, dementia and end of life care. The registered manager and deputy manager also planned to introduce the new ‘Care Certificate’ from April 2015. The Care Certificate will replace the existing Common Induction Standards and National Minimum Training Standards for healthcare assistants and social care workers. They had ordered the new workbooks and standards in preparation.

Staff told us they felt very well supported and records showed they had regular one to one support sessions with their line manager. The registered manager and staff said and records showed staff had their annual appraisals.

At our last inspection in December 2013 we identified there were not any mental capacity assessments or best interest decisions in line with the Mental Capacity Act 2005 to support the use of physical interventions for people. At this inspection we saw that any physical interventions were being used in people’s best interests. Mental capacity assessments had been completed for these specific decisions. Any subsequent best interest decisions had been made by managers, professionals and family members.

The registered and deputy managers understood their responsibilities in regards to the Deprivation of Liberty Safeguards (DoLS). The DoLS are part of the Mental Capacity Act 2005. They aim to make sure that people in care homes are looked after in a way that does not inappropriately restrict their freedom. The safeguards should ensure that a care home only deprives someone of their liberty in a safe and correct way, and that this is only done when it is in the best interests of the person and there is no other way to look after them. Some of the people living at the service had been assessed as lacking mental capacity due to their learning disabilities. DoLS applications were correctly completed and submitted to the local authority.

Staff demonstrated a good knowledge and understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) because they had received training in this area. Staff were aware of who was subject to DoLS and any conditions in place.

People were given choices in the way they wanted their care and support to be given. People’s capacity to make their own choices was considered in assessments so staff knew the level of support people needed while making decisions for themselves. If people did not have the capacity to make specific decisions, the registered manager involved their family or other healthcare professionals to make a decision in their ‘best interest’ as required by the Mental Capacity Act 2005. A best interest meeting considers both the current and future interests of the person who lacks capacity, and decides which course of action will best meet their needs and keep them safe.

## Is the service effective?

Staff sought consent from people before care and support was provided. For example, we observed staff checking with people in a way they understood what activities they wanted to do.

People had health care plans in place and they used yellow health books to record any health professional visits and appointments. These are health records that are supported by pictures so that they are easier for people to follow. In addition to this people had a hospital grab sheet that included important health and personal support information about people.

People had access to specialist health care professionals, such as physiotherapists, community mental health nurses, dieticians, occupational therapists, speech and language therapists and specialist consultants. For example, one person had been referred to a specialist consultant following a critical health incident whilst on holiday.

The feedback from people's GP's was very positive. They commented on the knowledge and skills of the staff and how well they supported people to access healthcare services.

Staff supported people with their health conditions. For example, they observed a person getting less responsive and sleepy. They said something about this in a conversational way and another member of staff suggested they both go and find a milky drink. This was to stop the person's blood sugars becoming too low.

As part of our inspection, we asked health and social care professionals for their opinion of the home, and they all gave us positive feedback.



# Is the service caring?

## Our findings

A relative we spoke with was positive about the care provided. We saw good interactions between staff and people. They were chatting, laughing with each other and this showed us they enjoyed each other's company. There was a stable staff group at the home and staff we spoke with had a good understanding of people, their lifestyle preferences and the way they liked to be cared for and supported. For example, one person became upset with one of their new gardening gloves that they had put on the wrong way around. Staff helped the person calmly but quickly to make it more comfortable for them.

Staff smiled and they were relaxed and friendly, they were kind and they treated people with patience and respect. They spoke fondly about people and told us they enjoyed the time they were able to spend with people. They all spoke positively of their role and the family atmosphere at the home.

People said that staff respected their privacy and dignity. One person smiled and Makaton signed 'knock'. They discretely offered people personal care and made sure that

their dignity was maintained. People's care records were kept securely. Records on people's computer tablets were password protected and saved securely. Written records and care plans were also stored securely.

A GP commented that when staff supported one person to their GP appointments, they treated the person with 'great dignity and respect'. They told us staff showed patience and care to the person.

People's independence was promoted and some people told us they were encouraged to participate in things around the home. One person told us they helped with the evening meal preparation with staff and another person helped with the washing up after meals. People were encouraged to maintain their mobility and staff supported people to walk with their walking frames at their own pace.

People told us their relatives and friends were free to visit when they wanted. One person said their friends visited them at the home. A relative told us they remained involved in the care of their family member and they regularly stayed at the family home. They said the person stayed at their family home overnight when they were unwell.

## Is the service responsive?

### Our findings

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# Is the service well-led?

## Our findings

Observations and feedback from staff, relatives and professionals showed us the home had a person centred, positive and open culture. This was because there were regular opportunities for people to contribute to the day to day running of the home through 'residents meetings'. In addition to this surveys are sent to people's friends and their relatives. Two GP's commented about how well led they thought the service was and that the managers were very approachable. They told us it was obvious the managers acted in people's best interests and they were committed. The registered and deputy manager told us the feedback from people, staff and professionals was used to identify any areas for improvement. For example, following the involvement of learning disability professionals earlier in the year, staff had been retrained in supporting people with behaviours that may challenge others. In addition to this staff had gained a greater understanding of the MCA 2005 and making best interest decisions.

People freely approached and came into the office to ask for things and to spend time with managers. Staff and a relative said they could approach managers with anything and they were always available to discuss anything with them. This was in addition to the meetings and individual support sessions they had with the managers. No one we consulted or spoke with had any concerns about the home.

There were arrangements in place to monitor the quality and safety of the service provided. There were monthly reviews of medication, infection control, cleaning schedules, health and safety, care plans, staff training, accidents and incidents. We saw that where any shortfalls were identified in these reviews actions were taken.

There were systems for monitoring any accidents or incidents. This included reviewing all accidents across the home on a monthly basis. This was so they could identify any patterns or areas of risk that needed to be planned for. There was learning from safeguarding, accidents, incidents and complaints. The registered manager fed back to individual staff and at staff meetings any learning.

The home had received written compliments from relatives, professionals and people's representatives. The registered and deputy manager and staff said these were shared at handovers and team meetings so staff received the positive feedback.

The registered and deputy manager kept their practice up to date by attending local professional forums, learning groups and reviewing any national and local reports. For example, at the previous month's team meeting they had reviewed the serious case review report for a local care service so that the learning could be shared with the staff group.

All of the staff we spoke with knew how to whistle blow and raise concerns. They were confident that any issues they raised would be addressed. The registered and deputy registered manager gave us an example of where a staff member had whistle blown and what action they had taken in response.

There was a stable staff team at the home and staff told us they knew people well and people told us and we saw they were happy with the staff. Managers and staff told us they did not use agency staff and that any staff shortages were covered by the staff team. Staff we spoke with were very committed to providing good quality care to people living at the home and all of them told us it was a good place to work. They all had a very good understanding of their roles and responsibilities.