

Mr & Mrs J Colley

Talbot Woods Lodge

Inspection report

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14 July 2017

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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?

Good ●

Summary of findings

Overall summary

The inspection was unannounced on 13 and 14 July 2017.

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 14 people living at Talbot Woods Lodge. One of the bedrooms was used for short stays.

At the last inspection in February 2015, the service was rated Good. At this inspection we found the service remained Good. There were improvements in how safe the service was and the 'Is the service safe' question is now rated Good.

Is the service Safe?

People's medicines were managed safely and there was an improvement in how people's PRN 'As needed' medicines were managed. Any risks to people were identified and managed in order to keep people safe.

There was a stable staff team who knew people well. Staff were recruited safely and agency staff were not used at the home.

Is the service Effective?

Staff received an induction, core training and specialist training so they had the skills and knowledge to meet people's needs. Staff felt very well supported by managers.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in place supported this practice.

Is the service Caring?

People and staff had good relationships. Care was provided with kindness and compassion by staff who treated people with respect and dignity.

Is the service Responsive?

People received care and support in a personalised way that was responsive to their changing needs. Staff knew people well and understood their needs and the way they communicated. We found that people received the health, personal and social care support they needed.

There was an accessible complaints procedure in place and people knew who to talk to if they were worried or concerned. There had been no complaints received since the last inspection.

Is the service Well-led

The culture within the home was personalised and open. People and staff benefitted from the family atmosphere. There was a clear management structure and staff and people felt comfortable talking to the managers about any issues and were sure that any concerns would be addressed. There were systems in place to monitor the safety and quality of the service provided.

Further information is in the detailed findings below

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 safety of the service has improved and it is now Good

Is the service effective?

Good ●

The service remains Good

Is the service caring?

Good ●

The service remains Good

Is the service responsive?

Good ●

The service remains Good

Is the service well-led?

Good ●

The service remains 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 13 and 14 July 2017 and was unannounced and was conducted by one inspector.

We met and spoke with and/or Makaton signed (a type of sign language) with 10 people. Some of the people we met had complex ways of communicating and was not able to tell us their experiences of the service so we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We observed staff supporting people. We also spoke with the registered manager, the deputy manager, and four staff.

We looked at two people's care and support records and other records about how the service was managed. This included three staffing recruitment records, audits, meeting minutes and quality assurance records.

The registered manager completed a Provider Information Return (PIR) in December 2016. 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. We also looked at incidents that they had notified us about. We also contacted commissioners and health and social care professionals who work with people using the service to obtain their views.

Following the inspection, the deputy manager sent us information about some people's best interests decisions.

Is the service safe?

Our findings

There were posters displayed in the communal and staff areas about how people and staff could report any allegations of abuse. The staff had all received safeguarding training as part of their induction and ongoing training. The registered manager had co-operated fully with the local authority safeguarding team during a safeguarding allegation and the investigation was unsubstantiated.

Since the last inspection a computerised medicines management system had been introduced. We reviewed the arrangements in place and the electronic records. People received their medicines as prescribed. Staff told us the system was safer and they felt confident following their training using the system.

At our last inspection we identified that the planning for people's PRN 'as needed' medicines was an area for improvement. At this inspection there were arrangements and plans in place for people's 'as needed' medicines. This included consulting with the person's GP in relation to administering any additional pain relief.

People had risk assessments and plans in place for: specific health conditions, access to activities at home and in the community, epilepsy management and behaviours that may require a positive response from staff. For example, there were positive behaviour support plans in place for three people who needed them. Staff were clear about the strategies to reassure people and how to positively support people's behaviours that presented challenges to themselves and others. Staff supported the people as described in their risk management plans. They positively supported the people and they were actively engaged and reassured by the staff who were supporting them throughout the inspection.

The registered and deputy manager told us that staffing was calculated on people's individual needs and they ensured that where people were funded for one to one this was provided. The registered and deputy manager were proactive in making sure those people whose support needs had changed had the one to one support they needed.

Each day staff were allocated to work with specific people. The registered and deputy manager planned the days so staff who were supporting people on a one to one basis did not support the individuals for more than four or five hours. This was to make sure the person benefitted from support from staff who were not tired.

There was a core staff team that was very stable and staff had worked at Talbot Woods Lodge for a number of years. There was a low turnover of staff. Managers and staff told us they did not use agency staff and that any staff shortages were covered by the staff team.

We reviewed three staff recruitment files. Recruitment practices were safe and that the relevant checks had been completed before staff worked with people in their homes. This made sure that people were protected as far as possible from individuals 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

Staff had the skills and knowledge to effectively support and care for people. Staff and managers completed core training, such as total communication, infection control, moving and handling, Mental Capacity Act 2005, epilepsy, safeguarding, fire safety, health and safety, autism and food hygiene. The registered and deputy managers included regular knowledge checks and quizzes during team meetings and one to one supervision sessions.

The deputy manager is an accredited trainer and had provided staff with dementia awareness, positive behaviour support and physical intervention training. Staff also completed the Care Certificate which is a nationally recognised induction standard. A staff member who was new to the care sector spoke very highly of the training and support they had received. They told us they were very well prepared to support people following their induction and the completion of the Care Certificate.

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.

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 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. We checked whether the service was working within the principles of the MCA.

The manager understood their responsibilities in regards to the Deprivation of Liberty Safeguards (DoLS). DoLS applications were correctly completed and submitted to the local authority. The manager had systems so they knew when people's DoLS expired and by what date they needed to make any new applications.

Staff had been trained in the Mental Capacity Act 2005, and the staff we spoke with had a good understanding about this and making decisions that were in people's best interests.

Mental capacity assessments and best interests decisions were in place for people in relation to specific decisions. For example, there was a best interests decision in place for one person's positive behaviour support plan. This had been agreed by the person's relative, staff and the registered and deputy managers. Health and social care professionals involved with the person had also been consulted but the deputy manager told us it was proving difficult to get a written response from the teams involved.

People were given choices in the way they wanted to be given their care and support. Their care plans included descriptions of how they made choices and gave their consent. Staff sought consent from people

before care and support was provided. For example, one person, who did not communicate verbally, was offered a hand massage from staff. Staff placed the cream on the person's hand and respected their wishes when they withdrew their hand. The staff waited until the person put their hand out for a massage.

People's nutritional needs were assessed, monitored and planned for. People were weighed monthly if they wanted to be 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. We observed staff supported this person with eating and drinking. Their fluids were thickened to the consistency described in their plan.

People were involved in menu planning and food shopping if they chose to be. Some people chose to help the housekeeper cooking the main meal. People prepared their sandwich lunches themselves before they went out in the mornings or at lunchtime with staff support. People helped themselves to drinks and snacks from the kitchen. Jugs of different cordials were available in the dining area so people could help themselves.

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.

Is the service caring?

Our findings

There was a calm relaxed and friendly atmosphere in the house. We saw good interactions between staff and people. They were chatting, laughing and smiling with each other and this showed us they enjoyed each other's company.

Staff were genuinely caring and compassionate. Staff reassured and comforted one person who unexpectedly became upset. They listened as to why the person was upset and comforted and reassured them with a hug when the person reached out to them.

People told us and Makaton signed they liked staff and they were friendly. People and staff had positive relationships and there was a family feel to the house. Staff all spoke fondly of the people they supported and the family atmosphere at the home.

Feedback from relatives via a national care home review website included; 'I always receive a warm and friendly welcome from staff when I visit', 'I am happy with the care my son receives...The staff are helpful and friendly', 'I like the staff they are always welcoming at the front door and friendly', and 'I always receive a friendly welcome when I visit my son. The staff are lovely and helpful.'

People's independence was promoted and they were encouraged to participate in things around the home. Some people helped with taking their laundry down to the utility room and putting away their clothes. Other people like to help with preparing food and drinks and household cleaning. There was a small allotment in the garden and people who were interested helped with planting, growing and picking the produce. There was a positive focus on maintaining people's independence with their mobility. Staff had continued to encourage one person to walk short distances and transfer using their walking frame following a deterioration in their mobility due to a health condition. Staff also supported this person to eat their meal independently. They gently placed their hand over the person's hand so they could grasp their moulded spoon and feed themselves.

We observed staff were respectful of people's privacy. They knocked on people's bedroom doors and asked people's permission before unlocking and looking at any information on their computer tablets. 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.

Is the service responsive?

Our findings

During the inspection all of our observations showed us that staff were responsive to people's needs. Staff responded to people's verbal and non-verbal gestures and communication. There was a core stable staff group and staff we spoke with had a good understanding of people, their lifestyle preferences and the way they liked to be cared for. They were very knowledgeable about people's communication and were able to explain how people who communicated differently let them know if they wanted anything. Staff used Makaton signing when communicating with people.

Staff explained things to people that was reassuring and easy to understand. For example, one person was going to see the learning disability team for their latest dementia assessment. The deputy manager explained they were going to see the nurse and they were all going to do some fun games together to see what they could remember. The person was reassured by this and looked forward to the appointment. On their return they told us and Makaton signed they had fun at the appointment and they had ice cream afterwards.

People had their needs assessed and from this a written care plan was produced. This written plan detailed how staff were to provide care and support to the person. People's care plans were reviewed monthly. In addition each person had an annual review. Where people were not fully able to participate in these reviews their family members, representatives or advocates were invited and consulted. One person had a review the morning for the first day of inspection and told us what they had discussed during the meeting.

People's care records included their life history, important relationships, how they communicated their strengths, things they enjoyed and things they didn't like. People's care plans were personalised and focused on them as individuals. People's support was planned proactively and in partnership with them.

People's life history and ongoing life story work supported by pictures, photographs, music and videos were stored on their computer tablets. This meant people could easily access this information. Staff had a good understanding of the people's life history and their personal preferences and how this information was used to plan their care and support.

When people's needs changed the staff at the home had been very responsive, person centred and proactive. For example, two people were living with early onset dementia. Managers had referred to appropriate health professionals as soon as they noticed people's needs changed. They had used their knowledge of the people and their life histories/interests to support them on a one to one basis rather than consider the use of medications. For other people there was an acknowledgement that people were growing older and less physically able to participate in things such as rambling. As people still enjoyed walking staff supported people to walk at their pace around the local park.

People were supported to take part in activities they enjoyed both in the home and in the community. Whilst in the house people chose to spend where and how to spend their time.

Since the last inspection we observed that people were using their computer tablets and technology much more as part of their day to day lives. They sat with staff and told staff what they wanted recorded about their day and what photos they wanted to take to add to their daily notes. People used their computer tablets to look at their photographs, play games, watch music videos and to connect to the television if they wanted to look at what they were doing on a large screen.

People said and Makaton signed they would talk to staff if they were worried about anything. There was a written and pictorial complaints procedure and each person's communication plan included details as to how they would let staff know if they were unhappy or worried. The registered manager told us that they encouraged people, relatives or representatives to raise any concerns on behalf of people and they were able to address their concerns satisfactorily. There had not been any complaints received since the last inspection.

Is the service well-led?

Our findings

The registered manager was also one of the 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.

People were involved and consulted about important matters at the home. There were resident meetings and surveys were completed with people and their representatives. All of the feedback and responses to the surveys were positive.

There were 16 positive responses from people's relatives that had been left on a national care home review website. They all rated how well led the home was as 'excellent' and all of them would recommend the home to others. The home had received an award from the website for being in the top 20 care homes in the South West in 2017.

There was a clear stable management structure and team at the home. The registered manager was supported by a deputy manager and seniors. Staff were involved, consulted and contributed to how the home was run. Staff told us they could approach managers with anything and they were always available to discuss anything with them. They said managers always listened, valued their contributions and acted on what they said.

The registered manager conducted staff exit interviews whenever staff left the home. This was so they could review and learn from any of the staff's reasons for leaving. Staff who had left the home to work in other services had later returned to work at Talbot Woods Lodge.

The registered manager took action in response to any feedback from commissioners. Any actions identified in any contract monitoring reports were addressed immediately. We received positive feedback from commissioners about the home and they told us that they home worked very well with them.

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. The registered manager told us the new computerised medicines system had assisted with reviewing the circumstances of an 'as needed' medicines and helped to cross reference with any incident records.

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 manager reviewed and summarised these on a monthly basis. There were at least two compliments about the quality of care, the qualities of the staff and service provided each month since the last inspection. The registered and deputy manager and staff told us these compliments 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. Any relevant articles or learning were shared with staff at handovers and staff meetings. For example, the week of the inspection there was an article about another care home providing inadequate care that had closed. The registered manager had printed out the report and shared this with staff.

The provider had signed up to the Department of Health's Social Care Commitment. The social care commitment is the adult social care sector's promise to provide people who need care and support with high quality services. As an employer they have committed to; recruit staff who care, provide thorough induction training, help staff develop the skills they need, make sure staff understand safety and quality standards, take responsibility for how staff work, supervise staff, support staff to put their commitment into practice every day. In addition employees also have responsibilities to work responsibly, uphold dignity, work co-operatively, communicate effectively, protect privacy, continue to learn and treat people fairly. These commitments were reviewed during staff meetings and staff supervisions.

The registered manager told us they were very proud that the people saw Talbot Woods Lodge as their home and they provided people with person centred care that was not institutionalised. The staff put the people they supported first and they had improved people's life experiences. The people and staff had embraced technology and were using their computer tablets on a daily basis.

The managers notified us of any significant events as required by the regulations.

The CQC rating was displayed in the hallway of the home as required and there was a link to the inspection report and rating on the home's website.