

Grov Limited

Talbot House Nursing Home

Inspection report

28-30 Talbot Street
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Ratings

Overall rating for this service

Requires Improvement



Is the service safe?

Good



Is the service effective?

Requires Improvement



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Requires Improvement



Overall summary

This inspection took place on the 1 April 2015 and was unannounced. At our previous inspection in April 2014 we found that the provider did not have systems in place to effectively monitor and assess the quality of service being delivered.

The Service provided accommodation and nursing care for up to 25 people. At the time of this inspection 20 people were using the service.

There was a registered manager in place. 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 Mental Capacity Act 2005 (MCA) is designed to protect people who cannot make decisions for themselves or lack the mental capacity to do so. The Deprivation of Liberty Safeguards are part of the MCA. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom. Some people were

Summary of findings

being restricted of their liberty through the use of bedrails and by being restricted to their rooms. Referrals had not been made to ensure that people were being restricted lawfully.

Although some improvements had been made in ensuring a quality service was maintained further improvements were required. Staff told us that they would benefit from more training and they required further personal development.

People were protected from the risk of abuse from sufficient numbers of staff. The manager and staff knew what constituted abuse and who to report it to.

People had access to a range of health care professionals and were supported by staff to attend health care appointments. Nutritional needs were catered for. People were supported to maintain a healthy diet that met their individual assessed dietary needs.

Assessments were carried out prior to a person being admitted into the service to ensure their individual needs could be met. If a person's needs changed the manager acted to ensure the appropriate support was gained and that the service still met the person's needs.

People were encouraged to engage in their chosen hobby or interest. People were happy with the opportunities available to them and were asked their opinion of them. People knew how and to whom they should complain. They had confidence that the manager would act to investigate their concerns.

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. Staff knew what to do if they suspected a person using the service had been abused. People were kept safe from harm as staff followed people's individual risk assessments.

There were sufficient numbers of staff to keep people safe. People's medicines were managed safely.

Good



Is the service effective?

The service was not consistently effective. The provider did not follow the principles of the MCA and DoLS and ensure that people were not being restricted of their liberty. Staff felt they required more training to fulfil their role.

People's health care needs were met and they were supported to maintain a healthy diet.

Requires Improvement



Is the service caring?

The service was caring. People were treated with dignity and respect and their privacy was maintained. Staff and people who used the service had positive relationships. Relatives and friends were encouraged to visit at any time.

Good



Is the service responsive?

The service was responsive. People's needs were assessed and care plans were in place which identified how to best meet their needs. People were offered opportunities to be involved in hobbies and interests of their choice.

People knew how to complain and felt that they were listened to.

Good



Is the service well-led?

The service was not consistently well led. The manager did not have systems in place to ensure staff felt supported and a continuous improvement in staff performance was maintained. Records were not maintained to ensure that the quality of the service was being monitored.

The manager was respected by people who used the service, staff and relatives.

Requires Improvement



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 took place on the 1 April 2015 and was unannounced.

The inspection was carried out by two inspectors.

We looked at the information we held about the service. This included notifications of significant events that the manager had sent us, safeguarding concerns and previous inspection reports.

We spoke with eight people who used the service and observed their care. We spoke with the manager, five members of staff and two visiting health professionals. We looked at five care records, two staff recruitment files and the manager's quality monitoring audits. These records helped us understand how the provider responded and acted on issues related to the care and welfare of people and monitored the quality of the service.

We spoke with three sets of relatives of people who used the service to gain their views.

Is the service safe?

Our findings

People who used the service were protected from the risk of abuse. Staff we spoke to knew what to do if they suspected a person who used the service may have been abused. One staff member told us: “I would report it to the nurse or matron”, another member of staff said: “I was reading about this in the staff room the other day there are leaflets about it in there”. We had previously been made aware of safeguarding referrals made by the manager and that they had cooperated with the investigations.

Staff knew people well and knew the risks to people, such as people who were at risk of developing sore skin or who had specific allergies. We saw it was recorded on one person’s care plan that they were allergic to jelly. We noted that jelly was on the day’s menu; we checked and saw that the person had been offered an alternative.

People told us that although occasionally they had to wait when they requested support they felt there were enough staff to meet their needs. We observed two people request support to use the toilet and saw that staff came as quickly as they were able to. Staff worked in two’s when people’s mobility required them to and staff supported them according to people’s individual assessed needs. We saw that equipment used to support people such as hoists was well maintained and had been recently checked for its safety. We observed that staff used the equipment correctly when supporting people.

People had personal evacuation plans to inform staff how much support they required if they needed to evacuate the building in an emergency such as a fire. There was a staff member designated to fire safety. They informed us that staff knew what to do in the event of a real emergency as they had practiced when there had been false alarms. Regular fire maintenance checks took place, and the manager told us that all the fire detectors had recently been upgraded to ensure they were safe for use.

People’s medication was managed safely. The trained nurses administered medication and we saw that their competency was regularly assessed. Medicines were stored securely in a clinical room, medicines were dated when opened and controlled drugs were managed as per protocol. The nurses administered people’s medicines one person at a time to ensure that the process was well organised. People’s photographs were attached to their individual medicine records with a list of any known allergies to ensure that the nurses could visibly clarify whose medicine it was when administering.

The registered manager told us that they only offered people a service if they were absolutely sure they would be able to meet their needs. If people’s needs changed and the staff and manager felt they no longer could safely meet their needs, the manager told us that they would seek support for the person to be accommodated at a service that could meet their needs. This meant that safe care was being provided that met people’s individual needs.

Is the service effective?

Our findings

Some people who used the service lacked the capacity to make decisions for themselves due to the fact they were living with dementia. The Mental Capacity Act 2005 (MCA) is designed to protect people who cannot make decisions for themselves or lack the mental capacity to do so. The Deprivation of Liberty Safeguards are part of the MCA. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom.

We saw that several people who lacked capacity were being cared for in bed which had bed rails on, we saw that these bed rails had been assessed for their use. We saw one person had their legs over the bed rails on numerous occasions trying to get out of bed. We asked the manager if this person ever came out of their bed and we were informed they did not as they were at high risk of falls and if they were sat in a chair it would be unsafe for them. There had been no best interest discussion with the person's representatives and no consideration as to whether this person was being restricted of their liberty through the use of the DoLS procedure.

Another person was sat in a recliner chair which stopped them from being able to get out of it. They too had been assessed as being at high risk of falls. Although there was a risk assessment in place for the use of the chair no discussion or consideration had been made as to whether this person was being deprived of their liberty of being able to move. These people were at risk of being unlawfully restricted.

These issues constituted a breach of Regulation 13 of The Health and Social Care Act 2008 (Regulated Activities) 2014.

Staff told us that they felt they would benefit from more regular training and would like the opportunity to develop their skills. Staff had not received training in MCA and DoLS and when we spoke with them did not recognise that people who lacked capacity may be being deprived of their liberty. We were told that most staff had received all core training including safeguarding and moving and handling although newer staff had not. The manager was unable to show us that staff had received training which would help them fulfil their role and recognised this was an area that required improvement.

People's nutritional needs were met. We saw that drinks were available throughout the service. Jugs of fresh juice were in each living area and staff offered people regular refreshments throughout the day. Some people required special diets such as a pureed diet. We saw that staff knew what people required and that they were offered what they had been assessed as requiring. Staff followed the recommendations from the speech and language therapist (SALT). For example, we saw one person was being trialled with a fork mash able diet as instructed by the SALT due to having swallowing difficulties.

One person told us: "I have only been here three months and I have seen the GP twice". Another person said: "If you're not well they look after you here". We saw that people received support from other health professionals when required. Records showed that people saw their GP, optician, podiatrist, physiotherapist, speech and language nurse and tissue viability nurses. On the day of the inspection we spoke to two visiting health professionals who both told us that the staff were always helpful and followed any recommendations they left for them. One professional said: "The staff are more than helpful".

Is the service caring?

Our findings

People in one lounge sat chatting between themselves and they knew each other well. One person told us that friendships had been made and other people had known each other from the local community prior to their admission. There was a friendly, homely atmosphere at the service. One person who used the service told us: “The carers and the nursing staff are caring and lovely, helpful and thoughtful. We can have visitors at any time and we can go into the garden when the weather improves. There is always plenty to do and the food is good”.

Staff and people who used the service had positive relationships. We observed that staff treated people with dignity and respect. One person said to a carer who was supporting them: “I am glad you are my carer”. People were supported discreetly when they required support with their personal care needs. Staff spoke quietly to people so as not to alert other people to what was happening.

Everyone had their own room or shared a room. One person told us that they had been informed that the only

available room was a shared room prior to them agreeing to use the service. We saw that rooms had been decorated and personalised to meet people’s individual preferences. Family photographs and memorabilia had been placed in people’s rooms. Some people were being cared for in bed and we saw that some bedroom doors were left open. We saw that privacy curtains were provided to protect people from compromising their dignity especially when they shared a room. We saw that people looked comfortable in bed, with pillows for support and clean matching duvets and pillow covers.

Visitors were free to visit when they wished to. A visitor told us: “It’s lovely atmosphere here I wouldn’t hesitate to recommend this place if anyone needed care”. One person who used the service told us that their partner visited every Sunday and had lunch with them. The manager told us that relatives were encouraged to spend as much time as they wanted with people. They told us that one person had recently passed away and the manager and staff supported their relative to be able to spend as much time with them as they wanted to until the end, this included them staying overnight at the service.

Is the service responsive?

Our findings

People who used the service were offered care that met their individual needs. People told us they were able to get up and go to bed when they liked. One person said: “The staff ask me if I am ready for bed, but if I’m watching something on TV, that’s fine, they come back later when I ask them”. Another person told us: “I like to get up at 7.30am and then they take me to the dining room where I have my breakfast, I don’t have to wait”.

We saw that people had their personal belongings with them in the lounge area such as books, papers, bags and personal items. Several people were waiting for the hairdresser. One person told us: “I always feel better when my hair is done, I like to look nice”. We observed that this person had been supported to dress smartly and was wearing jewellery which they told us they had chosen to wear that day.

People told us about the range of hobbies and activities they were offered. One person told us: “[The activity person] asks us what we would like to do, we have done all the pictures for Easter, we do exercises and something every day, we have a lot of fun”. We observed people talking amongst themselves about their interests and when the activity staff member came on duty, one person asked

them: “What is on offer today?” People looked forward to getting involved with something they enjoyed every day and the activities on offer were based on people’s preferences

We saw that when people’s health care needs changed such as an infection, there was a short term care plan put in place to ensure that the person’s current needs were being met. We saw one person complain of pain, the nurses offered them pain relief but they refused. The person was offered the opportunity to lie down and rest, to which they accepted. Staff came and supported this person quickly and respectfully by taking them to their bedroom for a rest.

Nursing and care staff had a handover at the beginning of every shift to discuss how people were and if they had any changes in their plan of care. People’s care plans were reviewed monthly to ensure that the information was relevant to the person’s needs.

One person told us that they had resident meetings. They told us that the activities staff member coordinated them. People told us if they had any concerns they would speak to the nurse in charge or the matron [manager] or bring it up in their meeting. People told us that they felt that if they had any complaints they would be listened to and dealt with by staff or the manager.

Is the service well-led?

Our findings

At our previous inspection in April 2014 the provider had been in breach of Regulation 10 of The Health and Social Care Act 2008 (Regulated Activities) 2010 which corresponds with Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) 2014. The provider had sent us an action plan telling us how they planned to improve. The manager told us that they had been working as a nurse in charge due to recent staffing difficulties. This meant that they had been unable to do as much towards good governance systems and training as they would have liked to.

Staff told us that they would like more training and to refresh the training they had previously undertaken. The manager did not keep a training record of who had completed what training. A member of staff told us: “I want more training, we get complacent if we don’t get regular updates and refreshers, and things are changing all the time”. Staff had identified lack of training at previous inspections. Although the provider had made some improvements and they were no longer in breach of Regulation 17, they still required improvement to ensure systems were in place to continually monitor the quality of the service and ensure that staff were supported to fulfil their role through regular training up dates.

People who used the service, staff and relatives told us that they respected the manager. One staff member told us: “The manager has fostered a concept of caring here, it’s a lovely place to work”. Another staff member told us: “I have no concerns, it is one of the best organised homes I have worked in, and all information is easy to find we know where everything is and where to find it”.

All the staff we spoke to told us they knew how and would be supported if they needed to whistle blow about a colleague if they suspected abuse and they would be able to do so with no repercussions. This meant that people would be protected from harm or abuse.

We saw that following a recent pharmacy audit, the manager had followed their recommendations by ensuring that an up to date photograph of each person was available to the nurses. This was to ensure that the right person received the correct medication.

The service had recently had an infectious outbreak. The manager had contacted the relevant agencies and staff we spoke to confirmed that the appropriate measures were put in place to prevent the spread of infection. The manager had notified us of this and other significant events.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment

Service users must be protected from abuse and improper treatment.