

Livability

Talbot Manor

Inspection report

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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

We carried out this unannounced inspection on 5 and 12 July 2016. Talbot Manor provides accommodation and support for up to 12 adults with physical disabilities. At the time of the inspection 12 people lived at the home. Talbot Manor also provides a domiciliary service for some adults with physical disabilities living in nearby supported accommodation.

Talbot Manor had a registered manager. 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. At the time of the inspection the registered manager was not available and we were supported by the deputy manager.

People told us they liked living at the home and never got bored. One person said, "It's very lively, we all get on". We asked another person about living at Talbot Manor and they said, "I am happy". A member of staff told us Talbot Manor was, "Very homely".

There were effective systems in place to make sure people received safe care and support. Staff had a good understanding of the risks of abuse, medicines were managed safely and recruitment was robust.

People received effective care because staff had received the right training and support and knew people well including their likes and preferences.

Staff had an outstanding caring philosophy that reflected the organisational values. Staff went 'the extra mile' to make sure people were valued and empowered to lead full and happy lives.

People told us staff responded to their needs promptly. People's records provided staff with detailed and accurate guidance on how people wanted or needed to be supported.

The service was well led. The management team received very positive feedback from people, staff and other organisations they worked in partnership with. There were systems in place to check people received safe, effective, caring and responsive support.

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 protected against the risks of potential abuse because staff had the knowledge and confidence to identify safeguarding concerns and act on them to keep people safe.

People told us there were sufficient staff on duty and robust recruitment meant that staff employed were suitable to work with vulnerable adults.

People were supported to know how to respond in an emergency. They had fire training and told us about the action they would take. There was pictorial fire information displayed within the home.

Is the service effective?

Good ●

The service was effective.

People were supported by sufficient staff with the right skills and knowledge to meet their individual needs.

The environment had been fully adapted to ensure people who lived at the home could be as independent as possible.

Is the service caring?

Good ●

The service was caring.

People and staff had good relationships and people told us the staff were kind, friendly and respectful.

Staff went 'the extra mile' to make sure people were happy, empowered and independent.

People told us they liked their bedrooms and the bedrooms we saw were highly personalised and decorated to their taste.

Is the service responsive?

Good ●

The service was responsive.

People had care plans that provided staff with detailed guidance on how they wanted or needed to be supported.

People participated in a range of activities that they enjoyed.

There was an effective complaints system.

Is the service well-led?

Good ●

The service was well led.

People were supported to express their views and the home acted upon these to make sure the service continuously looked for improvements.

The home had systems in place to ensure the service it provided was safe, effective, caring and responsive.

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 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 5 and 12 July 2016 and was unannounced. One inspector visited the service on both days of the inspection.

We met most of the people living at the home; we spoke with four people who lived at the service and a further two people who were supported to live independently in their own homes. We also spoke with 10 staff members including the deputy manager and two visiting healthcare professionals.

We looked at aspects of nine people's care and support records. These included Medicine Administration Records (MAR) and care plans, reviews and risk assessments. We also looked at documents relating to the overall management of the home including staff recruitment, training and supervision records, and audits and maintenance records.

Before our inspection, we reviewed the information we held about the service including the Provider Information Return (PIR), which the provider completed before the inspection. 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 looked at information about incidents the provider had notified us of, and information from the local authority.

Is the service safe?

Our findings

People told us they felt safe living at Talbot Manor.

People were protected against the risks of potential abuse. Staff recognised signs of abuse and understood what to do if they were worried or concerned about someone.

People involved in accidents and incidents were supported to stay safe and action had been taken to prevent further injury or harm. Staff recorded accidents and incidents and the management team investigated these and monitored them for patterns or trends. For example, one person had been having falls in the bathroom. On investigation staff found the person felt unsafe using their bathing equipment. They involved an occupational therapist, who adapted the equipment. This ensured the individual could bathe and shower safely. Another person used a hydrotherapy pool and there was a detailed risk assessment and pictorial guidance for staff to make sure the individual stayed safe.

People were kept safe from the risk of emergencies in the home. Each individual had a personal evacuation plan in the event of a fire and people told us about their fire training and what they needed to do, such as evacuating the building, in the event of a fire. There was also emergency information for staff including telephone numbers that they might need to access quickly.

People were involved in recruitment and were part of the interview panel. They told us there were enough staff on duty. Staff confirmed this and we observed that staff were unhurried and relaxed with people. Staff recruitment records showed recruitment practices were safe and that the relevant employment checks, such as criminal records checks, proof of identity, right to work in the United Kingdom and appropriate references had been completed before staff began working at the home.

Medicines were managed so that people received them safely. Medicines were securely stored in lockable cabinets and the medication administration records (MAR) were well maintained with no gaps. Any known allergies were highlighted and a photo of the individual concerned was kept with people's MAR charts so that staff could identify people correctly and make sure they were not given any medicine to which they could have an adverse reaction. Some people were prescribed 'as required' medicines to manage pain. Records showed how people would present if they were experiencing pain and provided staff with guidance on what they should do. Unused medicines were taken to the pharmacist for disposal. Staff had been trained in administering medicines and the home had a system in place to check periodically their competence to administer medicines.

Is the service effective?

Our findings

People spoke positively about staff and told us they were skilled to meet their needs. Comments included: "[Staff member] helps me" and, "They are really good, they help and when we ask for advice they advise us".

People received individualised care from staff who had the skills, knowledge and understanding needed to carry out their roles. All the staff we spoke with said they were supported by thorough training with one commenting, "It's really good". The training matrix showed what training staff had undertaken and when refreshers or updates were required. Training covered a range of subjects and was pertinent to the people who lived at the home.

One newly employed member of staff told us about their induction which was comprehensive and included a mixture of on-line and face to face training in addition to shadowing experienced members of the team. They had a mentor who was another member of staff they could go to for advice or guidance and they said, "I have been really impressed with it". Another fairly new member of staff reflected on their induction telling us, "There is a very good induction with lots of shadowing. There is good support and they do a lot of courses".

People were supported by staff who had supervisions (one to one meetings) with their line manager. Staff told us supervisions were carried out regularly and enabled them to discuss any training needs or concerns they had. Staff also told us they could get informal advice or guidance whenever they needed to. Annual appraisals were in place. Staff told us they felt well supported by the managers and each other. One said, "We are a team and we help each other".

People were able to make their own choices and decisions about their care. We observed that people were constantly offered choices, such as what to do, where to go, or what to eat and drink, and staff acted on their decisions. People's permission was sought verbally and we also saw examples in care plans and reviews where people had signed to say they agreed to their planned care. We discussed other requirements of the Mental Capacity Act (MCA) with the deputy manager, who acknowledged that further work was required. Staff had begun to complete mental capacity assessments and best interests decisions for people who lacked capacity to consent to specific decisions. The deputy manager acknowledged further work was required to make sure staff were supported to work in accordance with the MCA.

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 the Deprivation of Liberty Safeguards (DoLS). Staff had made appropriate applications where they felt people may be deprived of their liberty. There was also a system to monitor whether applications had been granted and whether any conditions on authorisations to deprive a person of their liberty were being met.

The home was fully accessible for people who lived there. There was level access to the building and internally the home was fully adapted for wheelchair users. For example, light switches were situated

correctly and bathrooms had adapted baths and showers with overhead hoists. There were two kitchens, both of which had surfaces, sinks and cookers at wheelchair height. A planned programme of maintenance and refurbishment was in place. Since the last inspection some people's bedrooms and the living room had been redecorated, including new flooring. The kitchen had been fully refurbished. All the décor and design of the newly refurbished areas had been chosen by people who lived at the home. We asked one person their opinion of the kitchen and they said, "I like it".

People told us they liked the food and were able to make choices about what they had to eat. One person showed us the menu book where they chose what they wanted to eat and another person told us about the types of food they liked and how staff ensured they were available. They said there was, "Lots of choice". A third person said, "There is always a variety". The kitchen had been designed so that people could get their breakfast independently. Fresh fruit and soft drinks included water were readily available.

People were supported to access the community and engage in activities they wanted to do. One person told us there was, "Loads of stuff going on" and another person said, "We go out, I never get bored". A third person told us they liked watching films. This was reflected in their care plan and we saw they were watching a film during the inspection. One person's care plan said they had their nails done on a specific day of the week. When we chatted with us they said they were going to have their nails done after our discussion.

People told us staff helped them access the healthcare services they needed. One person said, "They are really supportive" and another person said staff responded quickly when they needed to see a GP. Records confirmed people had been supported to see a range of primary and secondary healthcare professionals. We spoke with two healthcare professionals on one day of the inspection. They told us that the home sought advice quickly and always followed their guidance. One said, "They always ring if there is a problem, I find them very good".

Is the service caring?

Our findings

People told us staff were exceptionally caring and kind. One person said, "They make sure everyone is alright" and, "I like it here - we are like a family". We asked another person what the best thing about living at Talbot Manor was and they told us, "Everything". A third person said the best thing about Talbot Manor was, "Being with my friends". A number of people and staff commented on the caring attitudes of the management team. One member of staff said, "They are so kind, they really care about the clients".

The relationships between staff and people receiving support demonstrated outstanding dignity and respect at all times. People told us about how staff sought their permission before helping them and observations showed that staff were very respectful and focussed on people's strengths. Staff and people placed an emphasis on dignity, care and support for one another. For example, staff and people had developed a 'dignity tree' that had become a piece of artwork in the communal hall. Individuals and staff had written on the wooden leaves what dignity meant to them.

Staff were motivated to offer kind, compassionate and creative care, and were determined to find ways of overcoming obstacles to achieving this. People told us they were extremely happy with the care they received. One person wanted to visit some friends and talked this through with a member of staff. They arranged a day and time the staff member could support them and said that if a car wasn't free they would walk there together, so long as the person didn't go too fast in their electric wheelchair. This person wanted to talk with us, but was apprehensive. Staff supported them so they felt more confident and at the person's request, took notes of our discussion so the person had their own record. Another person told us about how the staff and managers had increased their confidence. They told us about some of the things they had been doing and said that this resulted from staff, "Encouraging me to do things". Another person wanted to write a note to a friend and a staff member immediately helped them to do so. The interactions we observed showed staff knew people very well and had positive and caring relationships. One person told us about how staff supported them when they felt upset and a member of staff told us, "We are here to listen". This all showed how the person centred culture was exceptional at helping people to express their views and live the lives they wanted to.

Staff knew, understood and responded to each person's diverse cultural, gender and spiritual needs in a caring and compassionate way. One person who lived at the home did not have English as their first language. When they spoke with us a member of staff acted as their translator. They told us that staff had found a church that met their religious needs and provided services in their language. This had meant a lot to the individual. Staff also told us they had arranged for a priest to visit with the person on a regular basis.

People's wishes and preferences were followed and staff respected their privacy. One person had a poster on their bedroom door telling staff to knock before entering and come back later if the person did not answer or was busy. We saw this guidance was reflected in their care plan. We asked the individual about this and they told us staff always followed their guidance and never entered their bedroom until they were invited. They told us how important this was to them. People also told us they liked their bedrooms, one person said, "My bedroom is very nice" and the bedrooms we saw were highly personalised and decorated

to their taste.

People and their relatives were given support when making decisions about their preferences for end of life care. One person's care plan provided detailed guidance on an individual's last wishes including their choice of service, what songs they wanted and what they wanted to happen with their personal belongings, including things that were special to them.

Is the service responsive?

Our findings

People told us staff responded promptly to their needs or requests for assistance. One person said, "They are really, really helpful".

Before people moved to the home thorough assessments were carried out so that staff knew how the person wanted or needed to be supported and were confident they had the right skills, equipment and expertise.

From these assessments people and staff formulated care plans to identify the support people needed. These were easy to read and comprehensive covering areas such as personal care and dressing, health, night-time needs, continence, moving and handling and emotional needs.

Some people who lived at the home had complex healthcare needs and conditions. There was guidance for staff in their care plan to make sure staff understood the condition and how they could best help or support the person.

Staff had started a new system of helping people to identify and reach their individual goals. People pictorially self assessed where they felt they sat in a number of areas including happiness, health, safety and independence. Staff helped them work out what they wanted to do in areas where they had not given a high score. A member of staff told us, "It's a complete change in attitude and it's a visual thing so service users can see how they want to move on in their life". For example, we saw how one person wanted to make a cup of tea for themselves and their friends and another person wanted to use their former skills as a painter. They had goals that reflected their wishes. Tasks had been broken down to help them understand what and how they needed to learn in order to achieve their goal. People had monthly reviews of their care and support with their key worker. This gave them the opportunity to make changes to their plan, review their goals or healthcare needs and talk about other things they wanted to do.

Handover between staff at the start of each shift ensured that important information was shared, acted upon where necessary and recorded to ensure people's progress was monitored. Staff told us communication within the home was effective through these daily handovers, which they said provided them with thorough updates on people and any help they needed on that day.

People told us about the activities they took part in. One person told us about their computer. They had internet access and were able to email the people they wanted to.

People told us staff listened to them and acted on any concerns or complaints they had. The service had a complaints policy and procedure and people and staff discussed concerns or complaints at their monthly resident meetings. We looked at the complaints received by the service and found they had been investigated and resolved in accordance with the organisational policy.

Is the service well-led?

Our findings

People and those important to them had opportunities to feedback their views about the home and quality of the service they received. Resident meetings were held monthly and covered areas such as meals, staff and activities. People could also talk about any news they had and there was a specific section to talk about raising concerns and external organisations people could approach if they were not happy about something with the service. The service also sought feedback from people through an annual quality assurance questionnaire. The results had been analysed and showed very positive feedback from people who used the service.

People were supported to be as independent as possible because the management team and staff had an enabling culture at the heart of their work with people. Staff talked to us about this and one said, "You are enabling them to run as normal a life as they can". The inclusive culture of the service was evidenced through staff meetings which provided staff opportunities to discuss their concerns or suggestions but also explored the organisations culture and values and enhancing the keyworker role.

The deputy manager told us they had an open door policy and staff confirmed this saying, "They always listen to us" and, "They try to make this place better for residents, I feel like we are a family here" and, "They are the best management I have ever had". People confirmed that managers had an open door policy and said they were, "Really nice", "Interested" and, "They will always listen".

The service worked in partnership with a housing provider to provide their domiciliary care. Staff from the housing association spoke with us and told us communication was quick and extremely effective. They said, "We support each other which ensures joined up working".

There were a variety of checks and audits in place so that the home knew the service they offered was safe, effective, caring and responsive. Where changes were required as a result of audit findings these happened to ensure the service continually improved the quality of service people received.