

Grov Limited

Talbot House Care Home

Inspection report

28-30 Talbot Street
Rugeley
Staffordshire
WS15 2EG

Tel: 01889570527

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Talbot House Care Home is a care home providing personal care for up to 25 people. At the time of our inspection 11 people were living in the home. Since our last inspection the home has changed from a nursing home to a care home. People have access to their own bedroom along with communal spaces including lounges and gardens.

People's experience of using this service and what we found

People were not always supported to have maximum choice and control of their lives and staff did not always support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice. Although the system in place to monitor the home had improvements, further improvements were needed to ensure they were more robust.

Although we saw there were enough staff available, both people and staff felt they could benefit from some more. Further details were needed to 'when required' protocols to ensure staff had all the information needed.

The home was also tired and dated and some areas were in need of refurbishment.

We saw an improving picture in the home and people felt safe living there. Staff had received training since our last inspection and had the skills and knowledge to support people. Individual risks to people were considered and reviewed. There were systems in place to ensure safeguarding concerns were investigated and reported appropriately.

There were procedures in place to manage infection control and staff ensured all personal protective equipment was worn correctly.

People were supported by health professionals when needed and the advice given was followed by the staff in the home. People enjoyed the food and were offered a choice. When needed they were offered support and received a diet in line with their individual needs.

There was evidence that lessons were learned when things went wrong, there were now more audits taking place and the environment was also monitored. An incident and accident analysis had also been introduced to help drive improvements.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was inadequate (published 22 December 2021) and there were breaches of regulations.

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found the provider remained in breach of regulations.

This service has been in Special Measures since 19 January 2021. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

You can see what action we have asked the provider to take at the end of this full report.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection. You can see what action we have asked the provider to take at the end of this full report.

The overall rating for the service has changed from inadequate to requires improvement based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Talbot House Care Home on our website at www.cqc.org.uk.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection.

We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to Regulation 11 (Need for consent).

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 not always safe.
Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.
Details are in our effective findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.
Details are in our well-led findings below.

Requires Improvement ●

Talbot House Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by one inspector and an Expert by Experience.

An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Talbot House Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was not a registered manager in post. A new manager had started working in the home two days prior to our inspection.

Notice of inspection

The inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since our last inspection. We also gathered feedback from the local authority.

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

During the inspection

During our inspection we spoke with the manager, senior care staff who had been acting as manager and the area manager. We also spoke with nine people living in the home. We looked at the care records for six people. We checked that the care they received matched the information in their records. We looked at records relating to the management of the service, including audits carried out within the home.

After the inspection

We continue to review the information we held about the service, including the action plan the manager sent to us.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question inadequate. The rating for this key question has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

At our last inspection the provider had failed to ensure safe care and treatment was delivered and that risks to people were assessed and mitigated. The premises were not always safe, and medicines were not always managed safely. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

Using medicines safely

- 'As required' medicines protocols were now in place. Some protocols needed further development. For example, one person was prescribed medicines for bowel management. There was no guidance stating after how many days this person may need this, however there was guidance showing how this person may present when needing it. Staff we spoke with were aware when the person may need this medicine. The manager told us they would review these protocols.
- We also found some minor discrepancies with stock checks of medicines. When people had received 'as required' medicines, staff had not always completed the paperwork correctly and this showed inaccurate totals. We found the stock was accurate and that people had received these medicines as prescribed.
- Topical creams were now stored in locked cupboards in people's bedrooms. When opened, staff told us these were dated, to ensure they were safe to administer. There were individual charts for creams in people's rooms to ensure people received these as prescribed and it was documented when they had received them.
- Staff had received training and a competency check before administering medicines and people were happy with how these were administered. One person said, "Carers look after my medicines and I have no concerns."

Assessing risk, safety monitoring and management

- At our last inspection we found people were not always protected from environmental risks. At this inspection we found improvements had been made. A legionella risk assessment and fire risk assessment had been recently completed and recommendations on this were being followed. For example, flushes to water systems that were not in use, were monitored and recorded.
- Areas of the home that were not locked and were previously a risk, exposing people to potential harm, were now locked to ensure people were safe.
- People raised no concerns around safety and felt safe being supported by the staff. One person said, "I am very happy here and feel safe. I can do a lot for myself but it's nice to have help and people around."

- Individual risks to people were assessed and monitored, including any health needs. When people had individual needs, such as diabetes or a risk of aspiration, care plans and risk assessment were in place which reflected the advice of professionals such as speech and language therapist (SALT). We saw people were supported in line with this guidance and staff were aware of their needs.

Staffing and recruitment

- We saw there were enough staff available to support people during our inspection. People and staff felt they would benefit from more staff as on occasion they needed to wait for support. One person said, "I do speak up sometimes for other people as there are times when there are not enough staff around and other people are asking for things." A staff member told us, "There are enough staff if everything runs smoothly, however if we get distracted by one person sometimes this can impact on everyone else." Another staff member said, "If we had one more staff, we would be able to do a lot more with people."
- There was a tool in place which monitored people's individual needs, and this was reviewed. The occupancy levels in the home were also considered. The manager told us they had started to monitor people and the support they needed, to consider if staffing needed to be reviewed.
- Records showed staff had received the relevant pre-employment checks before they could start working in the home. Since our last inspection we found efforts had been made to ensure gaps in staffs employment history had been updated.

Preventing and controlling infection

- During our inspection the IPC team completed an inspection. The manager assured us they were working to complete the actions they had identified.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- There were no restrictions placed on visiting and visitors could access the home freely.

Systems and processes to safeguard people from the risk of abuse

- There were procedures in place to ensure people were protected from potential harm. When needed, incidents had been investigated and reported appropriately, so they could ensure the correct action had been taken.
- Staff had received training and understood when people may be at risk of harm. Staff were able to demonstrate an understanding of this to us. One staff member told us, "I have completed my training. It's about looking after people and keeping them safe, making sure nothing untoward happens to them and reporting the concerns we have so others can look into it."

Learning lessons when things go wrong

- There were some examples of when lessons had been learned. For example, there was now an analysis in place for the incidents and accidents that had occurred within the month, this was reviewed and analysed

so changes could be considered. The manager also gave us an example of action that had been taken when a medicines error had occurred.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question inadequate. The rating for this key question has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

At our last inspection the provider had failed to ensure that people gave valid consent to their care and treatment. Where people lacked the mental capacity to consent, the Mental Capacity Act (2005) was not always complied with. This was a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 11.

Ensuring consent to care and treatment in line with law and guidance

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 MCA 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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Since our last inspection we found improvements had been made, however further improvements were needed, to ensure the service was fully working in accordance with the MCA. We found, where needed, people had DoLS authorisations in place. These covered areas where restriction had been placed upon people. However, people did not always have individual capacity assessments or best interest decisions in place to consider these restrictions. For example, where people had bed rails or door sensors. We found when people lacked capacity to make decision for themselves there was a generic capacity assessment in place and was not specific to the decision being made.
- When DoLS authorisations were in place, some people had conditions on these. Staff were not always aware of these conditions and some of these conditions had not been complied with. This placed people at risk of being unnecessarily restricted.
- When people received covert medicines there were no mental capacity assessments in place for these,

however these had been prescribed for people by the GP in their best interests. Covert medicine is medicine which is 'hidden', usually in food or drinks.

- Staff we spoke with told us they had received training in this area and demonstrated some understanding. Staff spoke with us about the importance of gaining consent from people.

This is a continued breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The area manager and manager took action during our inspection to resolve some of these issues we raised and sent us an action plan after the inspection, offering us reassurances of how these issues would be resolved and assurances of how people's conditions would be met.

Adapting service, design, decoration to meet people's needs

- Some areas of the home were in need of repair. For example, there were stains on the ceiling and patches of paint where the provider had attempted to cover areas of damage. In some people's rooms we saw wallpaper was peeling off. People also commented on the home. One person told us, "The crack and the hole in the floor are not very good and I have reported it." The manager told us they had already identified this and was looking to address this with the provider.

- Improvements had been made in some areas to ensure the home was more dementia friendly. For example, there were signs on rooms stating what area it was.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People received care that was in line with their assessed needs. This considered people's characteristics and their cultural and religious needs. Some people and their families were involved with this process. Further work was needed to ensure all people were involved with this.

- People's social needs were also assessed and considered.

Staff support: induction, training, skills and experience

- Staff felt the training had improved since the last inspection. Staff had received training and there was further training booked in the coming weeks, for example, for diabetes. A training matrix had been introduced since the last inspection which monitored staffs training needs.

- People felt staff had the relevant training to support them. One person said, "I have to be hoisted out of bed, but this is always done without any issues. I feel very safe and staff seem to understand what they are doing."

- There was an induction process in place for new starters. This included training and the opportunity to shadow more experienced staff whilst getting to know the people they were supporting.

Supporting people to eat and drink enough to maintain a balanced diet

- People's mealtime experience had improved since our last inspection. People enjoyed the food and the atmosphere was relaxed. One person said, "They do come and ask in advance what food we want. There is a choice of sandwiches in the evening. If I don't like the main cooked meal, they will find me something I do like."

When needed people received support to eat and drink and staff took time with people and this was not rushed.

- People's dietary needs had been assessed. Staff recorded what people ate and drank. When people required specialist diets, for example due to diabetes, records showed information was in place for staff to follow to ensure people received the correct support and foods needed.

- When people needed their fluid intake to be monitored, we saw this was recorded and totalled up, any

concerns had been discussed with the GP.

Staff working with other agencies to provide consistent, effective, timely care. Supporting people to live healthier lives, access healthcare services and support

- Staff worked with other agencies and health professionals to ensure people's needs were met.
- Records showed people were frequently supported by the GP, podiatrist and other professionals. One person said, "I get to see doctors or nurses if I need to and only have to ask if I have any concerns."
- When needed, people had been referred to other professionals for advice. For example, one person had been struggling with fluids and thickener had been introduced. Care plans in place reflected this change.
- People's oral health care was assessed to ensure people received the support they needed.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question inadequate. The rating for this key question has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

At our last inspection the provider had failed to operate good governance systems to assess, monitor and improve the quality and safety of the services provided. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

Continuous learning and improving care. Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Although improvements had been made to the governance systems in the home, further improvements were needed to ensure they were robust in identifying all areas of improvement. For example, we saw a DoLS matrix had been introduced, however this had not identified when conditions were in place and if these were being met.
- An action plan had been completed since our last inspection identifying action needed. This had not identified that information in relation to MCA had not been completed in the timescales required.
- There were audits in place which covered key areas such as infection control, medicines and people's care. When areas of improvement were needed, these audits had identified this and action taken. For example, when people had not signed the medicines administration records.
- Environmental checks were completed, these related to actions from fire and legionella risk assessments. Where areas of improvement were noted it was recorded what action had been taken to resolve these.
- We had been notified about events that had happened within the service when needed.
- Staff understood their roles and responsibilities and there were clear lines of delegation.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Feedback was sought from people who used the service, in the form of surveys or reviews. The feedback that we reviewed was positive.
- Staff attended supervisions and team meetings so that they could share their views. Staff felt they had previously not been listened to, however felt confident they would be in the future.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People liked the home and living there. One person said, "Nothing is too much trouble for the staff which

is really nice, and I like it here."

- Staff worked closely with people and their relatives to ensure good outcomes were achieved.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Duty of candour requirements were understood and met.
- When incidents or areas of concern had happened in the service, the service was open and transparent and had shared this with the relevant people.

Working in partnership with others

- The service worked closely with other agencies to ensure people received the care they needed.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent
Treatment of disease, disorder or injury	Mental capacity assessment and best interests decisions were not always in place when needed. Conditions on people's DoLS were not always met.