

M P Talbot & J E Talbot

The Talbots

Inspection report

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11 January 2019
14 January 2019

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We inspected The Talbots on 11 and 14 January 2019. The first day of the inspection was unannounced. The home supported people with mental health conditions and could accommodate up to 16 people. At the time of the inspection there were two people in hospital and 14 people living in the home.

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

The home is in a residential area in the centre of Norwich. Two semi-detached properties have been joined to make a large home over three floors. There were large communal areas to the ground floor including a lounge and conservatory. The staff did not have a separate office and sat in the main communal areas at all times. There was a large domestic kitchen and laundry area on the ground floor. Bedrooms and communal shower and bathrooms were on the upper floors as well as toilets on the ground floor.

The Talbots had a registered manager who lived on site in a self-contained flat above the home. 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 last inspection in November 2017 we found one breach in how the home was managed and found there was not an effective system of quality audit and assurance. We found this was still the case at this inspection.

A recommendation was made at the last inspection to ensure staff received up to date training to meet people's needs. We found this had been done at during this inspection.

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A recommendation was made at the last inspection to ensure staff received up to date training to meet people's needs. We found this had been done at this inspection and more training was scheduled.

Whilst we did not give any other recommendations we found a number of issues with other aspects of how the service was delivered. This included a lack of protocols for people taking medicine as and when required and a lack of risk assessments to support people in the home with their health and safety.

We had concerns that appropriate action identified to address issues with the health and safety of the building and environment had not been taken. This inspection found action had been taken in this area and whilst further action was required, recent steps assured us the home and environment were safe at the time of the inspection. However, we had concerns as the assessment of risks to people's health and wellbeing in line with their care plan were not developed or reviewed effectively. We were not assured the provider was aware of all associated risks and was proactively acting to reduce those risks. We have found the provider in breach of this regulation.

Staff enjoyed their job and worked effectively as a team to meet people's needs. People were supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were activity involved in the community including people having part time jobs and attending various classes in arts and crafts. We also saw visitors to the home supporting people with their spiritual needs.

The provider was aware of the limitations in the management of the service and was investing in new policies and procedures to ensure provision was in line with regulations. They had begun to develop new risk assessments and care plans but the suitability of them was still to be tested once a suitable monitoring and quality assurance system had been developed.

People living in the home praised the service they received and all thought the service had provided them opportunities to live a healthy and happier life.

You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not consistently safe.

Risk assessments were still in their infancy and required more thought.

People received their medicines on time and as prescribed but some records required attention.

Staff had an awareness of safeguarding and procedures were available of how to report any concerns.

There were enough suitably qualified staff working at the home.

Is the service effective?

Good ●

The service was effective.

The home was provided with comprehensive assessment of people's needs prior to placement.

Staff received appropriate training to meet the needs of people in the home.

The provider worked with other professional teams to meet people's needs.

Is the service caring?

Good ●

The service was caring.

Staff treated people with respect, compassion and when needed gave emotional support.

People were involved daily in how their needs were met.

People were given choices at all times and their preferences had been sought and respected.

Is the service responsive?

Good ●

The service was responsive.

New care plans had been written which showed people's primary needs and how those needs were to be met.

People had not been formally involved in developing and reviewing their care plans and assessments, but all had signed in agreement to them.

People were activity involved in a varied life of community activities including some work based activities and education.

There was an accessible complaints procedure which was followed.

Is the service well-led?

The service was not consistently well led.

Audits were minimal and did not always pick up concerns that needed to be addressed.

There was a clear vision and values base which was live in the home. A copy was displayed in the foyer and its focus was mutual respect and honesty.

The home gathered the views of people living there and we saw feedback was predominantly positive.

The registered manager was involved in national and local forums to drive improvement in supporting people with mental health problems.

Requires Improvement 

The Talbots

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 checked 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.

The inspection took place over two days, the first on 11 January 2019 and concluded on 14 January 2019. The first day of the inspection was unannounced.

The inspection was undertaken by one inspector. Prior to the inspection we gathered the information we held, we used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also used information from the Local Authority and public domain to inform the plan we used to undertake the inspection.

During the inspection we spoke with four staff including the registered manager and care manager. We spoke with five people living in the home and three visitors.

We looked at records for four people in detail and looked at the new care plans for seven people. We reviewed information the home used for the day to day management of the service including, audits and medicine records.

We looked around the home including two bedrooms and all communal areas.

Is the service safe?

Our findings

We last inspected the home in October 2017 and we rated the home required improvement to be safe. We identified a number of concerns. This inspection found some areas had been improved upon but others remained the same. The provider has been found in breach of a regulation and we have made one recommendation for the home to be safe and have found it still required improvement.

Risk assessments and monitoring of the health and safety of the environment continued to only be undertaken annually. This meant there continued to be a risk of unknown concerns and potential risks to the environment in people's bedrooms.

We saw accident records for the last year clearly detailed what had happened and what the home did to support the person at the time but accidents did not result in a review of any associated risks. For example, one person burnt their face with a lighter whilst lighting a cigarette. They were treated as expected but no risk assessment or plan was recorded to reduce the risk of it happening again. Another person had attempted to open something with scissors and cut their fingers. Again, they were treated as expected but the risk was not assessed or plan recorded for reduction of the risk.

We found the risk assessments in place reviewed information from the pre- assessment information received to determine criteria for support but this was not developed upon. For example, the assessment tool would identify if someone was anxious or if they could self-neglect but it did not record any additional information or develop into a specific risk assessment followed by the care plan to manage the risk and support the individual.

We found the provider was not developing the information held to inform required risk assessments and risk management plans. This is a breach of Regulation 12 of the Health and Social Care Act (Regulated Activities) Regulations 2014

We found each person supported had a book which included key information and was used to record daily activity and any interventions. The front of the book included good information in how to mitigate risks to people's escalating anxiety and mental state but other aspects of people's health care risks were not appropriately assessed. We asked people if they felt safe and all told us they did. One person said, "I feel very safe, it's the best boarding house I've been in." A family member of another person said, "[family member] has been here 10 years, is the best place and they are happy to stay here."

We looked at the medicine management in the home and found some concerns. The home was receiving weekly delivery of tablet medicines in dosette boxes due to storage restrictions. Liquids, PRN medicines and topical medicines were delivered monthly. The staff were completing weekly checks on the medicines including a medicine count. Monthly audits of medicines were also completed. Most medicine administration records (MARs) were hand written and as such should be signed by two staff members confirming the information was accurate and correct from the prescription. We found the audits did not pick up concerns in some of the hand-written MARs. There were times when they were not signed by two staff

and some MARs were in use but had different months dated on them. This could lead to errors in records and potentially in administration.

We saw some medicines were kept in the fridge but a specific medicine fridge was not available. They were stored in the kitchen fridge in a container. We looked at some eyedrops and found there was no clear record on what was in use and when it was opened. There were three months' supply of eyedrops dated from October to December 2018. Eye drops opened were dated October and December. It was not clear if the eyedrops in use had been opened for longer than the 28 days recommended or if the bottles had simply been opened out of sequence.

We reviewed the medicines procedures for returning medicines and found good practice was followed. The last inspection noted there were as required (PRN) medicine protocols missing. Protocols help staff identify what a medicine has been prescribed for and when the medicine may be required by the person. These had now been developed. We also noted improvements in staff training and their competency had been tested by the local pharmacy.

Once we raised the concerns with the registered manager we were assured they would be discussed at handover until all staff were aware and it would be on the next team meeting agenda. We were also assured a medicines fridge was to be purchased and we saw phone calls were made during the day of the inspection to secure this.

People were happy with their medicines. One person told us, "I get all my medicines when I need them." Another told us, "Staff check my medication and I've got much better since I've been here."

We recommend closer oversight of audits is undertaken by the registered manager to ensure they identify any concerns.

At the last inspection we made note around the risk assessments in use for the environment at the time did not identify risks in a robust way or identify actions to be taken. This had improved and the risk assessments for the environment included identification of potential risks including a frayed carpet edge and the use of hot equipment in the kitchen and how these should be mitigated. We found the provider had acted on information received from the last inspection and improved the documentation to identify and address the concerns. We also found information from questionnaires had been acted upon and a new handrail had been recently installed to the steps leading to the garden.

We found equipment had been professionally tested as required, including the gas and electrical installations. Legionella had been tested for and the fire equipment was tested weekly and monthly in line with best practice.

There were two staff on duty every day and we saw from rotas this was always the case. We found there were enough staff on duty at all times. The registered manager and their family also took active roles in the home and were on call out of hours if required.

We looked at the recruitment records of four staff and found they were equitable and included the relevant information. Checks had been taken as required to ensure their suitability and safety working with vulnerable people.

There were clear safeguarding procedures in place at the front of people's day books and staff spoke to, had a good understanding of when to report concerns. The home worked well with the Local Authority who were

supporting the home in developing better practice records.

The home was clean and tidy and there were records to show how this was maintained. Staff told us there was enough equipment in place to protect and control infection.

Is the service effective?

Our findings

The last inspection found the home was good at being effective in supporting the people living there. We found this continued to be the case and have rated the home good in this key question at this inspection.

At the last inspection we recommended the provider ensured all staff had the required training to fulfil their role. We found staff had received the required training in the previous 12 months and face to face training had been provided since the last inspection on many of the key areas including health and safety and medicines management. Staff told us they felt competent in their role and the training was good.

The provider received comprehensive pre-assessment information for the people they were to support. The provider completed an initial risk assessment on the information received to determine if they were suitable. Care plans had recently been further developed and we saw they included the required information to support each person's health and well-being.

We saw staff received an induction to their role and received regular supervisions. Team meetings took place approximately every three months and comprehensive information was noted in people's day books to inform an effective hand over of information for staff to be aware of any changing needs.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

No one living in the home had a DoLS in place and we saw people came and went as they pleased. Two people had power of attorneys in place for when and if they were needed. Staff understood the principles of the MCA and we clearly saw evidence of staff respecting people's state of mind when engaging in conversations around decisions to be made. We saw some people made their own appointments on the telephone and others requested staff to do this. Their choice was respected. We saw each person's care plan was signed by the person living in the home in consent and agreement to its contents.

We saw menus were displayed in the hallway outside the kitchen door and we heard staff liaising with people in the home about the meal time choices. We saw from two care plans that people were living with diabetes and we saw staff encourage them to eat healthy options. Only one person was weighed at the home as they wanted to lose weight. Everyone living at the home could voice their concerns and ask for additional support with their nutrition and hydration if they required it. We saw people helping themselves to drinks and staff regularly asked people if they wanted cups of tea or coffee.

The meal time experience was a positive one and staff often ate with people. We saw people helped to both

serve food and to help clear away plates at the end of the meal. People told us they could always get something they liked to eat. One person said, "If I don't like the food they will make me something different." Another told us, "We have barbeques in the garden in the summer which we all like."

Where concerns had been noted in the past, timely referrals had been made to professionals. We saw relevant professionals were consulted in the support of people living in the home and the chiropodist visited on the day of the inspection. A family member told us, "The staff know everyone really well and they keep people healthy, making appointments and referrals where necessary. We are always kept informed."

The home had good information to hand to share with professional as required including hospitals. The information included key information about people's medicines and key health needs.

The building was clean and uncluttered. The main lounge, conservatory and dining area was homely and had books and board games which we saw in use. People's rooms were decorated with their own possessions and everyone we asked told us they were happy with their room.

Is the service caring?

Our findings

The last inspection found the home was caring and rated them as good in this area. This inspection found the home remained good in the caring key question.

The home accessed advocate support when people did not have any next of kin or family support. We spoke with a visiting family who told us, "This is the best place [relative] has ever lived, [relative] is treated very well." A person in the home told us, "Everyone is very kind," Another said, "I am much better now I live here."

We saw positive interactions between the people living in the home and staff. People were actively involved in their daily routines and staff encouraged them to be involved and as independent as much as their health would allow. One person told us, "I like to make my bed and help out."

People were respected as individuals and we saw preferences were taken into how they liked to spend their days to establish routines within which they maintained good mental health. This included one person receiving weekly visits from the local church. Another who engaged with voluntary work in the community and another who worked with playing cards to analyse sequence and orders to keep themselves content. We saw the home supported people in their routines, understanding their importance.

We found relationships were formed on trust and saw staff gave people opportunity to ask for help. Staff ensured their presence in people's routine in case additional support was required. Staff consistently asked people if they were ok. Open and honest dialogue took place without setting unrealistic goals. Staff also had good information as to how people required specific support at times of anxiety and this information was prominent at the front of each person's day book.

We were told by people how their mental health had improved since being in the home. On the day of the inspection one person who used to live there was visiting. They had lived in the home for some time and had improved to the extent they now lived in the community and had a relationship.

Staff spent their day in the lounge area at a large table with seats for anyone to join them. This made staff accessible and approachable at all times. People approached staff with ease and shared concerns and worries openly.

People's privacy and independence was respected and the home had no expectations of people's attendance at mealtimes. We saw people's preferences were recorded for the lunch time meal and some had opted for a packed lunch to be made for when they were out of the home. Staff requested people let them know if they were in or out of the home for fire and evacuation reasons and this was recorded but no other expectations were made.

Visitors and friends could visit as they wished and people wanted and were made to feel welcome.

Is the service responsive?

Our findings

The last inspection found the home to be good in how responsive they were to people's needs. We found the home continued to be good in this area at this inspection.

Each person in the home had a day book which included comprehensive notes on how the person spent their days. The front of the book included key information on how the person could be supported at times of anxiety, those involved in their support and key dates of previous appointments and future dates of interest. Also included were dates of any vaccinations.

People also had care plans which had been newly written. Whilst people had not been involved in the development of the new plans the information within them was drawn from previous records which had been agreed. The plans were to be typed up and then people would review them and sign in agreement if accurate. If not then changes would be made accordingly.

No one in home needed any specific hands on support with their personal care but prompts were required to ensure people did not self-neglect.

We saw people's information had been previously reviewed and were told once the new plans were written the review process would begin. The care plans were due to be printed shortly following the inspection.

Most people left the home daily to take part in activities of their choosing. One person attended art classes, another a knitting group. People went to the town centre for coffee and mix with friends. The Local Authority organised for staff to come into the home as part of a friendship club to stop people becoming socially isolated.

The mental health of people that came to the home improved. We spoke to one person who had negative views about themselves but these had improved greatly over the time they spent in the home. Another told us they were afraid to go out into the community when they first arrived at the home but were now using public transport to go shopping. People were involved with the day to day activity in the home and we saw meeting minutes that discussed what people would like to do including barbeques in the summer and gardening. We were told how people had been involved in planting the garden and one person showed us the flowers they had planted the previous spring.

The home had a complaints procedure in place which was available to people on the notice board. However, people told us they did not want to complain. We saw people made comment for improvements in meetings and things changed. This included changes in the food provided.

End of life care planning was in its infancy but was included on the new documentation. Views had been gathered on preferred priorities of care including place of death and funeral directors to be used. We were assured by the registered manager this area of care planning would develop once the new paperwork was printed.

Is the service well-led?

Our findings

The inspection in October 2017 found the provider required improvement to be well led. There were concerns identified with how the home monitored and audited the service delivered. We found this was still the case during this inspection and we found there was a continued breach of the regulations in this area. The rating remained as required improvement.

Some systems had recently been changed including the care planning tool used. Risk assessment tools were due to be further developed to ensure they met people needs. Audits of the new tools had not yet begun. We found audits were in place for medicines but these had not identified concerns we found. We also noted that previous care plans had not been audited. This was identified at the last inspection.

The provider had completed and updated all risk assessments in 2018, this included risks assessments of the fire system in the home. The risk assessment identified action needed to be taken on the fire doors. We spoke with the registered manager about this who had mistakenly thought they had completed the action but it had not been completed. We asked the registered manager to contact us once the work had been scheduled and we were told whilst writing this report the work had been completed.

The provider had not developed a governance system to ensure themselves the service was meeting the requirements of the regulations. We found this a concern at the previous inspection. Whilst some action had been taken to better review the risk assessments associated with the building and environment, there was still only evidence to show this was done annually in most cases. Better monitoring and audit tools had not been introduced. The provider was about to invest in a current set of policies and procedures which should be the starting point for developing better practice and then quality audit of that practice. At the time of the inspection we found the provider was still in breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

Staff at the home told us they felt supported and that all staff including the registered manager supported each other well. People living in the home told us the same. We saw the registered manager had completed a set of questionnaires with people living in the home, their relatives and visiting professionals. Some of this information had been collated and been used to identify key themes. The garden was discussed in detail as requiring improvement. We discussed this with the registered manager who told us this was work they intended to do.

We saw team meetings and meetings for people living in the home which clearly showed issues were discussed and people and staff took opportunity to influence how they could be resolved. This included predominantly discussions around activities and food. However, we also noted and saw the handrail had been installed to the garden steps following feedback. The family we spoke with had been involved and had completed questionnaires on the quality of the service.

The collated views of the questionnaire were available on the notice board in the home.

We also saw the ratings from the last inspection were displayed as well as other useful information around community groups and advocacy services.

The provider reported issues to the Care Quality Commission via notifications as required as part of their registration.

The registered manager was part of a number of forums both locally and nationally to drive best practice in services supporting people with their mental health.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The registered person did not have effective systems to protect people from assessed risk. We found assessed risks were not managed appropriately and identified action to reduce risks was not undertaken.</p> <p>Regulation 12 (1) (2) (b)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The service did not have effective systems to monitor the service. Risk assessments were not completed. Key documentation used to protect people from unnecessary risks was not monitored and quality assured.</p> <p>Regulation 17 (1) (2) (a) (b)</p>