

Grov Limited

# Talbot House Nursing Home

## 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?

Requires Improvement ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

Talbot House Nursing Home 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. Talbot House Nursing Home accommodates up to 25 people over three floors. On the ground floor there are three small communal lounges and a dining room that people can use. At the time of our inspection visit, 23 people (some of whom were living with dementia and others had physical care needs) were living there.

This unannounced inspection took place on 24 January 2018. At our last inspection on 21 July 2016, the overall rating of the service was Good. At that time the key question, 'is the service well led?' was rated as Requires Improvement. At this inspection, the overall rating of the service remains Good, and improvements were seen in the key question 'is the service well led?' However, the key question 'is the service responsive?' had deteriorated to Requires Improvement. We have recommended that the provider seeks advice and guidance about meeting the information and communication needs of people with a disability or sensory loss.

People's communication needs had not been considered within the care planning process, and information was not available in accessible formats. Some people's care plans did not reflect the person as a whole in relation to their life, and in places information was not as detailed as needed. People had been involved in the initial planning of their care, and were supported to take part in activities and hobbies they enjoyed. People knew how to raise issues or concerns, and these were responded to in a timely manner.

People were safe living at Talbot House Nursing Home. They were supported by staff who understood how to protect people from harm and abuse. Risks were managed and there were enough staff to meet people's needs. People received their medicines as prescribed and were protected against the risk of infection. Lessons were learnt and improvements made when safety concerns were identified.

People's needs were assessed and support was given in line with evidence-based guidance. Staff had the knowledge and skills needed to provide effective care for people. People's nutritional needs were met and they were supported to access healthcare services. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff were caring and kind to people, and supported people to make decisions about their day to day care. People's privacy was respected, and their dignity and independence promoted. People were able to maintain relationships that were important to them and there were no restrictions as to when families and friends could visit.

There was a registered manager in post who had implemented systems to monitor quality and drive improvements within the home. Staff were supported in their roles and encouraged to share ideas to

develop the service. The culture of the service was open and transparent and people were encouraged to give feedback about their experience of living or working in the home.

Further information is in the detailed findings below.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service remained good.

### Is the service effective?

Good ●

The service remained good.

### Is the service caring?

Good ●

The service remained good.

### Is the service responsive?

Requires Improvement ●

The service had deteriorated to requires improvement.

### Is the service well-led?

Good ●

The service had improved to good.

# 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 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.

This inspection site visit took place on 24 January 2018 and was unannounced. The inspection site visit team consisted of 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.

We used information we held about the service and the provider to assist us to plan the inspection. This included notifications the provider had sent to us about significant events at the service. As part of our planning, we also reviewed information we received from the local authority, the food standards agency and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We also used information the provider sent us in the Provider Information Return (PIR). 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 spoke with ten people who used the service, and four relatives who were visiting the home. Some people who used the service were not able to have a conversation with us due to their complex needs and limited verbal communication skills. We therefore spent time observing how staff interacted with people who used the service. We watched how staff supported people and cared for them. We did this to understand people's experience of living at the service. We also spoke with five care staff, the maintenance person, the activities co-ordinator, two nurses and the registered manager. We looked at the care plans of four people, staff duty rotas, communication logs and daily records. We also reviewed the records relating to the management of the service. This included quality audits of medicines, the control of infection and safety of the premises.

## Is the service safe?

### Our findings

People continued to be safe living at Talbot House Nursing Home. One person told us, "The staff are always here and look after me well." One relative said, "I feel relaxed knowing that my relation is safe living here. I trust the staff to care for my relation well." People were supported by staff who knew how to protect them from potential harm and abuse. Staff were aware of how to recognise and respond to any safeguarding concerns. One staff member told us, "I know that if we saw anything that was wrong we would report it. The manager listens to us and I know they take actions when needed." Staff had been issued with information about the safeguarding authorities they could contact if needed. One staff member commented, "We now have the information we need at hand, so that is helpful." We saw that the registered manager had reported any allegations of abuse to the local safeguarding team. They had then investigated and taken action when needed.

Risks to people were monitored and managed to keep them safe. Some people were at risk of developing sore skin, and we saw that actions were taken to minimise this risk. People had the equipment they needed, and systems were in place to ensure people were repositioned in a timely manner. We saw that people's skin condition had improved since living at the home. Some people needed staff to support them to move from their chairs, and we observed staff carry out safe working practices. The records we looked at also gave staff information as to how they should do this safely. One staff member told us, "The information in the care plans gives us the guidance we need if we need to refer to it." Prior to people using equipment, people had been assessed by external professionals, and the home followed the guidance given. We also observed people walking independently when able to. Staff were aware of how to encourage people to do this safely, and offered verbal prompts to people when needed. We saw that when there were concerns in relation to managing risks for people who used the service, referrals had been made to external professionals to seek their advice and support.

There were enough staff to meet people's needs and keep them safe. One person told us, "They are all busy, but I don't have to wait too long for help when I need it." One relative commented, "Staffing is good here; there is not a high turnover of staff, and that is good for my relation and the other people living here. There is continuity." The registered manager had listened to feedback from care staff, and was in the process of recruiting an additional staff member to provide extra support in the mornings. They told us, "This extra person will mean that there are two carers available on each floor. It will make a real difference during this time. The provider had agreed to our request straight away." We observed staff respond to people's requests in a timely manner, and staff were available to help people when needed. We saw the registered manager reviewed the needs of people who used the service, and staffing levels were based on needs rather than the numbers of people using the service. The provider ensured staff were suitable to work with people. One member of staff told us, "Before I started working I had to have all the recruitment checks done like references and police checks." The registered manager confirmed that they followed safe recruitment processes in the PIR they submitted.

People received their medicines as prescribed. One person told us, "The nurse will give me my tablets each day. She will make sure I've had them and will watch me while I take them." One relative commented, "I

know my relation gets their medication as needed; the nurses are very good with that." We saw that when people had medicines on an 'as required' basis rather than every day, guidance was in place stating when this medicine should be administered. Some people were unable to make decisions about their medicines, and could be reluctant to take them. When this happened, the doctor had been involved in discussions as to how the medicines could be administered in their best interests. People's medicines were stored safely in a locked cabinet, and according to the manufacturer's recommendations. Accurate records were kept to show when people had received their medicines.

People and staff were protected against the risk of infection. There were dedicated domestic staff to ensure the home was kept clean, and staff told us that personal protective equipment (such as gloves and aprons) were readily available for them to use. We saw that soap, paper towels and hand sanitisers were accessible in the bathrooms and across the home. Staff told us they received training to increase their knowledge and improve practice in food hygiene and infection control. The registered manager told us how the provider had made a commitment to invest further in making improvements within the home environment. There was a schedule of work to renew floor coverings and decorations. The home had a very good rating of five from the food standards agency, demonstrating that systems were in place to manage hygiene in the kitchen area.

When safety concerns were identified, the staff reflected on their practice and made improvements. We saw the registered manager had taken action and shared information with staff, resulting in one specific situation not re-occurring. The registered manager also told us how they had reviewed their pre-admission process when people were discharged from hospital. This demonstrated the registered manager made changes as a result of learning from incidents.

# Is the service effective?

## Our findings

People's needs were assessed and support was given in line with evidence-based guidance. For example, we saw that staff had worked in partnership with the specialist team to support people who used a percutaneous endoscopic gastronomy (PEG) tube. A PEG is a tube that allows liquid foods, fluids and medicines to be fed directly into the stomach. These are used when people are at risk nutritionally or not able to have food or liquids orally. We saw that staff carried out the recommendations to ensure that the PEG was managed correctly. We also saw that when people had specialist diets to follow, the staff were aware of this and carried out the actions stated by external community professionals.

Staff had the knowledge and skills needed to provide effective care for people. One person told us, "The staff are good and they know what they are doing. I'm confident in them." When staff started working at the home, they received an induction. One staff member said, "For my first two weeks, I was an extra person on each shift. This meant I could spend time observing how to support people and learning. After six months I was signed off, but the seniors still check my practice to make sure I'm doing things right." Staff told us they received regular training and that this was reviewed to ensure their practice was up to date. One staff member commented, "If we get any new equipment, we will be shown how to use it properly. The training is good and we have to answer questions to show we have understood things." We saw that training was offered to all staff, not just those involved in caring roles, for example in relation to safeguarding people. One staff member told us, "It's important that we all understand things like this; we all have a responsibility to know how to protect people from harm." Staff received supervision sessions, and one staff member commented, "These are helpful as we can identify any areas of training we need; the manager will then arrange this."

People enjoyed the food, and one person told us, "It's actually pretty good here." One relative commented, "My relation will tell me that the food is good; they have put weight on since being here, so that also tells me they enjoy it." We observed the lunchtime meal, and saw that people received support when needed, and they were not rushed when they ate. Some people had their meals in their room, and the staff were clear about who would be supporting each person and where. We observed staff explained the menu options to people and assist them to make choices about their meals. If people later changed their minds, an alternative was offered. The menu was planned with input from people who used the service, and people's favourite meals were included. We saw that people had various snacks and drinks close by to them throughout the day. When needed, people's food and drinks were monitored to ensure their nutritional needs were met.

People were supported to access healthcare services. One person told us, "The doctor comes each week; they are good and listen if I have a problem." One relative commented, "The staff are very good at picking any changes in my relations health. If there is anything, they do something about it. I'm kept well informed; they will either call me or let me know when I visit." We saw that referrals were made to various healthcare professionals in a timely manner, and any recommendations made were followed.

Talbot House Nursing Home is not a purpose built building; however, people felt that the physical



environment benefitted the people who used the service. One relative told us, "It may not be modern, but I think it suits my relation really well. The smaller lounges are more homely and they look and feel like the front lounge my relation had when they were at home." People were encouraged to personalise their rooms and where they sat; we saw people had photographs of family members close by and various items that were important to them. There was a lift that people could use to access the three floors, and bathrooms had been adapted to make them more accessible for people to use. People were able to access the gardens, and one person told us, "I'm looking forward to the weather improving as it is so nice to sit out there."

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 Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

People were supported to make decisions about their care, and their agreement to receive the support was gained. One person told us, "The staff will ask me what I want help with." We heard staff gain people's consent before they assisted them. One staff member commented, "Even if people can't tell us verbally, we know from their actions if they want us to do something or not; they may wave us away, and if they do we respect that." Staff were aware that they sometimes had to make decisions that were in a person's best interests. One staff member told us, "It may be that people would be at risk of neglecting themselves as they just don't understand how important it is to have their personal needs met. Then we have to work out the best way of doing things, and make sure it is as least difficult for them as possible." When people who lacked capacity were seen to be restricted, we saw that applications had been made to the local authority to ensure this was done legally. Staff understood when authorisations had been granted, and one staff member commented, "It may be that this is the only way of keeping them safe." We saw that people who were important to individuals had been consulted when these decisions had to be made.

## Is the service caring?

### Our findings

People were supported by staff who were kind in their approach. One person told us, "All the staff are lovely; the carers are pleasant and will spend time having a chat with us." One relative commented, "The carers treat my relation like their own parent; patient and understanding. I'm really happy with the care my relation receives." We observed staff interact with people when they supported them, and spend time talking about matters that were of interest. For example, about their families and interests, demonstrating that staff knew people well. One staff member said, "Even though we are busy, it's important that we speak with people; and sometimes if they are upset, it can help to talk about things that will cheer them up."

Staff supported people to be involved in making decisions about their day-to-day care. One person told us, "I usually get up at the same time each day, but if I want a lie in then that's fine; the staff will leave me till I'm ready to get up." We saw that another person liked to spend time in one of the lounges watching the television until they were ready for bed. One staff member commented, "We will pop in to see that they are okay and check if they need anything. When they are ready to go to bed they will let us know, and then we help them upstairs." We saw that staff were attentive to people when they requested support, and would ask people throughout the day if they needed anything.

People's privacy and dignity were respected and promoted. One person told us, "All the carers make sure that I'm covered up when they help me in the bathroom. They will make sure the door is shut when helping me. I never feel embarrassed with them." Another person commented, "They always knock on the door and I say come in and carry on." We observed staff straighten people's clothing when assisting them to transfer using the hoist. Staff were attentive if people spilt food or drink on themselves, and we observed them gently wipe any spills away. People were dressed in clothing and wore jewellery that was individual to them and reflected their preferences. Staff supported some people to have their nails manicured, and the hairdresser was there for people who wanted to have their hair done. We saw that people's care plans were kept in a separate area so their personal information was kept confidential to them.

Staff understood the importance of encouraging people to be independent. One staff member told us, "It may seem quicker to do things for people, but we have to enable people to do as much as they can for themselves." One relative commented, "The staff do appreciate that this is people's home; they will try to get my relation to do as much as possible." We observed people being encouraged to walk around the home when able to do so, and one person said, "I like to go into the garden when the weather is nice; I can decide when to do things and where to go."

People were able to maintain relationships that were important to them. We saw people had various photographs close by to them of family members and friends. Staff would use these to encourage conversations with people. People had the opportunity to see religious leaders who would visit people to support them with their faith. We saw that visitors arrived at different times during the day, and one relative told us, "I can come at any time, it's never any trouble." We observed staff take time to speak with visitors and make them feel welcomed.

## Is the service responsive?

### Our findings

We found that improvements were required to ensure the support people received was more person centred and reflected their individual needs consistently. People living at Talbot House Nursing Home had a variety of communication needs. Some people were able to understand written documents and spoken words. However, other people were not able to do this due to a sensory impairment or their condition. The provider had not ensured that information was available to them in accessible formats. For example, the menu options were shared with people verbally. Some were able to make a choice for their meal the following day. However, others may have benefitted from pictorial prompts to assist them in choosing. The registered manager commented, "We have discussed about having pictures for the meals to help people decide about things."

All the information available to people was in standard written text, and there were no accessible information leaflets for people if needed. The provider had not considered people's communication needs within their assessments and care planning, and had not identified how best to meet these needs. The registered manager confirmed they had not considered how they would meet the accessible information standard. This standard tells organisations how they should make sure that people who use services can access and understand information they are given. This meant they could not ensure that people received information that they could access and understand.

We recommend that the provider seeks advice and guidance from a reputable source, about meeting the information and communication needs of people with a disability or sensory loss. This would ensure people's needs are met, including receiving information which they could access and understand with communication support if they need it.

We also found that some people's care plans did not reflect the person as a whole in relation to their life. For example, we saw that there was no information about one person's history and life experiences. Care plans should include this information as it can help staff build a better understanding of who the person really is. We also saw the provider had not considered people's needs in relation to their protected characteristics, for example, their sexuality or race. The registered manager told us, "We know that the care plans need updating for people and this is on the list of things to do. We also want to involve people more in the reviews of their care." The registered manager told us that staff had received training regarding equality and diversity. However, they had yet to share any actions that would be implemented in the home to promote this.

People had been involved with the initial planning of their support. One person told us, "I was asked about the help I needed." One relative commented, "I have ongoing conversations about my relations care. I have also been involved with some of the more difficult discussions we needed to have. They are good at updating me and will listen when I tell them about some of the little things that are important. They will then put it into action; I know I won't have to tell them twice." We saw that information about people's care needs was reviewed, and any changes to people's care recorded. One staff member said, "The nurses will update the care plans, and I can look at them if I need to get some information about the person."

People were supported to follow their interests and take part in activities they enjoyed. One person told us, "I have my paper delivered every day and like to have a look at it." One relative commented, "My relation tells me about the different activities they do; singing, themed parties and crafts. There is an activities lady who arranges all these things. The staff will also manage to go out with my relation occasionally." One relative explained how the staff had provided some materials for their relation, so they had the opportunity to continue with a hobby they had enjoyed in the past. People were able to spend time in their bedrooms if they chose, and there were three lounges where people could watch the television or listen to music. One relative told us, "I like the separate little lounges, it makes private smaller spaces for people to choose to sit in and please themselves."

People knew how to raise concerns, and one person told us, "If there is anything I will tell the staff; but I'm happy with everything." One relative commented, "If I did have anything I would raise it with the staff or the manager. I'd be confident to do this and know they would try to help and put things right." There was a complaints policy in place, and the registered manager kept a log of any issues that had been raised. We saw that when people had made a complaint, this had been dealt with in a timely manner.

At the time of our inspection visit, there were no people receiving end of life care. We have therefore not reported on this.

## Is the service well-led?

### Our findings

At our previous inspection in July 2016, we rated this key question as 'Requires Improvement.' We asked the provider to make improvements to ensure the service was well led. At this inspection, we found that the required improvements had been made. The registered manager had completed their registration with us. 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 registered manager showed their understanding of their responsibilities as a registered person.

The registered manager had implemented systems to monitor the quality of the service. They used these to drive improvements within the home. Through an audit process, the registered manager had identified actions that were required. For example, a full fire survey had been completed, and the necessary actions put into place. The registered manager also reviewed incidents at the service and took action to reduce the risk of re-occurrence. We had also asked the provider to ensure that notifications about significant events in the service were consistently submitted. At this inspection, we found that they had now done this.

The registered manager had also made improvements to ensure that staff were supported in their roles. Staff now received supervisions and the training opportunities had increased. One staff member told us, "I have recently had my supervision, and it was a helpful session. We were able to discuss any training needs I had, as well as any concerns or things I was worried about." Staff told us they had an annual appraisal and that their competency to do their job would be checked by senior staff. The registered manager also arranged meetings for the staff team. One staff member commented, "We are asked to share ideas for things we can do to improve the lives of the people living here and the home overall. We are listened to, and our ideas are taken seriously."

People, relatives and staff told us the culture of the service was open and transparent. People knew who the registered manager and staff were and found them approachable. Staff commented that they enjoyed working at Talbot House Nursing Home, and felt that they worked well together as a team. Staff roles were clear, and the senior staff and nurses led the shifts effectively. Staff were supported to question practice and were aware of the whistle blowing arrangements if they wanted to report concerns. We saw that surveys were sent out to people, relatives and staff to gain feedback about their experiences of living or working at the home. There were also opportunities for people and their relatives to attend meetings at the service.

The registered manager was supported in their role. They explained, "The provider will visit us regularly and we discuss the actions that are needed. I also get support from the managers in the other homes the provider has. This has helped and means that I am not isolated." They had a clear vision about the improvements that were needed in the home. They told us, "We have achieved a lot in the past twelve months, but I know there is further work to be done. The most important thing for me is the people who live here and the quality of care they receive."

It is a legal requirement that a provider's latest CQC inspection report is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had conspicuously displayed this in the home.