Voyage 1 Limited

Talbot Court

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?	Requires Improvement

Summary of findings

Overall summary

Our inspection took place on 12 June 2017 and was unannounced.

At our last inspection on 03 November 2014 the service was meeting all of the regulations that we assessed.

The provider is registered to provide accommodation and nursing care to a maximum of ten people. On the day nine people lived at the home. People had complex nursing needs in relation to their learning disability/ associated conditions and or/physical disability.

The manager was registered with us as is required by law and they were present on the day. 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.

Overall, medicine systems confirmed that people had been given their medicines as they had been prescribed. However, some aspects of medicine management needed to be strengthened to enhance the systems further. Staff were provided and available to keep people safe and to meet their needs. Procedures were in place for staff to ensure the risk of harm and/or abuse was reduced. Recruitment processes prevented the employment of unsuitable staff.

Staff received the training they required to give them the knowledge they needed to support people safely. Staff were aware that people's care must be delivered in line with their best interests and that they must not be unlawfully restricted. Where possible people were encouraged to make decisions about their care. Their families were also involved in decision making. People's food and drink preferences and special dietary needs were catered for. Input from a range of external healthcare professionals to address people's healthcare and social care needs.

A homely atmosphere was promoted within the service. People were supported by staff who were friendly, helpful and caring. People were treated with dignity and respect and their independence was promoted. People could see their family whenever they wished to and their families were made to feel welcome by staff.

People and/or their families were involved in their pre-admission assessment of need and follow on reviews. Systems were in place for people and their relatives to raise their concerns or complaints if they had a need to. People were offered in-house activities and were given the opportunity to access the community.

People, relatives and staff felt that the quality of service was good. The registered manager had been in post sometime and that promoted consistency of management. The provider had an audit system to determine shortfalls or to see if changes or improvements were needed. However, this had not always identified

shortfalls that needed to be addressed.

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.

Medicine systems generally confirmed that people had been given their medicines as they had been prescribed. Some strengthening of the systems would enhance safety.

The provider had instruction for staff relating to managing people's risks in order for people to be kept safe.

Staff were provided in adequate numbers to meet people's needs and to keep them safe.

Recruitment systems helped to minimise the risk of unsuitable staff being employed.

Is the service effective?

Good

The service was effective.

People, relatives and staff felt that staff had received the training they required and had the knowledge and skills to provide appropriate support.

Staff had understanding and knowledge regarding the Mental Capacity Act and the Deprivation of Liberty Safeguarding (DoLS), people were supported in a way to ensure that they were not unlawfully restricted.

A wide range of health and social care services were accessed for people to maintain and promote their health and well-being.

Is the service caring?

Good

The service was caring.

We observed that the staff were kind and caring.

The atmosphere of the home was warm, welcoming and friendly.

People's dignity, privacy and independence were promoted.

Is the service responsive?

Good

The service was responsive.

People's needs and preferences were assessed and reviewed to ensure that their needs would be met in their preferred way.

People were supported to engage in activities that they enjoyed.

Complaints procedures were in place for people and relatives to voice their concerns if they had the need.

Is the service well-led?

Requires Improvement

The service was not consistency well-led.

Checks and governance had not always been effective in identifying shortfalls in service delivery.

Staff felt that the registered manager, deputy and nurses provided positive and supportive leadership.

People and relatives knew who the registered manager was and confirmed that they were approachable and visible within the service.

Talbot Court

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.

Our inspection was unannounced and took place on 12 June 2017. 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 use this type of care service.

We asked the provider to complete a Provider Information Return [PIR]. This 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. The form was returned so we were able to take information into account when we planned our inspection. We asked the local authority their views on the service provided. We also reviewed the information we held about the service. Providers are required by law to notify us about events and incidents that occur; we refer to these as 'notifications'. We looked at the notifications the provider had sent to us. We used the information we had gathered to plan what areas we were going to focus on during our inspection.

We spoke with four of the people who lived at the home and four relatives. We met and interacted with a further five people who were unable to speak with us in detail due to their conditions. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with four care staff, one nurse, the deputy manager and the registered manager. We looked at the care files for two people, medicine records for two people, recruitment records for a new staff member, training and supervision records for two staff, complaints, safeguarding and quality monitoring processes. We also looked at provider feedback forms/ analysis that had been completed by people who lived at the home and their relatives.

Good

Is the service safe?

Our findings

A person said, "I am not abused". A staff member confirmed, "If I was worried that abuse was happening I would report it to the manager or nurse on duty. I would ask what was done to make sure action was taken. I know that it would be though". Other staff we spoke with told that they had received training in how to safeguard people from abuse. They gave us a good account of the different types of abuse that included neglect and assault. We had not been made aware of any incidents of abuse. The local authority safeguarding team informed us that no incidents had occurred. The registered manager was aware that if any incidents of abuse occurred these must be reported to the local authority safeguarding team and to us as is required to help keep people safe.

A person confirmed, "I am safe". Relatives told us that there family members were safe at the home. A staff member told us, "People are safe here. All staff know about people's risks and how to manage these". We saw that risk assessments had been undertaken regarding as examples, the prevention of sore skin and moving and handling/ falls. We saw that where people had been assessed as being at risk of developing sore skin pressure relieving mattress were used on their beds and cushions on their chairs. We found that the risks were regularly reviewed and updated as required.

We saw that processes were in place for recording any incidents that took place within the home. These were recorded in detail and where required shared with people's social workers and external health care professionals. The Provider Information Return [PIR] highlighted, "All equipment used has regular checks by contractors to ensure they are safe to use and we do the appropriate safety checks to meet with legislation". The registered manager told us and records confirmed that in-house checks had been carried out on fire fighting equipment, bed rails and hoisting equipment. We saw records that confirmed that for example, the fire fighting equipment, the emergency lighting and hoisting equipment had been serviced by an appropriate person. These actions promoted safety within the home.

A person told us, "The staff keep my tablets. I know if they do not I may be at risk". Medicine Administration Records [MAR] and people's care plans that we looked at highlighted how people preferred to take, or the safest way for people to be supported to receive their medicines. Examples highlighted were; in a person's hand with staff support, or by a tube that had been inserted into a person's stomach during a hospital procedure for people had difficulty swallowing. We observed both medicine administration methods during the day. We saw that staff informed people that they were giving them their medicines and what they were for. Staff ensured that people had taken their medicines before they signed the MAR.

Nurses and care staff told us, and training records and certificates that we saw confirmed that staff had received medicine training. We saw that medicines were stored safely and that there were protocols in place to instruct staff when "as required" medicines should be given. During the day one person told staff that they had a stomach ache. A protocol was in place stating that the person could be offered tablets for this and we observed that they were. Later they confirmed that their stomach felt better.

A relative told us, "I am most impressed compared to their [person's name] previous home. Medicines are

signed out, counted, and on return they are checked and signed in." We found that the provider had systems in place both for the ordering of medicines and a contract with a company to remove from the premises and safely destroy any medicines that were no longer required.

Generally we found that medicine systems were safe. Medicines were stored in locked cupboards and the nurse checked people's MAR diligently before administrating medicines to ensure that the medicine they were going to give to people was correct. We found however, that some aspects of medicine management needed to be strengthened. Although we were provided evidence to confirm that the medicine had been given we saw that some MAR had not been completed as they should. We found one short life medicine that had not been date labelled when it had been opened/ first used to highlight to staff when it should be discarded. We saw that some MAR had been hand written by staff however, they had not been signed by a second staff member to confirm what had been written was correct. We also found that the window of the room where medicines were stored required a risk assessment to ensure it was safe and secure.

A person told us, "There are staff around at all times". A relative told us, "Staff levels are high. They [people] are well looked after here." A staff member said, "The staffing levels are alright. The only time there can be a problem is if a staff member phones in sick. We do have bank staff we phone and they cover". Other staff we spoke with confirmed that staffing levels were mostly sufficient but people would be able to go out more often if there were more. We spoke with the registered manager about staffing levels. They told us that they provided staffing to meet people's assessed needs and agreed funding arrangements. The registered manager confirmed that they would re-evaluate to ensure staffing levels were as they should be.

A staff member confirmed to us, "All my checks were done before I could start work". Other staff also told us that checks had been carried before they were allowed to start work. We checked recruitment records for one new staff member and saw that pre-employment checks had been carried out. These included a completed application form and a check with the Disclosure and Barring Service (DBS). The DBS check would show if potential new staff member had a criminal record or had been barred from working with adults. These systems minimised the risk of unsuitable staff being employed.

Good

Is the service effective?

Our findings

People we spoke with and their relatives told us that they were satisfied with the service provided. Staff we spoke with also told us that the service provided to people was good. A staff member said, "It is much better here than most other places that I have worked in. People are well supported, go out a lot and have a good quality of life".

Staff told us about the induction training that they had received. A staff member said, "I was well supported and had a good induction when I started. I was given time to get to know people, looked at care plans so I knew people's needs and worked alongside staff who had worked here for a long time". Staff records that we saw confirmed the induction processes. The registered manager told us that new staff who had not already achieved a recognised vocational qualification in adult social care would be required to complete the Care Certificate. The Care Certificate consists of an identified set of induction standards to equip staff with the knowledge they need to provide safe and compassionate care.

A staff member said, "I feel supported working here". Other staff we spoke with also told us that they felt supported on a day to day basis. Staff told us and records that we looked at confirmed that staff received supervision sessions on an almost monthly basis to give them feedback on their performance and identify any training needs.

A relative said, "The know how they should look after people". A person told us, "The staff have training". Other people we spoke with also told us that the staff knew how to look after them well and keep them safe. Staff we spoke with all told us that they had received the training that they needed. A staff member said, "Training is on-going. I have received some refresher training and have more next week". Another staff member said, "I know what to do and feel confident to do my job". Staff training records that we looked at confirmed this. We saw that the registered manager maintained records to demonstrate the training that staff had received and when refresher training was next due. This showed that the provider was committed to staff training to ensure that staff would meet people's needs and keep them safe.

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 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 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the staff were working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. We found that they were. We saw that MCA assessments had been carried out so that staff knew people's individual decision making strengths. The registered manager told us and records that we looked at confirmed that most people had a DoLS approval. Staff we spoke with were aware of the principles of MCA and DoLS and gave us an explanation of

their purpose. All staff knew that people should not be unlawfully restricted in anyway.

A person told us, "The staff always ask before they do things like giving me my tablets". We observed that staff sought people's consent before they provided support. This was at mealtimes, when people required support to move from one place to another, and we heard staff ask people if they wanted to go out into the community rather than telling they should do. We saw that staff waited for a response from people before they provided support.

A person told us, "I don't always like what is on the menu but I can have other things instead". At mealtimes we heard staff asking people what they would like to eat and drink. We observed that one person did not want their meal so staff offered alternative meal options and their choice was provided. We saw that food stocks were adequate and that fresh fruit and vegetables were available. We saw that people were offered and encouraged to have plenty of drinks during the day. We observed that where people required support to eat and drink staff did this in an appropriate was. Staff sat with people, assisted them at a pace that suited the individual and encouraged then to "Try to have a bit more".

We saw that care plans highlighted information that ensured that people were supported effectively and safely. We identified that where staff had concerns about people's dietary needs, or that people may be at risk of choking, they had made referrals to the dietician and Speech And Language Therapist (SALT) for advice. We found that people were weighed regularly to monitor their nutritional state.

A person told us, "I go to the doctor and see a consultant". Other people we spoke with told us that they had dental check-ups and eye tests. Staff and relatives confirmed what people had told us and records showed the healthcare appointments that people had attended. Records that we looked at also highlighted that people had received an annual healthcare review by their doctor and had been offered an annual influenza injection to help prevent ill health. Where staff had concerns about people's health they had secured input from a range of services including; physiotherapy, occupational therapy and the dietician. Staff had a good knowledge of people's changing healthcare needs. For example one person had deteriorated and as a result had been referred to an assessment and staff were aware and told us about the changes in the presentation another person's epilepsy and what they should do to manage this.

Good

Is the service caring?

Our findings

A person said, "The staff are nice". A relative shared with us, "Very caring staff". Another relative said, "The staff are caring to the point they don't just look after [person's name] they help me out and check I'm okay". Other relatives confirmed that they had good relationships with the staff. A staff member shared with us, "All staff here are very patient and caring". The Provider Information Return [PIR] read, "The team at Talbot Court have a caring nature and this is something that is demonstrated in our practice". We observed that staff showed compassion and kindness to people. One person became tearful. The staff quickly noticed this and went and comforted them. Another person frequently requested staff time. Staff responded positively and patiently and gave the person time and attention. A person shared with us, "It is nice here I have made friends". They spoke about other people who lived there and told us they were friends. A staff member said, "They [person's name] gets very attached to other people here. They all get on fairly well". We found the atmosphere to be welcoming and friendly.

A person confirmed, "There are no problems with the time I go to bed or get up. I can go to bed and get up at the times I want to". Staff told us what people's preferred daily routines were and we saw that these were documented in people's care plans for staff to follow. A staff member said, "Sometimes people do not sleep well. We then encourage them to stay in bed and get up later".

A person shared with us, "I decide what I want to do and when. I have seen my care plans and am involved". We saw that the person had produced some care plans illustrating how they wished their personal care and other activities to be managed. Staff told us that they encouraged people to make decisions wherever possible and where they needed support with this relatives were involved. Records that we looked at confirmed this.

A person said, "The staff are mostly friendly and polite". They further said, "I like to be on my own sometimes to have some peace so I go in my bedroom". People all had their own bedrooms and there were a number of communal rooms that allowed people personal space. Records that we saw highlighted that staff had determined for each person the name they preferred to be addressed by. We heard staff using these preferred names during the day. We saw that staff knocked people's bedroom doors and bathroom doors before entering. We saw that signs were available on bathroom doors to be used to highlight when the bathrooms were in use. This was to alert people and staff not to enter as personal care was being provided. Staff gave examples of how they promoted people's privacy and dignity. They gave examples of closing curtains and covering people when personal care was provided.

A person shared with us, "The staff always encourage me to do things for myself like tidying my bedroom. I don't really like doing things though". Staff confirmed that they encouraged people to do tasks for themselves wherever possible. We heard staff encouraging people to be independent. For example at mealtimes people where possible ate independently.

A person shared with us, "There are no restrictions on visiting. My family can come at any time". Relatives confirmed that they could visit at any time and were made to feel welcome". Staff told us that they

encouraged people where possible to have regular contact with their family and friends. The registered confirmed that visiting times were open and flexible.

A person confirmed, "I always wear the clothes I want". A relative told us, "They [person's name] are always clean and looking well." On the day people were going out and we saw that people were dressed appropriately for the weather. We saw that ladies had their hair nicely styled and wore nail varnish. Staff told us that people liked to look nice and that they supported people to maintain their appearance as they wished. We heard staff complementing people on their appearance. We saw that people looked pleased and smiled.

Written information was on display that gave people and their relatives contact details for advocacy services in case people wished to access this service. An advocate can be used when people have difficulty making decisions and require this support to voice their views and wishes. Staff told us that advocates had been secured for people in the past but at the present time no one used that service.

Good

Is the service responsive?

Our findings

A person said, "I came and visited with my family a few times. I liked it so I moved in. Lots of questions were asked about me". The registered manager told us that the pre-admission process for people was an assessment of need and then a visit. Opportunities such as staying for a meal and an overnight stay were offered to people to enable them to make a decision if the home could meet their needs. Records we saw highlighted that an assessment of need was carried out for each person and information from their funding authority had been obtained so that the staff would know about people's needs, preferences and risks.

Following admission to the home a four week trial/review period was in place for people and staff to have time to further determine if the placement was suitable for the person. At the end of the four weeks a review was held by the funding authority, staff, and where possible the person and/or their relatives. Records that we viewed confirmed that this process occurred.

A person confirmed to us, "I am reviewed and I am involved". We saw that reviews had been undertaken regularly. Where concerns were identified these were referred to appropriate health and social care professionals and care plans and records had been updated. Staff we asked knew people well. They knew about people's knew of people's needs, risks and special things that people liked. For example, staff knew that one person liked a particular singer and ensured that they had their drink in a mug with the singers photo on it.

Staff told us about a person who had lived at the home previously who they supported to go to church. Records that we looked at confirmed that people had been asked about their preferred faith and if they wanted to follow this. Staff told us that at that time no person wished to follow their preferred faith and records confirmed this.

A person told us, "I do go out with staff to the shops and other places. I went to Western-Super-Mare recently". Other people and their relatives confirmed that community outings were offered regularly that included, shopping, the cinema and bowling. Staff told us that people were asked what activities they would like to do and that they had taken people to the theatre and that an external provider visited the home with small animals as an activity. During the day people went out with staff during the morning and afternoon. They looked happy when they returned smiling and relaxed showing that they had enjoyed themselves. People told us that they liked to read, listen to music and watch their television as relaxation when at home. We saw that one person liked to rip pages out of a catalogue and staff had ensured that they could do this. Another person was knitting and was calm whilst doing that. Staff had supported one person to use a computer and the person had use of Wi-Fi to be able to contact family and friends and access the internet.

A person shared with us, "I did a survey". A relative told us, "I am always asked if there's anything I want to ask." Other relatives also told us that they were encouraged to give feedback on the support provided. We saw provider feedback forms that had been completed by people, relatives and staff and that an overall analysis from the feedback that had been produced. The feedback was positive, people had highlighted, "My sister is well cared for", and, "The best care home I have been in". We saw that in their responses staff had

asked for more face to face training. We spoke with the registered manager and staff about the training and was told that some face to face training had been arranged.

A person confirmed, "I would tell the manager if I was not happy. She is good". Other people said they felt comfortable raising concerns and complaints. Relatives told us that they knew how to make a complaint but no one had made any. A relative confirmed, "I have no complaints for this provider". Records highlighted that no recent complaints had been received and this was confirmed by the registered manager and deputy manager.

Requires Improvement

Is the service well-led?

Our findings

The registered manager and staff told us that regular audits were undertaken. Records we saw confirmed that in-house audits and those undertaken by staff employed by the provider from other homes and senior managers had been carried out. We found that audit processes had not always been as effective as they should have been. We found that checking processes regarding medicines needed to be strengthened as some shortfalls had not been identified or addressed. Checks and audits had not identified gaps in two people's medicine records that had occurred over two days, had not identified that handwritten medicine records had not been checked by another staff member to ensure that they were correct. Additionally checks had not identified that a short life medicine had not been date labelled as is required. When we spoke with the registered manager they told us that they did not do checks on the medicine systems as the nursing staff were accountable for this. The registered manager told us that they would personally commence undertaking checks on the medicine systems to ensure the nurses were acting correctly.

We found that some records in use were not suitable or up-to-date. The complaints procedure was in word form only. An easy read version was not available. An easy read complaints procedure is produced in different formats for example large print, or with some text represented by pictures or symbols to ensure that it is easier to read. The complex needs of the people who lived at the home may prevent them from understanding the complaints procedure in its word only version. The 'handbook' informing people about the home, staff and services provided was not current as the previous registered managers name was still highlighted rather than the new registered manager.

We asked to look at nurse pin numbers and evidence that all of the nurses were all currently registered to practice. The registered manager told us that they did not have those available. They told us that this was dealt with by the providers head office and they did not see them. We discussed this with the registered manager who agreed that they should be furnished with this information as they were responsible legally to ensure that all nurses who worked in the home were registered to practice in order for safe nursing care and support to be provided. The registered manager told us that they would address this issue.

The provider had a leadership structure that staff understood and were confident with. A staff member said, "I have respect for the registered manager. They worked here as a nurse and really know what is needed". There was a registered manager in post who was supported by a deputy manager, a team of nurses and senior care staff. A person said, "The manager is kind. I talk to her. She listens to me". Relatives we spoke with knew the registered manager and spoke highly of her. The registered manager and deputy made themselves available and were visible within the service. We saw them speak and interact with people. We observed that people smiled and chatted with the registered manager and looked relaxed and comfortable when doing so. Our conversations with the registered manager confirmed that they knew the people who lived there well.

A person told us, "There are meetings for us [people] and we can say things". Other people also told us that regular meetings were held. Staff we spoke with confirmed that they had meetings with people to determine their views and to ensure that meals and other aspects of the home were to their satisfaction.

Duty of Candour is a requirement of the Health and Social Care Act 2008 (regulated activities) Regulations 2014 that requires registered persons to act in an open and transparent way with people in relation to the care and treatment they received. We found that the provider was working in accordance with this regulation within their practice. The registered manager and staff were open and honest in their approach to our inspection by telling us plans for the home and where they felt improvements were needed. Relatives told us that they were consulted about the running of the home this showed an open transparent culture.

We requested that the Provider completed a 'Provider Information Return' [PIR]. The PIR was completed to a good standard and returned to us within the timescale we gave.
Providers are required legally to inform us of incidents that affect a person's care and welfare. The provider had notified us of the events they were required to. It is also a legal requirement that our current inspection report and rating is made available. We saw that there was a link on the provider's web site to our last report and rating and the report was on display within the premises. This showed that the provider was meeting those legal requirements.

A staff member told us, "We [the staff] are supported and guided well to ensure that we work to a good standard". Other staff confirmed that they had regular staff meetings where instruction and updates were given and feedback and prompts given where the registered manager had identified shortfalls. We looked at minutes of staff meeting minutes that confirmed that the meetings were held regularly. The relatives we spoke with felt that the staff was well-led by the registered manager and worked to a good standard. A relative told us "The staff look after the [person's name] well". Another relative said, "I do not have any concerns about the care and support".

The staff we spoke with gave us a good account of what they would do if they were worried by anything or witnessed bad practice. A staff member said, "Whistle blowing is about not being afraid to report any concerns". I would report anything that I was concerned about. We saw that policies and procedures regarding whistle blowing were in place and these are what staff told us they would follow if there was a need to.