

Mr & Mrs J Colley

# Talbot Woods Lodge

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Requires Improvement** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

### About the service

Talbot Woods Lodge is a care home accommodating 15 adults with a learning disability at the time of the inspection. The service can support up to 15 people.

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

#### Right Support:

People were not always supported to have maximum choice and control of their lives and staff did not always support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice. This is because, whilst people were supported to make choices in many aspects of their lives, there were shortfalls in relation to physical restraint, certain aspects of medication and the Deprivation of Liberty Safeguards (DoLS).

Best interests decisions had not been completed in relation to the use of physical restraint and were not fully completed in relation to medicines that could be concealed in a person's food and drink (known as covert administration of medicines) without their knowledge. This presented the risk that physical restraint and covert administration of medicines could be unlawful.

In other respects, mental capacity assessments and best interests decisions had been undertaken and recorded where appropriate, in line with the Mental Capacity Act 2005 (MCA). We have made a recommendation regarding the provider's policy and procedures in relation to the DoLS.

Accommodating up to 15 people, the service was larger than many care homes that would nowadays be registered following the Right support, right care, right culture guidance. However, the appearance of the building was of a large domestic property, like the large houses that surrounded it. People living there, most of whom had lived there for many years, viewed it as home. They were often out and about, using local facilities.

People had free access to their bedrooms, communal areas such as lounges and the enclosed garden, which was in regular use. In their rooms, people's independence was promoted through access to voice-activated smart televisions and music, and automated blinds.

#### Right Care:

People had their medicines as prescribed. During the inspection, staff consulted a pharmacist to ensure medicines mixed in a person's food and drink were being administered safely. We have made a recommendation regarding medicines prescribed as required.

Some people had care plans that allowed for physical restraint in certain circumstances; staff were trained in this area. However, this practice was not always supported by risk assessments and plans from those people's health and social care professionals. We have made a recommendation about care planning in relation to restraint.

People's care and support needs and preferences were assessed and were regularly reviewed. Their dietary needs and preferences were met. Staff knew people well; they had a good understanding of people's wishes and the support they needed.

People were relaxed and at ease with staff. Enough staff were on duty to provide the care and support people needed in the way they preferred. Staff were supported through regular training and were competent to support people safely and effectively.

The premises were clean, comfortable and well maintained.

#### Right Culture:

Governance and quality assurance systems were not robust. Although there were regular audits and reviews of various aspects of the service, these had not identified the breaches in regulation and areas for improvement that we found. The provider had not fully acted on a recommendation from the last inspection report published in April 2020. The registered manager had not ensured staff always informed CQC of legally notifiable incidents relating to people's health, safety, and welfare.

Talbot Woods Lodge had a friendly and relaxed feel. People and staff knew each other well and respected each other. People were happy and told us they enjoyed life there. Relatives were positive about the way staff supported their loved ones.

With support from staff, people routinely accessed medical, dental, and primary healthcare services as they needed. The service worked well with other organisations to help ensure people had good health outcomes.

People and relatives knew and felt able to approach the members of the senior management team. Staff also told us they felt able to raise any concerns with the management team. We have made a recommendation about communication with relatives.

Staff told us they felt well supported through training and supervision. The provider had arranged for staff to have mandatory training on autism and learning disability, in line with national guidance and expectations.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Rating at last inspection

The last rating for this service was good (published 10 April 2020).

At our last inspection we recommended the provider considered current guidance on the MCA in practice. At this inspection we found they had made some improvements to mental capacity assessments and best interests decision making. However, we identified breaches in regulation relating to assessing mental capacity and making best interests decisions in relation to restrictive practice. We also found shortfalls in

relation to working in line with conditions attached to DoLS authorisations, which the service was meeting by the end of the inspection.

#### Why we inspected

We received concerns in relation to safeguarding adults. As a result, we undertook a focused inspection to review the key questions of safe, effective, and well-led only.

We have found evidence that the provider needs to make improvements. Please see the safe, effective and well-led sections of this full report. You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Talbot Woods Lodge on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We looked at infection prevention and control measures under the safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

#### Enforcement and recommendations

We have identified breaches at this inspection in relation to consent, specifically assessing mental capacity and making best interests decisions, to good governance and to ensuring CQC was notified of all notifiable incidents.

We have made recommendations in relation to care planning for restraint, working in line with DoLS, and communication with relatives.

Please see the action we have told the provider to take at the end of this report.

#### Follow up

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

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

We always ask the following five questions of services.

### **Is the service safe?**

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### **Is the service effective?**

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### **Is the service well-led?**

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Talbot Woods Lodge

## Detailed findings

### Background to this inspection

#### The inspection

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

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

#### Inspection team

The inspection was undertaken by 3 inspectors, 2 of whom visited the home, and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Talbot Woods Lodge is a 'care home' without nursing care. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We met most of the people living at Talbot Woods Lodge. We spoke with 5 of them and observed staff supporting people in communal areas. We also spoke on the telephone with 4 relatives about their experience of the support provided. We spoke with 7 members of staff including the registered manager, manager and deputy manager, and received further written feedback from 11 staff.

We reviewed a range of records. These included 2 people's care records and elements of a further 11 people's care records, 15 people's medication records, and 3 staff files in relation to recruitment, training and supervision. We also reviewed a variety of records relating to the management of the service, including policies and procedures and quality assurance records.

#### Following the inspection

We received feedback from a healthcare professional.

# Is the service safe?

## Our findings

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

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

Systems and processes to safeguard people from the risk of abuse; Assessing risk, safety monitoring and management

- Staff had not used physical interventions, a form of restraint where staff physically hold people to stop them doing something or to escort them somewhere else, for several years. However, they had training in a recognised system of physical interventions, which Talbot Woods Lodge was appropriately accredited to use.
- Legitimate and lawful physical interventions would require a risk assessment and plan led by the person's health and social care professionals. Four people's care plans, which were based on the home's own risk assessments, allowed the use of physical interventions in certain circumstances. However, these were not all supported by risk assessments and management plans from those people's health and social care professionals.

We recommend the provider reviews their care planning for restraint, including physical interventions, to ensure this meets legal requirements and is consistent with current national guidance.

- The management team regularly reviewed the use of physical interventions as part of their restraint reduction programme.
- People were relaxed and at ease with staff. A relative said, "I feel that [person] is safe at the home, the staff appear to be attentive and [person] seems comfortable with the staff." Staff and managers had been trained about safeguarding people. They understood and met their responsibilities for recognising and reporting abuse, and for working with statutory agencies that investigate allegations of abuse.
- Staff regularly reviewed people's risk assessments and care plans. They updated these if people's needs changed.
- The premises were well maintained. There were regular health and safety checks, including regular checks of fire precautions. There was current certification for gas safety, electrical wiring, portable electrical appliance testing and water safety.

Using medicines safely

- Some people had their medicines mixed in food and drink with their knowledge, as this is what they preferred. This had not always received pharmacist approval to ensure it was safe. During the inspection, staff consulted a pharmacist to ensure these medicines were being administered safely.
- There was guidance for staff about when some as required ('PRN') medicines should be given. Staff knew people well and understood when they needed PRN medicines. However, such written guidance should be available for all PRN medicines.



We recommend the provider ensures their procedures and practice for as required medicines always follows national guidance and good practice.

- Medicines were stored securely.
- People received their medicines when they should.
- Staff training in administering medicines was kept up to date. This included training to administer rescue medicines when people needed it during seizures. There were annual checks on their competence in handling medicines safely.

#### Staffing and recruitment

- Enough staff were on duty to provide the care and support people needed in the way they preferred. Relatives commented, "There are plenty of staff at the home", "I feel that there are sufficient staff and am seeing the same [staff] faces when visiting", "I believe there are sufficient staff to support and meet [person's] needs, I hear staff around us when visiting", and "There appears to be sufficient staff on duty to support and meet the resident's needs, and during visits I see familiar faces."
- Staff were competent to support people safely and effectively. They had training in key topics when they were newly recruited and at intervals after this. Staff training was completed within the provider's expected intervals.
- Recruitment checks helped ensure new staff were of good character and suited to work in a care setting. These included obtaining a full employment history, references and Disclosure and Barring Service (DBS) checks before they started work. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

#### Preventing and controlling infection

- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was supporting people living at the service to minimise the spread of infection.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was using PPE effectively and safely.
- We were assured the provider was responding effectively to risks and signs of infection.
- We were assured the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured the provider's infection prevention and control policy was up to date.
- The provider's approach to visiting aligned to government guidance. People could receive visitors when they wished. There were facilities for visiting outside the main building if people and their visitors wanted this.

#### Learning lessons when things go wrong

- Staff reported accidents and incidents. The management team reviewed these reports and ensured any necessary action had been taken, such as seeking medical attention.
- The management team reviewed accidents and incidents every month or two for any emerging trends that might indicate further action was required to manage risks.
- Learning from accidents and incidents was shared as appropriate with people and staff. Measures were put in place to manage any risks that had been identified.

# Is the service effective?

## Our findings

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

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

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

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

At our last inspection we recommended the provider considered current guidance on the MCA in practice. The provider had made some improvements. However, we found shortfalls regarding mental capacity assessments and best interests decisions in relation to restrictions such as physically holding people to restrain them.

- There were no best interests decisions regarding the use of physical restraint. The management team said this was because people had the mental capacity to make their own decisions about restraint. However, restraint is by definition something that limits someone's freedom to do something. Physically restraining someone from what they want to do is unlawful, if they are not in that moment consenting and there is no best interests decision to support it.
- One person's care plan allowed all their medicines to be given covertly (mixed in food and drink without their knowledge) in some circumstances. There was a mental capacity assessment and best interests decision in relation to the covert administration of one of their regular medicines and to their acutely prescribed medicines, such as antibiotics and painkillers. However, the best interests decision did not cover all the person's medicines; it would not be lawful to administer covertly those medicines not specified in the best interests decision.

There was a risk that staff might provide care and treatment without people's consent, or if people lacked

the mental capacity to consent to restraint or covert administration of medicines, that was not in their best interests. This is a breach of Regulation 11(1)(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Mental capacity assessments specific to the issue requiring a decision were otherwise undertaken where staff had grounds to think someone might lack the capacity to make particular decisions because of their learning disability or mental health. Where the person was found to lack capacity, a best interests decision was made about the care the person needed and the least restrictive way to provide this.
- Members of the management team who oversaw DoLS told us no-one had conditions attached to their DoLS authorisation. However, we identified 1 DoLS authorisation with a condition. We discussed this with the management team, who ensured the condition was met before the end of the inspection.
- The service's policy relating to DoLS had been approved in 2014 and made no reference to key case law defining 'deprivation of liberty', to conditions attached to DoLS authorisations, or to how the service would monitor expiry dates and conditions to ensure they were complying with the law.

We recommend the provider reviews their DoLS policy and procedures for completeness and alignment with current legal requirements.

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

- People were happy and said they enjoyed life at Talbot Woods Lodge. Relatives were positive about people's support. Comments included: "[Person is] doing really well... appears to be happy which makes me think their needs are being met", "I believe that [person] has had their needs and choices assessed and that the care plans reflect this. The staff are aware of [person's] preferences and at present they are being supported as required", and "I think [person] is having effective and positive outcomes. They are always nicely dressed and have a personal care regime that is followed and understood by staff."
- People's care and support needs and preferences were assessed and were regularly reviewed. Key workers checked people's care and support plans monthly to ensure these remained up to date.
- There was a carefully managed transition process for people moving into the service. This enabled them to get to know the staff and the staff to learn about their needs and preferences, and how best to support them.
- Staff had a good understanding of people's wishes and the support they needed.
- People's assessments and care and support plans were kept on very large paper files. These were so large it was difficult to access information quickly. The provider accepted this and during the inspection commissioned a new electronic record keeping system.

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

- With support from staff, people routinely accessed medical, dental, and primary healthcare services as they needed. Relatives commented positively about this: "I feel [person] is healthier and happier since arriving at the home. They have access to medical professionals including podiatrist and dentist", and "I'm aware [person] has regular input from dentist and GPs."
- Staff recognised when people were in pain or otherwise showing signs of becoming unwell. They supported people to seek healthcare advice as necessary.
- A healthcare professional told us they thought people received good care at Talbot Woods Lodge.
- People received any assistance they needed with oral hygiene. Oral health was assessed and planned for in line with guidance on oral health for adults in care homes from the National Institute for Health and Care Excellence.

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

- Staff respected people's dietary needs and preferences. Relatives were positive about this aspect of peoples' support. Comments included: "The home is hot on diet; the owners are into the right food and nutrition. [Person] is weighed regularly as part of monitoring their weight and health", "[Person] has been able to maintain a healthy weight, is trying new foods which is not something they would have done previously. I haven't seen or tasted what they eat but am happy they appear happy" and "[Person] now eats well and I'm happy with their weight. They are regularly weighed... I believe they are eating well."
- Care and support plans set out clearly any support people needed with their diet or with eating and drinking.

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

- The décor was homely and in good order. The building was kept clean and at a comfortable temperature. The outside space was well maintained.
- People were happy with their rooms, which were styled according to their interests and preferences. A relative told us, "[Person] always responds positively when I ask if they are happy. [Person] likes being on the ground floor and has a lovely room."
- In their rooms, people had access to voice-activated smart televisions and music. Bedroom blinds could be operated using the smart televisions.
- People had free access to their bedrooms, communal areas such as lounges and the enclosed garden, which was in regular use.

Staff support: induction, training, skills and experience

- Staff told us they felt well supported through training and supervision.
- New staff had an induction and training. This including completing the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- The provider had arranged for staff to have mandatory training on autism and learning disability.

# Is the service well-led?

## Our findings

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

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

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

- Governance and quality assurance systems were not robust. Although there were regular audits and reviews of various aspects of the service, these had not identified the issues we found on inspection with MCA, DoLS, notifications, medicines, and care planning in relation to the use of restraint.
- The provider had not fully acted on a recommendation from the last inspection report published in April 2020. The recommendation had required them to "consider current guidance on the MCA in practice". However, despite some improvements in their MCA recording, the provider was not observing MCA requirements in relation to physical restraint and the covert administration of medicines.

The provider had failed to ensure governance systems were established and operating effectively to ensure oversight was robust, procedures were followed, and the service improved. This was a breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider sought to rectify issues raised during the inspection.

- The registered manager had not ensured staff always informed CQC of legally notifiable incidents relating to people's health, safety, and welfare. These included 3 safeguarding allegations that were later not upheld, a police investigation that was subsequently closed, and 6 outcomes and a withdrawal of applications for standard authorisations of deprivations of liberty.
- A member of staff delegated by the registered manager had notified CQC of a safeguarding concern by email but did not use the form provided for this purpose, even when requested.

Notifiable incidents had not always been notified to CQC without delay, in the specified format. These were breaches of Regulations 18(1), 18(4A) and 22A of the Care Quality Commission (Registration) Regulations 2009.

- Regular audits and reviews had served to ensure people's care and support plans were up to date, that restrictive practices were not frequently used and that the premises were clean and safely maintained.

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

- Talbot Woods Lodge had a friendly and relaxed feel. People and staff knew each other well and respected

each other. Relatives commented, "It is evident that [person] loves and trusts the staff. They seem very caring and kind" and "As far as I'm aware all staff have been at the home for many years and regular training takes place. The staff appear to be good and caring."

- Staff reported job satisfaction and said they felt supported by the management team.
- Staff also knew the 4 members of the senior management team, although a couple were unclear as to who was the manager and who was the deputy manager. However, staff knew how to report accidents, incidents, and safeguarding and whistleblowing concerns. The members of the senior management team were the registered manager and her husband (the registered providers of the service), the manager and the deputy manager.
- People and relatives also knew the members of the senior management team. They told us they felt able to approach managers and staff if they needed to: "I feel that I can talk to [registered manager] and other staff, if I need to."

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

- The registered manager understood the requirements of the duty of candour, that is, their duty to be honest, open and apologise for any accident or incident that had caused or placed a person at risk of harm.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Relatives were generally satisfied with their communication with the service, although 2 relatives mentioned things they missed or had not heard about since the COVID-19 pandemic. A relative mentioned how their communication with the service had changed: "I haven't attended a relatives' meeting since covid. I miss these as I liked meeting the other parents and chatting to them." Another told us how they did not recall being advised they could now meet their family member in the main house rather than in the garden.

We recommend the provider reviews their communication with relatives and how this might be further improved.

- Relatives told us they thought the service worked well with other organisations. One commented, "I think it works well with other agencies as was seen when [person] was placed at the home. There was good communication between the home, us, the social worker and the learning disability nurse." Another said, "The home works with other organisations such as dentists and GPs."
- People, relatives, professionals, and staff had the opportunity to give feedback through care and support reviews, and through annual questionnaires. Questionnaire results were collated and used to inform developments and improvements at the service. A relative told us, "I receive questionnaires from the home to complete, I'm not sure if I get to see what the overall response is to the questionnaire? I also attend reviews of the care and support plan."
- There were meetings at least quarterly run by people living at the service with support from staff. These discussed life at Talbot Woods Lodge, such as activities people would enjoy, and provided a forum for people to give feedback about the service. Minutes were provided for people in an accessible format.
- There were also quarterly individual staff supervision and staff team meetings. Team meetings provided updates to staff, as well as discussion about current good practice and individual people's needs. Staff supervision enabled staff to talk with a manager about their work and training needs in a supportive, reflective manner.

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 18 Registration Regulations 2009 Notifications of other incidents</p> <p>How the regulation was not being met: Notifiable incidents had not always been notified to CQC without delay, in the specified format.</p> <p>Regulations 18(1), 18(4A) and 22A of the Care Quality Commission (Registration) Regulations 2009</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>How the regulation was not being met: There was a risk that staff might provide care and treatment without people's consent, or if people lacked the mental capacity to consent to restraint or covert administration of medicines, that was not in their best interests.</p> <p>Regulation 11(1)(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>How the regulation was not being met: The provider had failed to ensure governance systems were established and operating effectively to ensure oversight was robust, procedures were followed, and the service</p>

improved.

Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014