

Talbert Living Care Investments Limited

Talbert Living Care Investment

Inspection report

Office Number 4, JohnPye Serviced Offices
Mercury House, North Gate, Basford
Nottingham
NG7 7FN

Tel: 01156971675
Website: talbertlivingcare.co.uk

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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

About the service

Talbert Living Care Investment is a domiciliary care service providing the regulated activity personal care, which is help with tasks related to personal hygiene and eating, in people's own homes. At the time of our inspection there were 26 people receiving personal care using the service.

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

People were supported by sufficient numbers of trained staff who knew them well and understood their needs and preferences. We found some shortfalls in the training staff had received. We have made a recommendation to the registered manager about improving the training for staff within the service.

People were protected from the risk of harm or abuse by a registered manager and staff team who understood their safeguarding responsibilities. Medicines were managed safely by staff who were trained and assessed as competent in medicines management.

Care plans were person centred and contained information on identified risks and the effective management of these for people. People and their relatives had been consulted in these plans prior to commencing with the service.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The service was well led, by a registered manager who was passionate about providing quality care for people and understood their regulatory responsibilities. They were keen to develop the service, whilst maintaining the quality and standards they had set.

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

Rating at last inspection

This service was registered with us on 10 November 2020 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

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?

Good ●

The service was Safe

Details are in our safe findings below.

Is the service effective?

Good ●

The service was Effective

Details are in our effective findings below.

Is the service caring?

Good ●

The service was Caring

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was Responsive

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always Well-Led

Details are in our well-led findings below.

Talbert Living Care Investment

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.

Inspection team

This inspection was carried out by an inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

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

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 25 April 2023 and ended on 2 May 2023. We visited the location's office on 26 April 2023. On 27 April 2023 an Expert by Experience carried out telephone calls with people using the service

and their relatives to gain their views.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authorities who worked 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 spoke with 7 people and 7 family members or their representative about their experience of the care provided. We spoke with the registered manager and the care co-ordinator. We sought the views of 3 support workers by telephone or by e-mail.

We reviewed a range of records. This included 4 people's care records. We looked at 4 staff files in relation to recruitment. A variety of records relating to the management of the service, including quality monitoring, minutes of meetings, and the staff training and supervision matrix.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- Staff had completed training in key areas to promote people's safety, health and well-being, to ensure they had the appropriate knowledge. For example, in the use of equipment to move people safely, first aid, infection prevention and control, and food hygiene.
- There were enough staff to meet people's needs. People and family members told us staff in the main arrived on time, stayed for the agreed length of time and they were informed if staff were running late. A person said, "Oh yes, I'm safe, they are very friendly. I think there are enough staff in my opinion and I'm not worried about anything."
- Staff told us they felt there were enough of them to provide the required support for people. One staff member told us, "I think the company is still growing and the staff are enough at the moment. If someone is off sick, there is always someone who covers those shifts until the staff member is back at work. We have two people who require 2:1 support, and this always happens without any problems."
- Staff were recruited in line with the provider's policy. Staff records included all required information, to evidence their suitability to work with people, which included a Disclosure and Barring Service check (DBS). The DBS assists employers to make safe recruitment decisions by ensuring the suitability of individuals to provide care for people.

Systems and processes to safeguard people from the risk of abuse

- The registered manager was aware of their duty to report any safeguarding concerns to the local authority safeguarding team and to the Care Quality Commission.
- Staff had been trained in safeguarding procedures and knew what action to take to protect people from harm and abuse. This included knowledge on who to report concerns to, both internally and to external agencies. Staff understood these responsibilities and knew of the provider's whistleblowing policy.
- One staff member told us, "If I had concerns about something I have witnessed in the service I would first identify what the issue is. Then I would document the facts about the issue, after which I will report to the appropriate authorised recipient. I should not investigate the case myself."

Assessing risk, safety monitoring and management

- People were protected from risks associated with their care. Potential risks were assessed and regularly reviewed to promote people's independence and safety.
- Equipment required to support people's needs had been identified. For example, adapted beds, pressure relieving mattresses and hoists, and how they were to be used safely to support people.
- Environmental risks related to people's homes were considered as part of the assessment process. For example, fire and falls risks. To support people's safety, key information was recorded within people's

records to be accessed by staff in an emergency.

Using medicines safely

- Systems and processes were in place to support people safely, where required, with their medicines. One person said, "I get my medication on time and [staff] seem well trained to me."
- People's medicines support needs were considered as part of the assessment process. People were encouraged to maintain independence in managing their own medicine. Where support was required, records identified the name of the medicine, the dosage and time it was to be given, and the level of support the person required from staff.
- Staff who administered medicines undertook medicines training and their competency was regularly assessed by the registered manager.
- One staff member told us, "We are checked by the registered manager. Making mistakes with medication is a safeguarding issue and should be documented and reported when it happens."

Preventing and controlling infection

- Government guidance for the wearing of personal protective equipment (PPE), gloves, masks and aprons by staff when providing personal care and support was being followed by staff.
- People and family members told us staff wore protective equipment, which included gloves and aprons. A person said, "Staff always wear masks, gloves and an apron."
- Staff had received training about COVID-19 and infection prevention measures to ensure they protect people from harm.

Learning lessons when things go wrong

- Processes were in place for the reporting and following up of accidents or incidents, which included informing external organisations, such as the CQC and the local authority. We found accident and incident forms had been completed by staff and audited by the registered manager. Any learning from these had been shared with the staff team.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff received training relevant to their role and records showed all staff had completed training which the provider has identified as being necessary. Staff undertook a period of induction, where they worked alongside experienced staff.
- Staff described the training they had received such as, safeguarding adults, moving and handling, the Mental Capacity Act (2005) and infection prevention and control. We found staff had not received training in subjects such as, diabetes, skin management, epilepsy and falls awareness; even though they supported people who lived with these identified needs.

We recommend the registered manager accessed more training for staff, based on current best practice; in relation to the specialist needs of people using the service.

- In relation to staff skills and training a relative told us, "More training could be helpful, although my family member is constantly reminding the staff what to do."
- Staff told us they felt well trained and confident they had the skills needed to fulfil their role and were regularly assessed to ensure their competency.
- One staff member told us, "Yes I have specific training in relation to the people I support. One example is the training I had in moving and handling. We have a person receiving care in bed and we hoist them from their bed to go to the bathroom for a shower. The training helped to equip me with knowledge to move this person safely."

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

- Care plans were developed and regularly reviewed for each identified need people had, with clear guidance for staff to follow on how to meet those needs. A staff member told us, "Yes they are clear, because they give an outline on what the person requires."
- One person told us, "They [staff] do my food and drink, I'm in bed, so they leave everything where I can reach it. I make and get choices. Yes, they always explain what they are doing."
- The registered manager considered people's protected characteristics under the Equality Act 2010 when assessing their needs. For example, people were asked about any religious or cultural needs they had so those needs could be met. This was recorded in people's care plans and staff understood the importance of this to each person they supported.

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

- People's dietary needs and preferences were being met.

- Staff were knowledgeable about people's dietary needs and requirements and how people wished to be supported at mealtimes. People's food preferences, cultural requirements and consistency of food and drinks, for example normal, soft or pureed foods, was recorded in their care plan. We saw evidence of referrals to speech and language teams (SALT) to ensure people received the correct meals and support.
- A relative told us, "We do the food, generally sandwiches and a drink. Staff offer [Name] a choice of sandwich and know they sometimes don't like chicken or microwave meals. It's the way staff explain, like doing things at my family member's pace."
- Records showed people's food and fluid intake, and other clinical observations were recorded regularly; with areas of concern shared promptly with a relevant health professional. These observations gave a good indication of the overall health of people using the service; and was an area of good practice.

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

- People and their relatives told us staff were attentive to people's health needs. We saw from records the service had identified when people required support and arranged for them to access a range of healthcare professionals; including GPs, opticians, social service and health team specialists when needed.
- We spoke with a relative who told us, "Yes, they are aware of [Names] health needs as they give them their tablets and they try to give us the same carers."

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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.

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.
- Everyone we spoke with felt they were given choice and their opinions were respected by staff. In relation to asking their consent one person said, "Of course they do, if they assist me to the toilet, they know what they are doing. It's the best care I've had in 3 years."
- One staff member told us, "Every adult has a right to make their own decisions. As carers we assume everyone has capacity unless it can be established that they don't have capacity. Before concluding that a person lacks capacity to make a particular decision it is important to take all possible steps to try and help people make a decision themselves."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff knew people well and understood their individual support needs and routines.
- One person said, "Staff are compassionate and very good. They see how stiff my limbs are in the morning so do things at my pace. They know me well as I generally get the same carers and I get to know them well."
- One person said, "They [Staff] know me well and call me by my name, they also listen to Christian things with me on TV. They listen to me and my relative too."

Supporting people to express their views and be involved in making decisions about their care

- People and relatives were involved through regular contact from the registered manager. The registered manager told us, "I'm getting to know people and relatives well. I have made that a focus. We have a questionnaire which we will be sending out to people and their relatives for obtaining formal feedback."
- A relative said in response to their feelings about people's involvement with their care, "They are kind and caring, they know my family member loves dancing, so they dance with them in the kitchen; this is very endearing. They know them and know me pretty much as well now."
- Information on emergency contact details, who to raise concerns or complaints with and advocacy services was available for people who used the service.

Respecting and promoting people's privacy, dignity and independence

- People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible.
- One person told us, "Yes, they are kind and caring, I have a bit of fun with them, they give me peace of mind. Not only do they know me well they also listen to me, and I think that's very important."
- One relative spoke of the staff providing positive encouragement and choices to their family member, who lived with cognitive decline. They said, "They give [Name] choices, as they know them now and what they like and dislike. They would say "would you like trifle now?" and talk them through it and "we are going to take you to the toilet, is that okay?"

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Relatives spoke positively about staff having an understanding of the preferences and care needs of their family members.
- One relative told us, "Yes, I have seen the care plan and I can understand it."
- A staff member told us, "I read people's care plans, it helps in getting to know people and ensure their preferences are met. I also find time to chat with people to ensure I get to know what they like."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People were provided with information they needed to make decisions in a format they understood. Staff understood how to communicate in a way that suited people as individuals.
- One person lived with sight loss, and explained how staff understood their needs and supported them appropriately in regard to this.
- The registered manager was receptive to providing any aids to assist communication for people. This included easy read material and translated material if required.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The service ensured people were encouraged to be active participants through activities that enhanced their quality of life. People accessed the local community if they wished to enjoy interests which were tailored to the individual.

Improving care quality in response to complaints or concerns

- Relatives felt confident that they could approach the registered manager or staff with any concerns. One of the relatives spoken with had made a complaint prior to our inspection, which they advised the registered manager had addressed.

End of life care and support

- End of life care plans were in place where people had wished to discuss this, detailing how people wanted

to be supported at the end of their lives.

- Nobody was receiving end of life care at the time of our inspection. Care plans did contain information on peoples wishes and feelings in regard to this area of their care.
- Not all staff had received training on death, dying and bereavement, to enable them to support people at the end of their lives.

We recommend the registered manager sought training opportunities on end-of-life care for staff to ensure people could be supported appropriately in the future.

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.

This is the first inspection for this newly registered service. This key question has been rated 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.

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

- Some communication difficulties were identified by people and family members as a potential barrier to their receiving good care, where staff's first language was not English.
- A person told us, "Communication is poor as some of the carers have only been in the UK for the last 3 months and the previous carers were UK based. It seems to be a mismatch, but they do what they can." While a relative told us, I don't have specific examples, but I used to be a carer and feel that there is a 'language barrier' with some of the staff."
- The registered manager had identified that new staff who did not have English as a first language may need extra support with this. They had a plan for regular team days out to help improve cultural awareness and integrate them into society outside of work. The registered manager felt this would support staff with language skills as well as improving their knowledge of the region. We will review this at our next inspection.
- The service was led by a motivated registered manager, supported by a staff team who strived to deliver the best person-centred care they could.
- A relative told us, "I would certainly recommend them, they are a nice size. A 'family' size, they still have that 'personal' touch."
- Management audits were in place for all aspects of service delivery. This meant there was clear management oversight throughout the service. The registered manager used these to monitor and improve quality where any shortfalls were identified. This had not picked up prior to our inspection that there were shortfalls in the training needs of staff.
- The registered manager was receptive to accessing the training we recommended as being required for people living with specific conditions.

We recommended the registered manager arranged this with their training provider following our inspection.

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

- We saw from the incidents and accidents folder that the registered manager had followed the Duty of Candour, by informing relatives at the time of any issues arising.
- Relatives told us the service were proactive and responsive in relation to requests for information or updating them on changes with their family members.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager carried out monthly reviews at the service, which assessed each area in a written report. Any concerns identified were shown on the action plan in place for the service.
- The registered manager understood the importance of maintaining confidentiality with people's personal information. One staff member told us, "We always respect people's confidential information. For example, never take people's care plans home and always log off from the care planners so as to keep people's information confidential."

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

- We saw the registered manager ensured there was regular engagement with people who used the service and their relatives. The registered manager was looking to improve this for the future by using a more formal survey approach.
- One person told us, "I have no complaints, the manager would sort anything out. It is well managed, the best I've had in 3 years. I've not had a survey, but they have verbally asked if I feel safe and if I want anything. Yes, the manager does spot checks. I'm satisfied with the service; they don't need to change anything."
- A staff member told us, "The managers are easily approachable and are hands on. I also see them when they come to monitor our performance. We have monthly meetings where we meet and discuss our work progress."

Working in partnership with others

- People were referred on to specialist health or social care professionals when their identified needs changed, and they required further assessment.