

Mr & Mrs J Colley

Talbot Woods Lodge

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?	Good ●

Summary of findings

Overall summary

About the service

Talbot Woods Lodge is registered to accommodate up to 15 people and provides care and support for people with learning disabilities. The service is split over three floors which were accessible by stairs. There were 14 people using the service at time of inspection.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The service was registered to provide support to up to 15 people and there were 14 people using the service at the time of our inspection. The service is larger than recommended by best practice guidance. However, we have rated this service good because the building design fitting into the residential area and the other large domestic homes of a similar size. There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people.

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

The service met the requirements of the Mental Capacity Act (MCA). MCA assessments had been carried out for people in relation to their care needs. However, the paperwork was not clear about the specific decision being made.

We have made a recommendation about the MCA in practice.

People told us they were happy and felt safe. Relatives said staff had a good understanding of people's needs and preferences. Risks had been identified and measures put in place to keep people safe from harm. Medicines were managed safely and administered by trained staff.

Staff listened to what people wanted and acted quickly to support them to achieve their goals and outcomes. Staff offered people solutions to aid their independence and develop their skills.

Staff were well trained and skilled. The emphasis of support was towards inclusion and enabling people to learn essential life skills. Equality, diversity and human rights were promoted and understood by staff.

People and relatives described the staff as caring, kind and friendly and the atmosphere of the home as relaxed and engaging. People were supported to have maximum choice and control of their lives.

People received pre-admission assessments and effective person-centred support. The service was responsive to people's current and changing needs. Regular reviews took place which ensured people were at the centre of their support.

People, relatives and staff spoke highly about the management and staff had a clear understanding of their roles and responsibilities. The team worked together in a positive way to support people to achieve their own goals and to be safe.

Checks of safety and quality were made to ensure people were protected. Work to continuously improve the service was noted and the registered manager was keen to make changes that would impact positively on people's lives.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

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

Rating at last inspection

The last rating for this service was good (published 11 August 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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?

Good ●

The service was well-led.

Details are in our well-led findings below.

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 Care Act 2014.

Inspection team

This inspection was completed by one inspector.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This was an unannounced inspection.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We reviewed information we had received about the service. This included details about incidents the provider must notify us about, such as abuse; and we sought feedback from the local authority and professionals who work with the service. We used all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service. We spoke with the registered manager and four staff. We reviewed a range of records. This included eight people's care records and four people's medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including quality audits, incident reports, health and safety checks and feedback questionnaires. We walked around the building and observed care practice and interactions between support staff and people.

After the inspection

We looked at MCA records and policies. We reviewed our evidence to support our judgements. We contacted three relatives via telephone to seek feedback about the care their loved ones were receiving.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management;

- Risk assessments were in place which gave clear measures for staff to follow to reduce the risk of harm. Assessments covered areas such as; epilepsy, accessing the community, falls and choking. A staff member said, "We risk assess activities and make sure wishes and preferences are respected".
- Positive behaviour support plans were in place and up to date. These plans gave staff clear guidelines on approaches to use if people displayed behaviours which may challenge the service. Staff spoke confidently about how they would best support people during times when they may display behaviour which challenged the service.
- Regular fire and health and safety checks were completed by the administrator and management at Talbot Woods Lodge.
- Annual safety checks were completed by external professionals such as gas safety and portable appliances.
- People had personal emergency evacuation plans which guided staff on how to help people to safety in an emergency.

Learning lessons when things go wrong

- The registered manager ensured the service responded appropriately when accidents or incidents occurred. There was an effective system in place which meant these were reviewed, analysed and used as a learning opportunity. Learning was shared with staff during supervisions and staff meetings.

Systems and processes to safeguard people from the risk of abuse including recruitment

- People, relatives, professionals and staff were confident people were safe. For example, external doors were secure, policies were in place and care plans were clear.
- We asked a person if they felt safe with staff. The person said, "I feel safe and like living here". A relative told us, "[Name] is safe living at Talbot Woods lodge. They are looked after really well". Another relative said, "[Name] is safe there, they are always happy to go back, this gives me confidence they are safe".
- Staff could tell us signs of abuse and who they would report concerns to both internal and external to the home.
- There were enough staff on duty to meet people's needs. We asked one person if there were enough staff. They said, "I think there are enough staff, there's always someone around". A relative told us, "There are enough staff. I have no concerns there". A staff member commented, "There are enough staff working here. Hours are always covered. The registered manager is very good with the rota".
- The registered manager told us they monitored the amount of staff needed based on people's needs and their activities and appointments.
- The provider operated a safe recruitment process. Recruitment checks were in place and demonstrated

that people employed were safe to work with vulnerable adults, had satisfactory skills and the knowledge needed to care for people.

Using medicines safely

- We found that the service had implemented safe systems and processes which meant people received their medicines in line with best practice.
- The service had safe arrangements for the ordering and disposal of medicines.
- Medicines were stored securely. Daily temperature checks were completed, however the past three days showed that temperature checks had not been completed. We checked back to see if there was a pattern of gaps and found that there wasn't.
- The staff responsible for the administration of medicines were all trained and had had their competency assessed.
- Where people were prescribed medicines that they only needed to take occasionally (typically referred to as PRN), guidance was in place for staff to follow to ensure those medicines were administered in a consistent way.
- Medicine administration records were completed and audited appropriately.

Preventing and controlling infection

- The home was visibly clean and odour free. There was an infection control policy and cleaning schedule to ensure risks to people, staff and visitors from infection were minimised.
- Staff had received infection control training and understood their responsibilities in this area. There were hand washing facilities throughout the home and staff had access to personal protective equipment such as disposable gloves and aprons.
- People were supported to participate in keeping their home and rooms clean to minimise the risks of the spread of infection.
- The service ensured a high level of hygiene was maintained and checks were completed. Regular infection control audits were completed by the management and up to date.

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take 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 with appropriate legal authority. 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 any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Some people at Talbot Woods Lodge were living with a learning disability or autism, which affected their ability to make some decisions about their care and support.
- The service met the requirements of the MCA. MCA assessments had been carried out for people in relation to their care needs. However, the paperwork was not clear about the specific decision being made. The assessments stated that the person lacked capacity. Each person had the same wording on their assessments, and they covered a number of decisions within one assessment. The provider told us they would review these.
- Where people lacked capacity, consent had been sought from some relatives who did not hold the legal authority to do so. The registered manager told us that some relatives were in the process of obtaining power of attorney and would follow this up with them.
- Where people were assumed to have capacity, consent had not always been sought from the person for their care, sharing of information or for use of their photographs. A person told us, "I think I have a care plan, is it the big folder in the office? I have never seen what's in there. I haven't signed any care plan or anything".

We recommend the provider consider current guidance on the MCA in practice.

- During the inspection, we observed staff putting their training into practice by offering people choices and respecting their decisions.
- DoLS applications had been made to people's local authorities.

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

- Although many people living at Talbot Woods Lodge had lived there for many years there was a clear referral and admissions process in place. This ensured people received pre-admission assessments and effective person-centred support during transition between services.
- A person who had recently temporarily moved into the home told us, "It took a long time to find the right place to meet my needs. As soon as I came here, I knew this was right. I like it here. I hope I can stay here long term".
- People's needs and choices were assessed with care, treatment and support provided to achieve effective outcomes. There were actions under each outcome of care which detailed how staff should support people to achieve their agreed goals and outcomes.

Staff support: induction, training, skills and experience

- Staff told us that they felt supported and received appropriate training and supervisions to enable them to fulfil their roles. A staff member told us, "Training is good here. I have recently done rescue medicine, fire and behaviour refresher training. This is all very useful".
- There was a clear induction programme for new staff to follow which included shadow shifts and practical competency checks in line with the Care Certificate. The Care Certificate is a national induction for people working in health and social care who have not already had relevant training.

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

- People told us they enjoyed the food at Talbot Woods Lodge. One person told us, "I like the food here. It was fish cakes, chips and peas and coffee after. There is always a choice of drinks, they [staff] are very good to us". Another person said, "Food nice, yes".
- Staff understood people's dietary needs and ensured these were met. Where nutritional needs had been assessed clear guidelines were in place. A relative said, "The quality of food is good. [Name's] dietary needs are met".
- The home had a four-week seasonal menu. Staff told us people played a part in choosing meals for the menu in house meetings with the registered manager.
- Staff told us people enjoyed taking part in preparing meals and shopping for food.

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

- People had access to health care services as and when needed. Health professional visits were recorded in people's care files which detailed the reason for the visit and outcome. Recent health visits included; podiatrists, GP and dentist.
- People received an annual health check as per best practice for people with a learning disability.
- Information was recorded ready to be shared with other agencies if people needed to access other services such as hospitals. For example, health action plans and hospital passports had been completed.

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

- Talbot Woods Lodge was a large three storey detached home. There were five bedrooms on the ground floor, seven on the first floor and three bedrooms on the second. The lounge was open plan with a dining area at the rear and a separate kitchen. There was also a communal activity room.
- The home was decorated with photos of people who used the service and artwork they had created. This added to the homely atmosphere.
- People told us that they liked their home. One person said, "I like the house it is comfortable". A relative told us, "The environment is nice. They [management] are regularly updating things. It's homely and there is a nice garden".
- Staff told us people's rooms were painted and decorated in the way they chose.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same 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

- People and relatives told us staff were kind and caring. One person told us, "Staff are kind and caring to me which is nice." Another person said, "Staff are nice, like the staff". A relative commented, "Staff are lovely and caring. Can't fault them".
- People's cultural and spiritual needs were respected. Staff encouraged people to receive visitors in a way that reflected their own wishes and cultural norms, including time spent in privacy.
- Training records showed that all staff had received training in equality and diversity.

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

- People were able to express their needs and choices and staff understood their way of communicating. A staff member said, "We offer people options and choices. We use photos, pictures, words or show them options. For people who may be visually impaired we describe things which then helps them to make choices".
- A person said, "Staff understand that people have different ways of communicating which is brilliant".
- Where needed, the home sought external professional help to support decision making for people such as advocacy services.

Respecting and promoting people's privacy, dignity and independence

- People were treated with respect. We observed staff knocking on people's doors before entering and not sharing personal information about people inappropriately.
- A staff member said, "During personal care we close doors and curtains. We always talk people through tasks like washing and dressing".
- Independence was important to people and staff. A person said, "I like doing things for myself when I can".

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same 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

- Throughout the inspection we observed a positive and inclusive culture at the service. Person centred care, involving people and using creative approaches were embedded and normal practice for staff.
- Care plans were personalised and updated in response to people's changing needs. People's likes, dislikes and preferences were known and led to the delivery of personalised care. Staff used this information to care for people in the way they wanted.
- Staff explained how they put people at the centre of their care and involved them where possible and their relatives in the planning of their care and treatment.
- Relative comments included; "I attend annual review meetings. Always get a report before and notes after" and "[Name] is in their review and takes part as much as they can".

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

- People were supported to access the community and participate in activities which matched their hobbies and interests and were reflected in individual support plans. During the inspection, we observed people being supported into the community including cafes and shopping.
- Relative's and people's comments included; "Trips to different places take place. [Name] likes to be out and about". A person said, "Accessing the community with staff is important to me. It helps me having people with me. I get scared easily and this is helping me build my confidence".
- Staff considered how barriers due to disability and complex behaviour impacted on people's ability to take part and enjoy activities open to everyone.
- People were supported to develop and maintain relationships to avoid social isolation. This included contact with those important to them including family, friends and other people living at the home.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others. We saw evidence that people's identified information and communication needs were met.

- Copies of information and procedures were also available in easy read format. For example, safeguarding, complaints and privacy and dignity. Other easy read documents included hospital passports and health action plans.

Improving care quality in response to complaints or concerns

- The registered manager told us they welcomed complaints adding "These have led to positive outcomes".
- The service had a complaints procedure in place; this captured the nature of complaints, steps taken to resolve these and the outcome. At the time of our inspection there were no live complaints.
- We found that complaints had been fully investigated, outcomes discussed with the complainant and where necessary improvements made.
- People and relatives told us they knew how to raise concerns and make complaints. One relative told us, "I have no concerns or complaints. If I had, management are approachable and would act on it".

End of life care and support

- People's end of life wishes had started to be explored by the service. The registered manager told us this was an area they will focus on. Some people had funeral plans in place.
- The registered manager understood the importance of capturing people's preferences and choices in relation to end of life care because a sudden death may occur.

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager promoted a person-centred culture and had a passion for inclusion and making a difference to people. On several occasions during the inspection we observed people and staff accessing the manager's office and having positive open discussions.
- Staff, people and relatives were positive about the management of the home. A person said, "The manager is really good, and they work with me". A relative told us, "The registered manager is very good. The home is run well".
- Staff comments included, "The registered manager is very supportive to staff and people. They complement good work. They are vigilant and will pick staff up if they are not following protocol" and, "The registered manager works care shifts as part of [registered manager's] usual practice which I think is very good indeed".

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 duty of candour. The registered manager told us, "It's about good leadership, good citizenship, being honest and leading by example. Being open and honest is key".

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Managers and staff were clear about their roles and responsibilities. Duties were clearly detailed in staff job descriptions which were included in personnel files.
- Staff told us they felt supported, valued and listened to by the management team. A staff member told us, "I feel valued. The registered manager has really helped me learn everything I know and given me many opportunities".
- The registered manager had ensured they had communicated all relevant incidents or concerns both internally to the provider and externally to the local authority or CQC as required by law.
- The provider and management team demonstrated a commitment to ensuring the service was safe and of high quality by completing checks and seeking feedback from people and stakeholders which was generally

positive. Where improvement areas had been found actions had been taken.

- Regular checks were completed by the management team to make sure people were safe and that they were happy with the service they received.
- Regular areas audited included; care files, staff records, medicines, health and safety and infection control.

Working in partnership with others

- Talbot Woods Lodge worked in partnership with other agencies to provide good care and treatment to people.
- The service had good links with the local community and key organisations, reflecting the needs and preferences of people in its care. This included local day centres.
- The registered manager told us they took part in local manager forums and shared best practice.