

# **Care and Social Services Inspectorate Wales**

Care Standards Act 2000

**Inspection report  
Care homes for older people**

**Talbot Court**

Talbot Road  
Port Talbot  
SA13 1DR

**Date of publication - 6<sup>th</sup> April 2009**

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**Care and Social Services Inspectorate Wales**

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Registered provider:	Wendy Ann Morris
Registered manager:	Wendy Ann Morris
Number of places:	29
Category:	Care Home Nursing - Older
Dates of this inspection episode from:	28 November 2009 to: 23 March 2009
Dates of other relevant contact since last report:	Nil
Date of previous report publication:	14 April 2008
Inspected by:	Helen Miller
Lay assessor:	Nil

## Introduction

This report has been compiled following an inspection of the service undertaken by the Care and Social Services Inspectorate for Wales (CSSIW) under the provisions of the Care Standards Act 2000 and associated Regulations.

The primary focus of the report is to comment on the quality of life and quality of care experienced by service users.

The report contains information on how we inspect and what we find. The report is divided into distinct parts mirroring the broad areas of the National Minimum Standards.

CSSIW's inspectors are authorised to enter and inspect regulated services at any time. Inspection enables CSSIW to satisfy itself that continued registration is justified. It also ensures compliance with:

- Care Standards Act 2000 and associated Regulations whilst taking into account the National Minimum Standards.
- The service's own statement of purpose.

At each inspection episode or period there are visit/s to the service during which CSSIW may adopt a range of different methods in its attempt to capture service users' and their relatives'/representatives' experiences. Such methods may for example include self-assessment, discussion groups, and the use of questionnaires. At any other time throughout the year visits may also be made to the service to investigate complaints and to respond to any changes in the service.

Readers must be aware that a CSSIW report is intended to reflect the findings of the inspector at a specific period in time. Readers should not conclude that the circumstances of the service will be the same at all times.

The registered person(s) is responsible for ensuring that the service operates in a way which complies with the regulations. CSSIW will comment in the general text of the inspection report on their compliance. For those Regulations which CSSIW believes to be key in bringing about change in the particular service, they will be separately and clearly identified in the requirement section.

As well as listing these key requirements from the current inspection, requirements made by CSSIW during the year, since the last inspection, which have been met and those which remain outstanding are included in this report. The reader should note that requirements made in last year's report which are not listed as outstanding have been appropriately complied with.

Where key requirements have been identified, the provider is required under Regulation 25B (Compliance Notification) to advise, in writing, the appropriate regional office of the completion of any action required by CSSIW.

The regulated service is also responsible for having in place a clear, effective and fair complaints procedure which promotes local resolution between the parties in a swift and satisfactory manner, wherever possible. The annual inspection report will include a summary of the numbers of complaints dealt with locally and their outcome.

CSSIW may also be involved in the investigation of a complaint. Where this is the case CSSIW makes publicly available a summary of that complaint. CSSIW will also include within the annual inspection report a summary of any matters it has been involved in together with any action taken by CSSIW.

Should you have concerns about anything arising from the inspector`s findings, you may discuss these with CSSIW or with the registered person.

Care and Social Services Inspectorate Wales is required to make reports on regulated services available to the public. The reports are public documents and will be available on the CSSIW web site: [www.cssiw.org.uk](http://www.cssiw.org.uk)

## Overall view of the care home

Talbot Court was situated on the outskirts of Port Talbot, alongside a busy main road. There was road parking and a small car park to the rear of the building. It was within reach of local bus routes, local shops and amenities are within reasonable walking distance of the home.

Talbot Court was registered to care for up to 29 people over the age of 65 years with nursing or personal care needs.

This inspection episode was carried out by one inspector over a period of several weeks. It was based on a proportionate approach, in line with the policy of the Care and Social Services Inspectorate Wales. A plan of inspection was developed from information in the self-assessment documentation provided by the provider and manager at the start of the inspection episode, together with prior knowledge held by CSSIW. The self-assessment documentation was comprehensively completed and provided a considerable amount of information about the running of the home. A copy of the inspection plan was sent to the registered persons in advance of the inspection.

The methodology of the inspection process included:

- An unannounced inspection visit on 6<sup>th</sup> March 2009 undertaken by two inspectors.
- Discussions with the manager on the development and changes to the service since the last inspection episode.
- General discussion with members of staff.
- 1 completed confidential questionnaire was returned from a professional person.
- 6 completed confidential questionnaires were returned from relatives of service users.
- 5 completed confidential questionnaires were returned from members of staff.
- Individual discussions with a small number of service users.
- Observation of the interaction between staff and the service users.
- Examination of 4 randomly selected staff files.
- Examination of documentation relating to 3 service users, involving scrutiny of all records, care plans and risk assessments.

Prior to the inspection the registered person also completed the Care and Social Services Inspectorate Wales technical checklist form. This document is a declaration that gives assurance that health and safety requirements within the setting have been met by the registered person and that all necessary safety certificates, tests and checks are in place. These have not all been counter checked by the inspector, but future monitoring visits may involve random sampling of them.

A more detailed report about the findings of this inspection episode can be found in the main body of the report including any regulatory requirements or good practice recommendations. It is not practically possible for every aspect of the operation of an establishment to be observed on each visit. The absence of reference to a particular fault or issue does not mean that such a fault does not exist. It is the responsibility of the registered persons to ensure that in all respects the home operates in accordance with the relevant legislation and national minimum standards.

The inspector would like to thank the service users, staff and managers for their co-operation and assistance in carrying out this inspection episode.

## Choice of home

### Inspector's findings:

Talbot Court had a clear and comprehensive statement of purpose and service user's guide. The documents were clear and easy to understand and contained a full description of the home and the services and facilities that it offered, including the admission process. A copy of the most recent inspection report was available for perusal within the home.

Copies of these documents were provided in advance of the inspection. There was evidence that both had been reviewed in 2008. Within these documents it was noted that the homes' complaint procedure had been updated to ensure compliance with The Care Standards Act 2000 and The Children Act 1989 (Regulatory Reform and Complaints) (Wales) Regulations 2006 which came into force on 1 January 2007.

There had been no changes to the admission policy or the arrangements for pre-admission assessments since the last inspection episode. It was evident from an examination of records that new service users had been admitted in accordance with this policy.

Where admissions were on a planned basis there was evidence that prospective service users were encouraged to visit the home prior to moving in.

Each service user was provided with a contract on admission, which contained the required information on terms and conditions. Service users were supported by relatives and/or care managers when drawing up the contract and service users retain a signed copy of the document. The room to be occupied was agreed prior to admission and any change of room appeared to be a rare occurrence and usually only if requested by a service user.

### Requirements made since the last inspection report which have been met:

Action Required	When completed	Regulation number

### Requirements which remain outstanding:

Action required (previous outstanding requirements)	Original timescale for completion	Regulation number

**New requirements from this inspection:**

Action required	Timescale for completion	Regulation number

**Good practice recommendations:**

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**Planning for individual needs and preferences**

**Inspector`s findings:**

Records relating to individual service users were kept in a lockable facility within the nurses' office. Records relating to the home were stored securely within the administration office. Records examined were all in good order, up to date and well organised.

A sample of three service user care plans were examined and found to be comprehensive, providing an account of the individual needs and preferences of each resident at different periods throughout the day and night. There was evidence of comprehensive care plans which were reviewed on a monthly basis.

Photographs of residents were held within each care plan and medication chart which identified the person's name and room number.

Daily records of care given were well recorded, factual and detailed the care given.

Records of accidents cross referred accurately with the recordings in those files examined.

**Requirements made since the last inspection report which have been met:**

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**New requirements from this inspection:**

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**Good practice recommendations:**

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## Quality of life

### Inspector`s findings:

It was evident from discussion with the service users, manager and staff that the home was committed to allowing the service users as much choice as possible. The home aimed to maximise the residents' independence as much as they wished and were able.

From discussion with service users during the inspection visit it was apparent that there was a high level of satisfaction with the care and services provided at the home. This was supported by comments made within the returned confidential relatives and representatives of people living in a care home questionnaire, such as "my father settled in well because staff listened to what he wanted". Examination of a sample of records indicated that each service user was encouraged to maintain control over her/his life.

Routines at Talbot Court were flexible and varied. An activities programme was available and reminders of forthcoming events were posted on notice boards in the home. Activities included bingo, quizzes, card games etc. and a regular programme of visiting entertainers.

Open visiting was available at the home and service users were able to receive visitors in the lounges or their bedroom. The family of one service user was spoken with during the inspection. They expressed a high degree of satisfaction with the care their relative received in Talbot Court and also the reception they received as visitors to the home. This was supported by comments made within the confidential questionnaire for relatives of service users, such as in response to the question, what do you like best about the home? "Friendliness and care given by all staff and readiness to answer questions and help."

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### New requirements from this inspection:

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### Good practice recommendations:

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## Quality of care and treatment

### Inspector's findings:

The issue of the privacy and dignity of the residents was seen as central to the care at the home.

Service user's private mail was given out unopened or opened with them if they required assistance. There was evidence that medical examinations and treatments always took place in the privacy of service user's own rooms.

On the days of the inspection visit staff were observed to be treating service users in a kind, caring and respectful manner. Service users spoken with were all very appreciative of the care they received, and spoke highly of the staff. They felt well cared for, respected and valued.

Service users were able to choose their own GP within the limits of the location of the home. Overall arrangements for the promotion of health within the home continued to be effective. Community psychiatric and incontinence advisory nurses were available externally, these being utilised as and when indicated. A range of specialist equipment can be called upon in relation to pressure care and incontinence, including beds, mattresses and cushions.

Mealtimes were flexible and based around individual requirements. Service users were able to have their meals in the main dining room or in their rooms. Service users were complimentary about the quality of the food.

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### Good practice recommendations:

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## Staffing

### Inspector`s findings:

Staffing levels on the day of the inspection visit, appeared to meet the needs of the currently accommodated service users, and were in accordance with the rota. In addition management, kitchen, laundry and domestic staff were on duty daily.

The home was fully staffed and there was a low rate of staff turnover. Staff spoken with during the inspection episode and those who completed questionnaires confirmed that Talbot Court was a good place to work. All said they were content and felt well supported by the management team. Records indicated that agency staff were used only on rare occasions in the home.

A sample of recruitment records were examined as part of this inspection. Files scrutinised were in good order.

Individual supervision sessions were up to date at the time of this inspection, with records kept at the back of each staff member's induction booklet. The need to expand the content of these sessions in line with standard 24 of the National Minimum Standards for Older People (revised March 2004) was discussed with the manager during the inspection visit.

An examination of the records of meetings indicated that staff meetings were undertaken on a regular basis.

All staff had taken part in training over the last year and all staff received a minimum of five paid days training each year. More than 50% of the care staff were trained to NVQ level 2 and plans were in place to enrol new members of staff on NVQ training at the conclusion of their probation period.

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**Good practice recommendations:**

It was recommended that staff supervision should be developed to cover all aspects of practice, the philosophy of care in the home and career development needs.

**Conduct and management of the home**

**Inspector`s findings:**

The manager was familiar and experienced with the common needs and conditions of the service user group. There were clear and established lines of accountability between the manager and staff at all levels. The manager has kept suitably up to date with training opportunities.

Talbot Court continues to benefit from an open and inclusive style of management.

There is an ongoing provision of NVQ training at the home, which staff are encouraged to undertake.

In order to comply fully with regulation 25(3) of the Care Homes (Wales) Regulations 2002 (as amended), a written annual report of the review of the quality of care in the home needs to be compiled, detailing any action taken in response to the feedback from consultations, regulation 27 visits and other quality assurance measures.

A business plan was not available but this was not presently a concern.

Service users were able to retain control of their personal finances for as long as they wish and are able to do so. Detailed financial policies and procedures were in place to protect those individuals who are unable to manage their money without support. Records were kept of all incoming or outgoing cash, and receipts were required as proof of expenditure.

**Requirements made since the last inspection report which have been met:**

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**New requirements from this inspection:**

Action required	Timescale for completion	Regulation number

**Good practice recommendations:**

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## Concerns, complaints and protection

### Inspector`s findings:

The complaint policy was available to service users, relatives and any other stakeholder. The service user guide also contained information about how to make a complaint, the investigative process and timescales.

A record was kept of all concerns or complaints received, together with any action taken in response to them. Service users and relatives spoken with during the inspection episode confirmed that they felt able to voice any concerns and had confidence that the manager would take action in response to any concerns raised. This was also confirmed by the responses to the questionnaires.

A copy of the Protection of Vulnerable Adults Policy (POVA) was available at the home. The manager demonstrated a good knowledge of the POVA procedure and of her reporting responsibilities. The staff induction programme included a session about the protection of service users from abuse and the procedure for reporting abuse or neglect in the home. There was also ongoing training for current staff. Most care staff had attended training in POVA.

A whistle blowing policy was available for use when necessary.

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### Good practice recommendations:

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## The physical environment

### Inspector`s findings:

The overall environment was comfortable and homely in character. The internal environment was subject to a structured programme of maintenance and renewal. Day to day maintenance was undertaken as required.

The garden area to the side of the building was not large but appeared well used (weather permitting) and included raised areas for planting.

The home was a two-storey converted building. It provided care and accommodation for up to 29 service users. The home had a large lounge/dining room on the ground floor. There were also two further lounge areas.

The bedrooms were situated on the ground and first floor, with a lift that provided access to both floors. Hoists were available to assist any service users who had problems with mobility. The bedrooms were all centrally heated.

There was evidence of people's own possessions within the bedrooms.

Lighting appeared domestic in character and provided adequate levels of light throughout the home.

The furniture, furnishings and floor coverings within communal areas were homely in character and were generally of a good standard.

There were adequate numbers of toilets available throughout the home and they appeared to be suitably located in relation to the lounge, dining and bedroom areas.

Hygiene arrangements throughout the home appeared satisfactory. Laundry continues to be processed on site with suitable equipment available to meet the needs of the currently accommodated service users.

Hand washing facilities were available throughout the home. The home had a control of infection policy. The manager was aware of how to access advice from the Department of Public Health should it be required.

The premises were generally in good order, with evidence of continued updating and replacement. The home was clean and free from odours on both visits, and was a credit to the domestic staff team.

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**Requirements which remain outstanding:**

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**New requirements from this inspection:**

<b>Action required</b>	<b>Timescale for completion</b>	<b>Regulation number</b>

**Good practice recommendations:**

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