

# Enter & View

Report

Talbot House  
Nursing Home  
June 2018



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Part of the Healthwatch Staffordshire remit is to carry out Enter and View Visits. Healthwatch Staffordshire Authorised Representatives will carry out these visits to health and social care premises to find out how they are being run and make recommendations where there are areas for improvement. The Health and Social Care Act allows Authorised Representatives to observe service delivery and talk to service users, their families and carers on premises such as hospitals, residential homes, GP practices, dental surgeries, optometrists and pharmacies. Enter and View visits can happen if people tell us there is a problem with a service but, equally, they can occur when services have a good reputation – so we can learn about and share examples of what they do well from the perspective of people who experience the service first hand. Healthwatch Staffordshire Enter and View visits are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit, they are reported in accordance with Healthwatch Staffordshire safeguarding policy, the service manager will be informed and the visit will end. The Local Authority Safeguarding Team will also be informed.

## Provider Details

Name: Talbot House Nursing Home  
Provider: Grov Limited  
Address: 28-30 Talbot Street, Rugeley, Staffordshire, WS15 2EG  
Service Type: Nursing Home  
Date of Visit: 6<sup>th</sup> June 2018

## Authorised Representatives

This visit was made by three Authorised Representatives of Healthwatch Staffordshire.

Robin Bentley Author

Will Henwood

Julie Thurlow

## Purpose of Visit

Healthwatch Staffordshire had received reports that care staff members were taking a cigarette break together leaving only one member of care staff to attend to residents and there were concerns in the community that the standards of care may be deteriorating at Talbot House.

In addition, Independent Age, a national charity, have developed a set of 8 Quality Indicators for care homes. We are including an evaluation, based on our findings on the visit, of these quality indicators, which are as follows:

A good care home should...

1. Have strong, visible management
2. Have staff with time and skills to do their jobs
3. Have good knowledge of each individual resident, their needs and how their needs may be changing.
4. Offer a varied programme of activities
5. Offer quality, choice and flexibility around food and mealtimes
6. Ensure residents can regularly see health professionals such as GPs, dentists, opticians or chiropodists
7. Accommodate residents personal, cultural and lifestyle needs
8. Be an open environment where feedback is actively sought and used

The methodology to be used is to;

- Talk to residents about all aspects of their care and whether this is delivered in a way that promotes their dignity and independence including the ability to make choices about their daily lives.
- Talk to residents about staffing levels and whether they feel safe with the level of the care provided.
- Talk to relatives, if they are available to ask if they are happy with the care provided to their relatives and whether they are aware and feel able to report any concerns/ complaints.
- Speak to staff about training, turnover, support staff levels.
- Observe interaction at all levels between residents, staff manager, and visitors.

## Physical Environment

### External

This home comprises two large Victorian houses joined together, with a substantial modern extension to the rear. The outside of the newer part looked to be in good condition; the older part appeared in need of some maintenance.

There is a small car park for visitors at the rear of the property, reached by side and back lanes, and signposted from Talbot Street.

There is a fenced and walled garden area with borders, seating and a raised flowerbed, which we were told is used by residents under supervision, though none was seen outside during our visit on a warm and sunny day. The area appeared in need of some weeding and general maintenance, as did the area around the home's front door.

An ungated path from the garden leads to a yard area with bins, storage etc. A gate from the yard to a back lane and car park was unlocked when we visited. We were told that this was being used by building workers to reach a skip in the car park.

At the rear there were several fire extinguishers, which appeared to be excess to requirements. These were placed unsecured next to the wall and could present a hazard to residents or staff. Any excess of fire extinguishers should be removed or moved to a more suitable location - we would suggest that the fire service advise is sought on this matter.

There is no CCTV available.

### Internal

Access to the home is by doorbell at the front door, which is kept locked, with a push button release inside.

In the reception area and hallway beyond, we noted CQC registration certificate and recent inspection report, suggestions forms box, visitors' signing in book, insurance certificate, Association of Registered Care Providers certificate, statements of the home's aims, objectives and philosophy of care, some training and health and safety certificates, an activities board, and a board with 'thank you' cards. This is not a purpose-built home, and it has long corridors and several staircases, as well as a lift. At the time of our visit, work had begun on a rolling programme to replace old carpeting with new wooden flooring.

Some of the remaining carpeting looked worn and in places inadequately secured. Bedroom 17 and 19 had carpets that were loose. From observation these need to be repaired as a matter of urgency to prevent falls and injuries to residents, staff and visitors alike. On one of the stairways the carpet on the riser part of the stair was pocketing and could cause an accident if someone's heel caught in the carpet.

We were told that the décor is also to be refurbished - much of it looked tired and shabby. Even allowing for the refurbishment work taking place when we visited, some areas were very cluttered with supplies and equipment. For example, the room used by the hairdresser contained not only staff lockers (many of which had staff bags and possessions in them, but their doors unlocked and open), but also sundry other equipment and supplies, presenting a very untidy appearance.

The nurse station was very awkwardly located in a lobby by the foot of a staircase, with implications for practicality and confidentiality, but we were told that its relocation to a more suitable place is a high priority and that the refurbishment work we saw in progress will deliver this.

Signage overall appeared adequate. There were names on the doors of residents' rooms, but these were generally hand-written, and we did not observe any additional identification (such as a photograph or memory box) that could assist residents who live with dementia.

We were told that some residents bring small items of furniture to personalise their rooms and were shown an example.

The home has several small lounges, whose ambience was clearly differentiated to meet differing needs and preferences. A television was on in one, and the residents there told us that they enjoyed watching it. Conversely, in another, there was no TV or radio, and the residents there appeared to enjoy the relative peace and quiet. The standard of furnishings in these appeared generally adequate, though some looked quite worn.

The door to the laundry room had a notice stating that it is a fire door and to be kept closed, but we found it propped open with a bin, with no staff present or nearby. Pinned to the outside (corridor) side of this door was a full list of residents with information including names, room numbers, dates of birth, GP names and allergies. These concerns were raised with the Manager who promised immediate corrective action.

The doors to several other rooms, such as the sluice, which could have been locked when not in use, were found to be unlocked.

Hand sanitizers were mounted on walls in several places.

All the radiators seen had appropriate guards.

## **Resident Numbers**

The maximum capacity is for twenty-five residents. At the time of our visit there were twenty-five residents with single and three shared rooms.

## **Staff Numbers**

There are twelve nursing staff with one on duty for each of four shifts on a daily basis. There is a Manager and Deputy Manager, and they cover for each other. There are a total of thirty-four carers who we were told work split shifts. Three more sessional carers have been employed to cover gaps in the working pattern. There are two administrators, one maintenance worker and three domestic staff. In addition, there are four kitchen assistants and one chef. A nursing station is to be re-built to accommodate all essential requirements including drugs storage.

There is one member of staff on long term sick

## **Agency Usage**

The home has a pool of bank staff to cover sickness and holidays and only use agency staff as a last resort. Should agency staff be required the Manager has chosen a new agency to supply staff as the former Agency were unreliable. It is anticipated that in the short term the need for agency staff will be eliminated.

## **Management**

**Management - A good care home should have strong visible management.**

**The manager should be visible within the care home, provide good leadership to staff and have the right experience for the job.**

### **Our findings**

The Manager was appointed to Talbot House in April 2018 and is subject to a six months probationary period. The Manager has worked in the home previously in a nursing capacity. From observation the Manager genuinely appears to understand the varying needs of residents and staff. Since being appointed the Manager has employed three more staff to improve the ratio of staff to residents at key times. The previous manager was dismissed and this Manager stated that she took action immediately to improve staff management issues and morale and she states that Talbot House is now Manager led. She has worked to improve the administration and filing of information but intends to continue to physically work an actual shift to fully keep herself acquainted with the 'feel of Talbot House' The Manager has also introduced Manual Handling training for staff and the numbers have increased from three to twenty-four staff being trained. She believes she has improved the appearance and safety of the building, introducing a disabled access, but there are still many aspects to improve. The training programme in place is through Redcrier and the Manager is having problems accessing information from this. They cannot access the matrix on line and do not have evidence of training records, although the Supervision matrix is in place. It was also noted that work sheets staff had answered had to be sent back via post for marking and accreditation. It might be beneficial to find out if more work could be carried out on line in a more efficient manner.

We were welcomed by the Manager and she was fully co-operative, but discrete about the previous management of Talbot House. Currently the Manager completes a high number of shifts and occasionally not leaving until later in the evening. She told us this is because of the huge backlog of work to bring up to date. During discussion, the Manager advised us that she is very aware of the incidence of 'burn out' and intends to adjust her hours shortly. All staff are aware of the Managers open door policy and the that Manager is available to staff at all times. Staff advised that the Manager is visible within the home.

On taking over responsibility of the nursing home, the Manager called a full staff meeting to explain and to introduce changes in the running of Talbot House. The Manager advised us that much of the administration of the nursing home was either missing or lapsed. She also commented on the information received by Healthwatch Staffordshire about reports of most staff going for a break all at the same time leaving one member of staff to oversee the nursing home. This has ended and the Manager made us aware that there will be no relapse in this and now all staff are compliant with her undertaking on this matter. The Manager stated that as Manager she leads the team and all members of staff have backed her policy changes.

The CQC website at the date of writing has not yet listed the new Manager' name.

## Comments

It was clear that this new Manager is aware of things that had affected the quality of care on offer at Talbot House prior to her appointment and that she has taken clear and effective measures to rectify these issues. In this respect we felt that the Quality Indicator had been met.

## Staff Experiences and Observations

### Quality Indicator 2 - Have the staff the time and skills to do their jobs

**Staff should be well-trained, motivated and feel they have the resources to do their job properly.**

#### Our findings

All the members of staff spoken to described a happy working environment. Several commented on recent improvements in staffing levels since the new Manager came into post, which they felt had made a positive difference.

The maintenance operative explained that he had received training on safeguarding and mental health awareness. He was clear about what he could and could not do when asked for help by a resident, and when to seek assistance from an appropriately trained member of the care staff.

A visiting hairdresser was present during our visit.

In the area of manual handling, staff training has significantly increase since this Manager came into post. The Manager advised us that she has taken a 'root and branch' approach and she went on to report that she believes that this has boosted staff morale.

An area of concern is the lack of information relating to staff training. The Manager reported that she is not in a position to gain access to the training Matrix and the reason was somewhat confused. She is in the process of attempting to establish a record of this, but it was not available on the day of our visit. That training is delivered via RedCrier with staff having to complete a series of questions. On completion the questionnaire is returned to the Manager.

Staff supervision takes place on a regular three monthly basis.

## Comments

It is apparent that improvements are being made to staff training and this is ongoing. The staff appreciated the improvements that had been made by the Manager and these had benefited them as well as the residents. We felt there are still some issues to be addressed, but generally the home met this quality indicator.

### Quality Indicator 3 - Do staff have good knowledge of each individual resident, their needs and how their needs may be changing

**Staff should be familiar with residents' histories and preferences and have processes in place for how to monitor any changes in health and wellbeing.**

#### Our findings

All the residents spoken to who were able to express their views told us that they were content in the home. They described it as homely and clean, and the staff as helpful, polite and caring. They knew the staff as individuals and the staff similarly knew them.

Interactions seen between staff and individual residents were all pleasant, respectful and appropriate, with reassurance and practical help being offered and given in a proportionate and professional manner.

All the residents seen appeared appropriately dressed. Individual named receptacles for clothing were observed in the laundry room.

## Comments

Our observations confirmed that the staff knew the residents well, treated them with respect and were mindful of their preferences. The findings suggested that this Quality Indicator has been met.

## Activities

### Quality Indicator 4 - Activities - Does the home offer a varied programme of activities?

**Care homes should provide a wide range of activities (and ensure residents can access these) in the home and support residents to take part in activities outside the home.**

## Our findings

The Activities Coordinator was present and we spoke with her. She has been coordinator for 3 years and works 25 hours per week on activities over 5 days, including alternate Saturdays. (She also works further hours early mornings providing care and support.)

She described programmes of activities for groups and individuals tailored to needs and preferences, including music, massage, arts and crafts, bingo, film shows, petting animals and baking. The raised bed in the garden will also be used. Activities are funded, and she told us that she has no problems purchasing necessary supplies and equipment.

We were told that individual resident profiles are currently being reviewed and will result in 7-days a week programmes and more carer-led activities. Students from Stafford College provide additional sessional support.

There is a programme of themed parties events in the home, the next being a 'seaside' day, to include chips provided by a local shop.

The home does not have its own transport but is close to Rugeley town centre and we were told that some residents are taken for walks to the shops and park.

A copy of the Staffordshire Healthwatch leaflet "Living not Existing" was left with the Coordinator.

## Comments

The home provides a good variety of activities and it is hoped that the programme can be increased to cover seven days a week with the introduction of more carer-led activities. We felt that although the Quality Indicator was met, there was some room for improvement in relation to coverage of all days of the week.

## Catering Services

### Quality Indicator 5 - Catering - Does the home offer quality, choice and flexibility around food and mealtimes?

Homes should offer a good range of meal choices and adequate support to help residents who may struggle to eat and drink, including between mealtimes. The social nature of eating should be reflected in how homes organise their dining rooms and accommodate different preferences around mealtimes.

#### **Our findings**

The serving and eating of lunch was observed. A choice was on offer, but most residents had opted for pork chop with vegetables. This looked appetizing and smelt hot, a view confirmed by those residents spoken to, who were all complimentary about the meals and food provided by the home.

The home has one dining room. Some residents ate there; a few chose to eat their meal on a tray in one of the lounges, while others chose or needed to eat in their own rooms. Each meal was plated up for a named individual resident.

In the dining room, there were enough staff to provide encouragement and practical assistance to those residents who needed it. The crockery and cutlery seen in use was tailored to individual needs.

While hydration was not specifically mentioned, we observed jugs of water and bottles of cordial in several places in the home, and a request from a resident for a hot drink was promptly responded to.

#### **Comments**

Talbot House accommodate individual needs and preferences, provide support when it is needed and the residents reported that they were happy with the catering. We felt that the Quality Indicator was met in the area.

## Resident Experiences and Observations

### Quality Indicator 6 - Does the home ensure that residents can regularly see health professionals such as GPs, dentist, opticians or chiropodists?

Residents should have the same expectation to be able to promptly see a health professional as they would have when living in their own home.

#### **Our findings**

We did not receive any specific information of access to healthcare professionals. We are therefore unable to comment on this quality indicator.

## Quality Indicator 7 - Does the home accommodate residents personal, cultural and lifestyle needs?

Care homes should be set up to meet residents cultural, religious and lifestyle needs as well as their care needs, and shouldn't make people feel uncomfortable if they are different or do things differently to other residents.

### Our findings

Talbot House does not have a very diverse resident population, so we were unable to assess some of this area, however we did note that people were treated as individuals and their preferences are respected.

### Comments

We felt that this quality indicator is met.

## Family and Carer Experiences and Observations

The few family members who were present during our visit were either visiting residents in their own rooms, or helping them with their lunch, so there was no opportunity to speak with them.

It appeared that visitors were welcome at any time to Talbot House.

## Quality Indicator 8 - The home should be an open environment where feedback is actively sought and use.

There should be mechanisms in place for residents and relatives to influence what happens in the home, such as a Residents and Relatives Committee or regular meetings. The process for making comments or complaints should be clear and feedback should be welcomed and acted on.

### Our findings

We were advised that earlier in the year residents completed questionnaires to assess whether they were satisfied with various aspects of their care. There was no written evidence to demonstrate if there were any comments or improvements made after the residents had completed their questionnaires. It would be helpful to see evidence of any follow up about their views to make this a meaningful experience. In addition, there is a complaints file. On the 18/04/14 one relative stated the front of house looked untidy. According to the comment this was resolved by the maintenance man. On the day of our visit this was still evident, thus comments need to be dealt with but also considered for future ongoing maintenance.

### Comments

It would be good for records to be kept of consultations so that actions and improvements made could be logged. We would hope that regular feedback is gained from residents and relatives going forward. We felt that further steps could be put in place in order to meet this quality indicator.

## **Summary, Comments and Further Observations**

During our visit we found that this Nursing Home is in transition and the new Manager is making changes not only in the running of Talbot House, but in improving staff morale and preparing for a major refurbishment. She is getting to know all her staff and is available to speak to staff, not only in her office, but on her actual daily work in the home. Rapid changes have occurred in the up-dating of staff training in manual handling.

### **Comments**

As a result of visiting this Nursing Home we have concluded from discussion and observation that this is a positive environment in which to work and staff appear to appreciate the new Managers constructive interventions and changes in working practices for the benefit of residents and staff alike. Staff are empowered and encouraged to speak to management

The Nursing Home is now effectively Manager led.

### **Recommendations and Follow-Up Action**

There needs to be a swift resolution of staff training issues in order that the Manager and the owners are aware of immediate and future training needs.

The training programme needs to be assessed to see if some training work can be completed by computer in order to make the process easier and more accessible for staff and management. The Manager needs to have a clearer overview of the progress of staff and their future training needs

The carpets in two bedrooms are, in our view, dangerous and these were noted on our initial tour of the property and one stair case carpet poses a risk to the unobservant.

Fire extinguishers should be properly secured so they do not present a hazard to people and any excess fire extinguished should be removed or moved to a more suitable location.

Fire doors should be kept closed as the propping open of these doors poses an increased risk of rapid spread in the event of a fire.

We recommend that the Manager arranges a visit from the fire service to advise on fire safety.

The home should ensure that residents personal information is not on public display.

The home should consider which doors should be kept locked when not in use, such as the Sluice room.

A full time Activity Coordinator could benefit the residents in developing more creative opportunities for stimulation of residents. It is hoped that the involvement in carers in the provision of activities would give better activities throughout the week as these could be done even when the activity coordinator was not on duty.

We recommend that garden, which needs urgent renovation, is attended to in order to make it appealing for residents to sit out in during the current summer months.

In view of the current and ongoing renovations a further visit in six months may be useful to learn what progress has been made.

## Provider Feedback

*No feedback has been received from Talbot House.*

### DISCLAIMER

*Please note that this report only relates to findings we observe on the specific date of our visit. Our report is not a representative portrayal of the experiences of all residents and staff, only an account of what was observed and contributed at the time.*



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