



## Inspection Report on

**Talbot Court Care Home**

**Talbot Court Care Home  
Talbot Road  
Port Talbot  
SA13 1DR**

## **Date Inspection Completed**

06/02/2023

**6<sup>th</sup> of February 2023**

**Welsh Government © Crown copyright 2023.**

*You may use and re-use the information featured in this publication (not including logos) free of charge in any format or medium, under the terms of the Open Government License. You can view the Open Government License, on the National Archives website or you can write to the Information Policy Team, The National Archives, Kew, London TW9 4DU, or email: [psi@nationalarchives.gsi.gov.uk](mailto:psi@nationalarchives.gsi.gov.uk)*  
*You must reproduce our material accurately and not use it in a misleading context.*

## About Talbot Court Care Home

Type of care provided	Care Home Service Adults With Nursing
Registered Provider	Carehart Ltd
Registered places	30
Language of the service	English
Previous Care Inspectorate Wales inspection	09/08/2022
Does this service provide the Welsh Language active offer?	The service provides an 'Active Offer' of the Welsh language. It anticipates, identifies and meets the Welsh language and cultural needs of people who use, or may use, the service.

### Summary

Talbot Court is a large 30 bedded service supporting people with both residential and nursing needs. People are happy with the service provided having good working relationships with staff and professionals involved in their care. This is a good service well situated having access to local community resources.

There is good governance by the Responsible Individual (RI) ensuring a good quality service. There are good systems in place to oversee the quality-of-service delivery. We saw robust procedures in place for the safe recruitment of staff and for the safeguarding of people. We also saw good mechanisms in place to support the continual monitoring and review of support provided to people.

People are safe and secure supported by trained staff who understand safeguarding, and the likes and dislikes of the individuals they support.

## Well-being

Peoples physical and emotional well-being is supported well. People receive good quality care and support which is person centred and meets their needs. We saw people actively supported and engaged in activities. Professional told us; *“The staff put on different activities throughout the day to try and promote the individual’s well-being. If they do not want to participate in the communal activities, then individual activities are offered where possible, and choices offered at every natural point in the day”*. We saw people consistently supported by good quality, informed risk assessments and good personal plans. People and families are supported to be involved in the planning and review process.

We saw strong governance and oversight of the service. The RI and management team have good communication and good quality monitoring processes in place to safeguard vulnerable people. There is good communication through team meetings and constructive quality monitoring reports involving staff and people.

People feel safe, secure, and protected from abuse and neglect. People are supported by skilled staff who have received safeguarding training and who understand their responsibilities. People who have limited capacity have safeguards in place. There are safeguarding policies and procedures in place regularly reviewed by the provider.

Peoples physical and mental health is maintained. People are supported by staff who can recognise any deterioration or change with the individual. Documents seen show consistent recording and reviewing of changes in health and people are supported by staff to access local healthcare professionals. People told us; *“The staff here are fantastic I’ve got no problem with them”*. and *“Staff are excellent they help me with everything I need, they help me to wash and dress”*.

People are supported to maintain family and personal relationships. We saw the service promote family involvement through conversations with relatives. People told us; *“My partner is very involved in my care and supports me. The manager speaks to me and supports me talking to the local authority”*.

People live in accommodation that suits their needs and supports them to achieve their outcomes. People’s bedrooms are suitably furnished containing personal items. People have facilities and activities in the home which encourage their independence and supports them to engage with others or spend time alone. The building is well-maintained and safety checks are completed as required. The environment is clutter free and hazards are reduced as far as practically possible. The manager supports people when they want or need to move on to another services or home. We saw admission processes and assessment documentation in place to reflect this.

## Care and Support

People are provided with the care and support they need. We looked at four personal files, which contained initial assessments and personal plans which were regularly reviewed. There is an electronic care planning system in place providing personal plans for all aspects of the individuals' physical, mental and emotional wellbeing. This system relies on staff inputting good quality information which is reflective of the care and support being provided. The quality of the information is being monitored by the manager to ensure each person's needs are person centred. Referrals for advice and professional help regarding health services are sought as needed. Appropriate risk assessments are in place to correspond with personal plans. A Professionals told us; *"The communication with the home and ourselves is open and professional. We are in contact on average once a week, whether it's to arrange patients moving in or to make them aware of a review that is due to happen"*. Also *"They are always accommodating and insist that reviews do not need to be booked through them, just turn up at a reasonable hour"*.

People told us they feel safe. The provider has good mechanisms in place to safeguard vulnerable people whom they support. Staff are aware of the safeguarding process which is supported by clear safeguarding policies and procedures which are regularly reviewed. Staff told us; *"To ensure there are no concerns around neglect or harm"*, *"I have done my safeguarding training"*.

The health and wellbeing of people is supported. Staff have worked in the service for some time and are able to recognise any change in people's health needs and seek medical support when needed. We saw in the daily records and from speaking to people that staff are familiar with the likes and dislikes of people they support. A professional told us; *"Every staff interaction I have been witness to, have been professional yet personal, with each individual receiving personalised care. This is evident when speaking with the patients during reviews, they all freely comment on how wonderful the staff are"*. We saw people looking well in their manner and personal attire.

Medication records are audited and accurate and there are safe systems in place to support the well-being of individuals. Medication is stored correctly in a locked trolley within a locked cupboard. Peoples' medication is stored separately. As and when medication (PRN) is administered in line with the General Practitioners (GP) guidance. Individuals are supported to attend regular appointments with health care professionals to monitor their health and wellbeing.

## Environment

The provider ensures that people's care and support is provided in a location and environment that promotes personal outcomes. This is a good service which meets the needs of people. There is limited outdoor space however the space provided has been tastefully decorated with raised flower beds and a seating area. The service is large comfortable, clean and nicely decorated. People appeared relaxed and comfortable within the environment, we saw people involved in activities and conversations with staff in the communal areas. People told us they were happy to stay in their bedrooms as they were comfortable and had their personal possessions around them. People told us; *"I don't mix I like to stay in my room, if I feel like going out I will, but I like sitting with my TV and the food is good"*.

The provider has systems in place to identify and mitigate risk to the health safety of people. Risk assessments around fire, control of hazardous substances to health (CoSHH) and water are in place. The service has appropriate manual handling equipment with up to date service records. All safety checks including fire, water and gas are evidenced in the health and safety file along with the relevant safety certificates. The service is secure with a lockable key code entry system and window restrictors in place to safeguard people. We looked at good personal emergency evacuation plans (PEEP's) needed to inform staff to safeguard people in the event of an emergency. The management of infection control and hygiene practises within the service are good. We saw several personal protective equipment (PPE) stations around the service.

## Leadership and Management

The service provider has good governance arrangements in place to support the smooth operation of the service and ensuring good quality care is provided. This enables people to achieve their personal outcomes. The provider has good systems in place to monitor the quality of care being provided. This was evidenced in the quality monitoring visits conducted by the RI who is actively involved in the service on a regular basis. Staff told us; *“The RI is very approachable, and they chat, if you have any issues, we can speak to them”*. Documentation seen gives clear guidance to the manager on their role and responsibilities with regards actions for improvement. The manager shows good understanding and knowledge of the people living at the home. The manager carries out a range of monthly auditing related to health and safety, personal planning, and risk assessments. The service demonstrates good communication. This was evident when talking to people and staff and reading the team meeting minutes.

The service is delivered in line with a Statement of Purpose (SoP) which sets out how and what services will be delivered. The SoP is well written and contains pictures to show peoples involvement within the service. Staff supervision and appraisals are carried out in line with regulations, this is an improvement from the last inspection. The Supervision and appraisal matrix and conversations with staff support this statement. Staff told us; *“We have team meetings, if I have a problem, I can chat to the manager who is very approachable”*.

Individuals are supported by a service that meets their needs. There are suitably qualified staff that have the knowledge and experience to support people to meet their individual outcomes. We looked at five staff personnel files and saw appropriate pre-employment and recruitment checks are in place. References and up to date Disclosure and Barring Service (DBS) checks are on file. All eligible staff are registered with Social Care Wales (SCW). The staff training matrix is up to date, we saw training certificates in staff files. Staff told us; *“I had induction training over three or four days there's quite a lot of eLearning and I was buddied up with someone to shadow If you had any questions, you could always ask someone, anyone will help you”*. This is an improvement since the last inspection.

### Summary of Non-Compliance

Status	What each means
<b>New</b>	This non-compliance was identified at this inspection.
<b>Reviewed</b>	Compliance was reviewed at this inspection and was not achieved. The target date for compliance is in the future and will be tested at next inspection.
<b>Not Achieved</b>	Compliance was tested at this inspection and was not achieved.
<b>Achieved</b>	Compliance was tested at this inspection and was achieved.

We respond to non-compliance with regulations where poor outcomes for people, and / or risk to people’s well-being are identified by issuing Priority Action Notice (s).

The provider must take immediate steps to address this and make improvements. Where providers fail to take priority action by the target date we may escalate the matter to an Improvement and Enforcement Panel.

### Priority Action Notice(s)

Regulation	Summary	Status
N/A	No non-compliance of this type was identified at this inspection	N/A
36	The service provider has not consistently ensured staff are provided with the required amount and frequency of supervision.	Achieved

Where we find non-compliance with regulations but no immediate or significant risk for people using the service is identified we highlight these as Areas for Improvement.

We expect the provider to take action to rectify this and we will follow this up at the next inspection. Where the provider has failed to make the necessary improvements we will escalate the matter by issuing a Priority Action Notice.



**Area(s) for Improvement**

Regulation	Summary	Status
N/A	No non-compliance of this type was identified at this inspection	N/A

**Date Published** 13/03/2023