



Inspection Report on

Talbot Court Care Home

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

Date Inspection Completed

13/08/2024

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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	[6th February 2023]
Does this service promote Welsh language and culture?	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 homely and welcoming service set in the heart of Port Talbot and close to local amenities. Care is person centred and people are actively encouraged to make decisions about their day. People and their families are involved in decisions about their personal plans and their home. People looked relaxed and comfortable in their surroundings, and we saw warm and compassionate interactions between staff and people. There is a dedicated and committed staff team at the service who are appropriately trained to support people. Staff told us they feel supported and confident within their roles and demonstrated a good understanding of their responsibilities. Relatives spoken with provided positive feedback about the care provided.

The Responsible Individual (RI) visits regularly and there are good governance arrangements in place. This drives improvements and makes sure people's needs are met. There is a skilled and experienced manager in place who is committed to ensuring the smooth running of the service and maintaining good standards. We saw the management team complete monthly audits and promptly address any actions raised. There are plans in place to maintain the service and ensure ongoing refurbishment to the property for the benefit of people.

Well-being

People have a voice and are treated with dignity and respect. We saw very positive interactions between staff and people, and choices were consistently offered. This included what to eat and how people wished to spend their time. A menu was clearly displayed in the dining room and people told us the standard and choice of meals was very good. People's individual circumstances are considered, and the service actively seeks to accommodate these. Examples seen include the location of their bedroom where possible and unrestricted visiting times. People told us they can do the things they enjoy and what matters to them. Family members spoken with told us they are happy with the service.

People are safe and protected from harm and neglect. There is a safeguarding policy in place that reflects the Wales safeguarding procedures. Staff are recruited safely, and appropriate background checks are completed before they start employment. Staff receive safeguarding training and those spoken with showed good understanding of their obligations and responsibilities around this. Staff told us they feel confident and comfortable to report any concerns. Staffing levels are appropriate and are reviewed as people's needs change. The service is secure, and visitors are asked to sign a visitors' book upon entry. Routine health and safety checks and audits are completed, and the environment is kept clean and clutter free.

People live in an environment that promotes their well-being. Talbot Court is a homely and welcoming service. The environment is clean and well-maintained, and people can personalise their own space to their individual preferences. The service has communal areas where people can relax and socialise. People can also access a secure and safe outside space freely if they wish. People told us they like their home and appeared comfortable and relaxed. Redecoration is continually ongoing and there are plans in place for further refurbishment. A full-time maintenance person is employed at the service, and they discussed with us plans for maintaining the environment to a high standard.

People's physical and mental health, along with emotional wellbeing is promoted. We saw records of people being supported to attend various healthcare appointments. Advice and support is sought from healthcare professionals and the service works closely with them to promote people's wellbeing and ensure they get the right care and support. Documentation shows that healthcare professionals are regularly involved in the review of personal plans.

Care and Support

There are current and up to date personal plans for how care is provided to meet people's support needs. Before people move to Talbot Court, an assessment of their care needs and wishes is completed by the manager. A personal plan is developed using this information. Personal plans are reviewed monthly and updated as people's needs change. Reviews are completed in consultation with people, or their families and documentation seen confirms this. People and their families told us they were regularly consulted about the review of their personal plan. People told us "*I am involved in my care and I make day to day decisions about me*".

People can do the things that matter to them and make them happy. There is a full-time activity co-ordinator employed at the service and we saw a range of activities offered daily, which were displayed on a weekly planner in communal areas. We saw people make good use of the activities on offer. The service offers a daily magazine, 'The Daily Sparkle' which has information about what's going on in the service along with puzzles and trivia. We saw people enjoying reading these and solving the puzzles with each other and staff. People told us they can do the things they enjoy. Relatives told us '*there is always something going on, like theme days, and staff really involve people*'.

There are systems in place to safeguard people using the service. Care staff receive safeguarding training and those spoken with have good knowledge of their responsibilities and how to report concerns they may have about people they support. There is a safeguarding policy in place which is reviewed as required. Deprivation of Liberty Safeguards (DoLS) are in place and up to date for people who do not have the capacity to make decisions about their accommodation, care, and support.

There are safe systems in place for the management of medication and people's health is promoted by good practice. We completed a medication audit and found that medication is stored appropriately in a designated locked room. We saw there are appropriate policies and procedures in place for medicines management which are reviewed annually. We saw a good history of medication room and fridge temperatures being checked daily and these were within the correct range. We spoke with nursing staff who demonstrated excellent knowledge of medicines management.

Environment

Care and support is provided in a location and environment that promotes achievement of personal outcomes. We found all areas of the service to be clean, uncluttered and nicely decorated. There is a large communal area where we saw people relaxing and socialising. Various activities are held in this area and it is spacious enough for people to get involved if they wish. We saw people enjoying these activities and making the most of the space. There is a quieter communal area for people to use if they wish to relax or spend time with visitors.

We saw bedrooms, communal toilets & bathrooms have colour contrasting doors which helps to create a dementia friendly environment. We saw several bedrooms which overall are nicely decorated, and each are personalised according to individual preferences. Adaptations and equipment are available where needed. We saw manual handling equipment is available and regularly maintained and serviced. There is an external area which can be accessed by people if they wish. The service has made efforts to utilise the available space as much as possible. We saw photos of people making the most of this space, particularly in good weather. The service employs a full-time maintenance person and has ongoing plans for maintenance and refurbishment.

The service provider has procedures in place to maintain the environment and mitigate risks to health and safety. The service is secure and has a visitors' book in place. This is to ensure the safety of people is maintained and to comply with fire regulations. Monthly water temperature checks are taken and documented. We saw appropriate storage and control of substances hazardous to health (COSHH). These were kept in a designated locked area and risk assessed. We saw staff wearing appropriate personal protective equipment (PPE) and they told us there were sufficient supplies of these. Laundry facilities are kept in a separate locked room and away from food preparation areas. The home has a current food hygiene rating of 5 (very good).

We saw mandatory fire safety checks take place routinely and certificates for gas, fire detectors, fire extinguishers, electrical installation and electrical equipment are all up to date. Personal emergency evacuation plans (PEEPs) are in place for people. We saw a fire safety risk assessment was in place and had been reviewed annually by the manager and RI. The original assessment had been completed by a 'competent person'. That being someone who would need to be on the IFE (Institute of Fire engineers) register as advised by the Fire and Rescue service. Due to the date of the original risk assessment, we have advised the RI to have a new risk assessment completed by a competent person. They have agreed to have a new risk assessment completed and will forward a copy of the home's new fire risk assessment on completion by a competent person.

Leadership and Management

The provider has good governance arrangements in place to ensure the smooth operation of the service. There is a knowledgeable and committed manager in place who is present daily within the service. They complete regular audits of the service and promptly address any actions raised. The RI visits the service weekly and speaks to people, their families, and staff to gather feedback about the service. This information is used to drive any required improvements. This was seen in the quality-of-care reviews, which are consistently completed within regulatory timeframes and show a good standard of oversight and governance.

The service provider has oversight of financial arrangements and investment in the service. On the day of inspection, staffing levels were appropriate and staff had time to attend to people's needs. Staff were not rushed and told us they felt there was sufficient staff on each shift to meet people's needs. The management team said staffing levels are kept under review as people's needs change. Refurbishment of the service is ongoing, and projects are either planned or in progress.

People receive care and support from a competent staff team who have appropriate knowledge and skills. We sampled staff files and saw robust recruitment and background checks in place. Disclosure and Barring Service (DBS) checks are completed and renewed within the correct timeframes. We saw staff are registered with Social Care Wales (SCW) or working towards this. Nursing staff have up to date PIN numbers. A staff training matrix was seen which showed ongoing training in a wide range of mandatory and service specific training. Staff told us they receive appropriate training to enable them to fulfil their roles and showed a good understanding of their responsibilities.

The service has a committed staff team who feel supported in their roles. The service is committed to staff development and there is a staff supervision and development policy in place. This is reviewed annually. Staff supervision and appraisal are up to date and records seen showed supportive discussions being held. Team meetings are frequently held and give staff the opportunity to discuss the service as a team. Staff told us they feel supported by the management team. They told us *"they value my aspirations and are happy to support me with my goals"* and *"the directors visit every Tuesday and we can chat with them about anything"*.

Summary of Non-Compliance

Status	What each means
New	This non-compliance was identified at this inspection.
Reviewed	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.
Not Achieved	Compliance was tested at this inspection and was not achieved.
Achieved	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

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.

Area(s) for Improvement

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

	inspection	
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