

Mrs Jacqueline Knowles

Taunton House

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?

Outstanding ☆

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Taunton House is a residential care home providing personal care to four younger adults with mental health needs, at the time of the inspection. The service can support up to five people.

Taunton House is an extended property providing single bedrooms, all with ensuite facilities. People have full access to all communal areas including a lounge/dining room and a kitchen, where they can prepare some of their own meals and snacks. Outside there is a garden people can use whenever they wish to do so.

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

Taunton House was led by a provider who was focussed on ensuring people received a high quality, person-centred service that viewed each person as an individual with equal rights to have a happy fulfilling life.

People could not identify anything they would change about the service.

The service was well managed and consistently achieved very positive outcomes for people.

People received an exceptional level of individual care, were truly respected and valued as individuals and empowered as partners in their care in an exceptional service. The service involved people and treated them with compassion, kindness, dignity and respect. A person told us "This is the best place I've ever been." A relative wrote to the service and stated, 'Thank you so much for the excellent care and love you gave [person's name] whilst he was with you.' Care and support were provided in a highly personalised way.

Staff had been inspired to provide high quality care and support by a provider who people, staff, relatives, health and social care professionals described as "fantastic." The provider had cultivated an exceptionally person-centred culture that encouraged and supported people to achieve personal goals.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The service had made strong relationships with specialist health and social care professionals. These were built on mutual respect and had helped ensure people received the best possible support.

There was a very low level of staff turnover, meaning people were supported by staff who they knew and who knew them well. This helped make people feel safe and trusting of staff. Staff were recruited safely, and sufficient numbers were employed to ensure people's care and social needs were met.

People experienced safe care. Risks to people were identified and managed safely by staff who understood their responsibilities to protect people from abuse and avoidable harm. People received their medicines safely, as prescribed, from staff who had completed the required training and had their competency assessed.

High standards of cleanliness were maintained throughout the home, which reduced the risk of infection.

Staff felt valued and very well supported through a system of effective training, supervision and appraisal. Staff consistently delivered care in accordance with people's care plans and recognised best practice.

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 28 June 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?

Outstanding ☆

The service was exceptionally 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.

Taunton House

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

The inspection was completed by one inspector.

Service and service type

Taunton House 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 was owned and managed by an individual provider who worked in the service. This means that they are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

Before the inspection, we reviewed information we had received about the service, including previous inspection reports and notifications. Notifications are information about specific important events the service is legally required to send to us. We used all of this information to plan our 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.

During the inspection

We spoke with the four people living at the home. We observed care and support provided for people in communal areas and viewed the majority of the home. We spoke with the staff member on duty and the provider.

We reviewed a range of records including three people's care records and medication records. We looked at staff files in relation to recruitment, training and staff supervision, as well as a variety of records relating to the management of the service, including audits, policies and procedures.

After the inspection

We reviewed additional information the provider sent us. We spoke with one relative and two additional care staff by telephone. We also spoke with two visiting healthcare professionals.

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 now remained the same.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Appropriate systems were in place and were followed to protect people from the risk of abuse.
- People said they felt safe using the service. A person said, "Yes, we're safe here, [the provider] makes sure of that."
- The provider and staff had completed training in safeguarding adults and were aware of the action they should take if they identified a safeguarding concern. This included keeping the person safe and reporting concerns appropriately.
- When safeguarding concerns had been identified staff and the provider had acted promptly to ensure the person's safety. This had included discussions with external professionals and an assessment of the risk posed to the person.
- Staff were confident if they raised a safeguarding concern with the provider, it would be taken seriously. One member of staff told us, "I'd tell [the provider] they would sort it out but if they didn't I know how to contact safeguarding."

Assessing risk, safety monitoring and management

- Systems were in place to identify and manage risks within the service.
- Risks to people's personal safety had been assessed and plans were in place to minimise them. These were linked to the individual person and covered areas such as their support needs and health conditions. Care plans provided staff with clear guidance about how to reduce risks for people without restricting their rights and independence.
- Staff were knowledgeable about the risks associated with people's needs and could tell us what action was needed to promote people's safety and ensure their needs were met. Their responses indicated that risks would be managed without compromising people's rights and freedoms.
- Fire safety risks had been assessed by an external fire safety specialist and detection systems were checked monthly, although this had not always been recorded. Staff and people were aware of the actions they should take if the fire alarms sounded. Gas and electrical appliances were checked and serviced regularly.

Staffing and recruitment

- People were supported by appropriate numbers of consistent, permanent staff.
- People told us they felt there were enough staff who knew how to support them. One person said, "They [care staff] are all really nice, someone is always here if I need them."

- Care staff told us they felt there were enough staff and we saw people were supported without being rushed. One staff member said, "There's time to do everything we need to do, [the provider] is also always available if we need them."
- Staffing levels were determined by the number of people using the service and the level of care they required. The provider monitored the staffing levels by observing care and speaking with people and staff to ensure that staffing levels remained sufficient.
- Short term staff absences were covered by existing staff members or the provider, this helped ensure continuity of care for people.
- The provider had clear recruitment procedures in place. Records confirmed these were followed and had helped ensure that only suitable staff were employed. Processes included disclosure and barring service (DBS) checks, obtaining up to date references and investigating any gaps in employment. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable people.

Using medicines safely

- Arrangements were in place for obtaining, storing, administering, recording and disposing of medicines safely.
- Staff had been trained to administer medicines and had been assessed as competent to do so safely.
- Medication administration records (MARs) confirmed people had received all their medicines as prescribed. Where additions or amendments had been made to MARs appropriate systems were in place to ensure these were managed safely.
- For people who were prescribed medicines to be administered on an 'as required' (PRN) basis, there was guidance to help staff understand when to give them and in what dose. People confirmed that they received PRN medicines when requested. One person said, "If I have a headache or feel unwell, I just need to go and ask and they [staff] give me something." Within a person's care file, we saw that medicine to help reduce the person's anxiety had been given appropriately, when requested by the person and within safe timeframes.

Preventing and controlling infection

- Appropriate arrangements were in place to control the risk of infection.
- People said they felt the home was clean. One person told us, "They (staff) do the cleaning, I help them with my bedroom."
- The home was clean and care staff completed regular cleaning in accordance with set schedules. Staff confirmed this and told us they had time to complete all necessary cleaning.
- Staff had been trained in infection control techniques and had access to personal protective equipment, including disposable gloves and aprons, which we saw they used whenever needed.
- People were supported to do their own laundry on set days and any potentially contaminated laundry was managed safely.
- The provider was aware of the action they should take if there was a specific infection risk at the home.
- The local environmental health team had awarded the home four stars for food hygiene. The provider informed us action had been taken to address the issue that had meant they had not been awarded the maximum five stars.

Learning lessons when things go wrong

- Where an incident or accident had occurred, there was a clear record, which enabled the provider to identify any actions necessary to help reduce the risk of further incidents.
- Staff told us they were encouraged to discuss any concerns and were supported to do so by the provider.

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 now remained the same.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Assessments of people's needs were comprehensive and regularly reviewed and updated.
- Staff were trained to follow best practice and evidence-based guidance, and this promoted good outcomes for people.
- People's protected characteristics under the Equalities Act 2010 were identified as part of their need's assessments. Their individual needs were detailed in their care plans.
- Staff told us they were committed to ensuring people were treated as individuals and gave examples of when this had occurred.

Staff support: induction, training, skills and experience

- People and external professionals told us staff were knowledgeable and competent. Comments included: "They (staff) know what they need to do" and from a relative, "I have confidence in them [staff and provider]."
- Staff completed a range of training to meet people's needs, which was refreshed and updated when required. The provider had a clear training plan and training was accessed from several sources.
- Staff spoke positively about the training they received. For example, one staff member said, "I've done lots of training. If we needed anything else [the provider] would sort it out for us."
- Most staff had worked at the home for several years however, there were systems in place should new staff be recruited. The provider explained new staff completed a programme of induction before being allowed to work on their own. This included a period of shadowing more experienced members of staff. Staff who were new to care were supported to complete training that followed the Care Certificate. The Care Certificate is an identified set of standards that health and social care staff adhere to in their daily working life.
- Staff told us they felt supported in their roles. Comments included: "I can contact [the provider] at any time and they would always come in if needed".
- Records reviewed showed that staff received one-to-one sessions of supervision. These provided an opportunity for the provider to meet with staff, discuss their training needs, identify any concerns, and offer support.

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

- People were offered a choice of food and drink and were positive about the meals they received. One person said, "The food is very good and if I want something different they [staff] will make it for me."

- Staff knew people's preferences and were able to describe and meet individual needs. Taunton House had two kitchens, one for people to make themselves breakfast, drinks and snacks and a main kitchen. People had free access to their own kitchen, meaning they could make themselves drinks or snacks as and when they wanted these. In addition, staff always had access to the main kitchen, meaning that people could receive snacks throughout the evening and night should they require these.
- People were encouraged to eat healthy meals. For example, staff were supporting one person who wanted to manage their weight through exercise and healthy eating habits.

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

- The environment was suitable for the people living at the service.
- People had full access to all the communal areas of the home and each had their own bedroom with ensuite bathrooms. In addition, there were other bathroom and toilet facilities. People were encouraged to have their own possessions and to display these within their bedrooms.
- Fixtures and fittings were suitable for the people living at the service who were all independently mobile. They had access to a rear garden.
- There was an ongoing maintenance programme in place to help ensure the building remained fit for purpose.

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

- People told us they were supported to access local healthcare services such as doctors or dentists. This was confirmed in care files viewed.
- People's health needs were recorded in their care plans and contained information from health care professionals. A health professional said that staff managed some specific health needs well.
- Staff worked together to ensure that people received consistent, timely, coordinated, person-centred care and support. At the start of each shift staff received a comprehensive handover of all necessary information and could access care plans, should they wish to confirm any information.
- If a person was admitted to hospital, staff ensured key information about the person was sent with them. This helped ensure the person's needs continued to be understood and met. The provider stated a member of staff would also accompany the person to hospital. A person confirmed this had occurred when they had been admitted to hospital in an emergency.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular 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 when this is in their best interests and legally authorised under the MCA. 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.

- People's legal rights were upheld, and the service was working within the principles of the MCA.
- People told us they were always asked before care was provided. One person said, "The staff ask me first, if I say no they don't make me do anything I don't want to do." Another person told us, "I can come and go as I please, and I do. I go for walks or to the shops if I want to."

- All people living at Taunton House were able to make all relevant decisions regarding their day to day care needs and how these should be met.
- Staff understood how to protect people's human rights. Staff described how they sought verbal consent from people before providing care and support. A staff member told us, "I always give people a choice and ask them what they want to do."
- The provider was aware of how to access advocates when others may be required to help people make decisions, should this be required.

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 now improved to outstanding.

This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

Ensuring people are well treated and supported; respecting equality and diversity

- People received an exceptional level of individual care, were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service. A person told us "This is the best place I've ever been." A relative wrote to the service and stated, 'Thank you so much for the excellent care and love you gave [person's name] whilst he was with you.' A healthcare professional said "The provider and staff really care about the people who live at Taunton House. They provide exceptional emotional support for people.
- Taunton House had a strong visible person-centred culture. People spoke extremely positively and warmly about their relationships with the provider and staff working in the home. People said, "I can talk to anyone at any time. If I have a problem they [staff] listen and help me work out a solution", "staff are friendly; they are like family to me", and, "I'm treated like I matter to them [staff]." One person added that they considered themselves to be, "a worrier" and that the provider helped them not to worry excessively. We saw staff and the provider reassuring the person in a calm and patient manner during the inspection. This meant the person managed their anxiety effectively due to the positive support of staff.
- A family member said "[The provider] and all the staff are just so lovely, they look after everyone so well. They all received Christmas gifts from [the provider] and from each of the staff. One person proudly showed us the new clothing they had been given from the provider for Christmas. They said "She [the provider] knows what I like, I love this colour." This demonstrated that the provider genuinely cared about people living at the service, wanted them to have positive experiences and feel valued.
- A health professional said people living at Taunton House received, "fantastic support" for themselves and to participate in their interests. They added that they wished they had more places like Taunton House saying, "It's the nicest care home we have on the island [of Wight]."
- The provider and staff knew people well and spoke fondly of people living in the home. We observed the provider and staff engaging with people in a kind and encouraging manner. The atmosphere in the home was relaxed and friendly.
- Staff were highly motivated and offered exceptionally kind and compassionate care and support. Staff had created an atmosphere in which people were relaxed and felt able to talk openly, confident in the knowledge that they would not be judged. Throughout our inspection we observed people were engaged with staff who demonstrated a consistently positive attitude. We observed real, genuine affection between people and staff. People and external professionals consistently referred to staff being exceptional, describing them as "really nice" and "extremely kind" and providing "exceptional care", which resulted in

positive outcomes for people.

- Our observations showed people were happy, confident and comfortable in the home. Staff understood the sense of value and achievement people experienced when they were encouraged to do things for themselves. For example, one staff member described how a person was supported to help with meal preparation. This was especially valuing for the person who had previously been a chef and helping with meal preparation validated and maintained their skills in this area.
- There was a great rapport between people and staff. The atmosphere was cheerful, and people were engaged in meaningful activity. It was apparent people truly valued their relationships with staff. External health and social care professionals confirmed that their observations were of a supportive caring environment where people were respected as individuals. One person said about the provider, "She is the nicest person I ever met."

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

- Taunton House actively encouraged people to express their thoughts so that staff and the provider knew and understood their views, wishes and choices. People said they were involved in planning their care and the level of support they required. One person said, "There's no real rules; we discuss what we want; I don't want anything to change." Similar comments were made by everyone else living at the home.
- People felt staff provided personalised care and they had the opportunity to be in control of their lives.
- Each person decided how they would spend their days and if required, the provider or staff member, would assist the person to access the activity they had chosen. People told us the provider had helped them to find suitable activities when the mental health day service in a local town had closed. They told us they were supported to attend meaningful daytime activities and could always "Get a lift (in the provider's car) if it's raining." Another person told us about their voluntary work in charity shop which the provider had helped arrange and supported the person to attend.
- Staff understood the importance of physical activity and community involvement and people regularly went for walks with staff to the local beach. We saw this occurring on the day of the inspection and three people went out with a staff member. On return people told us they had enjoyed themselves.
- Where people did not have any planned activities, we saw staff encouraged them to participate in activities within the home and local community. For example, one person liked to help the provider in the garden. As a consequence, the provider had supported them to join a community gardening project. Another person liked to help with meal preparation and told us they helped staff on a regular basis. Other people also told us how they spent their time, and all felt they had enough to do. A person said, "I'm not bored I've got lots to do."
- Staff understood people's individual needs and how best to support them whilst involving them in decisions about their care. For example, one person was concerned about a possible health need. Staff listened and reassured the person. Together they agreed on a course of action to ensure appropriate medical support was accessed. The person was evidently relieved and happy with the plan in place. This showed people were treated respectfully and their views listened to and acted upon, resulting in positive outcomes for people.

Respecting and promoting people's privacy, dignity and independence

- Respect for privacy, dignity and promoting independence were at the heart of the services culture and values. This was fundamental to everything staff and the provider did.
- People felt respected and were able to find privacy if they wanted it. One person said they could, "Go up to my room any time and lock the door." Staff knocked on people's doors and waited for an answer before entering. People showed me the keys for their bedrooms and the home's front door. This meant they could lock their bedroom doors when not in the home, ensuring their privacy and personal belongings were respected.

- Staff shared this commitment and demonstrated a good awareness of people's diverse needs and how these were met, and care plans included people's needs related to their protected equality characteristics. People were supported to meet their spiritual and religious needs and staff showed a good understanding of how supporting people's life style choices, values and beliefs contributed to their improved wellbeing and quality of life. For example, one person decided to commence attending a local religious group. The provider and staff supported them in this decision by making members of the group welcome when they visited Taunton House.
- The provider supported people to be as independent as possible. For example, they assisted two people, who were able, to book a holiday each year. These people were, with support from the provider, able to travel alone and enjoy the holiday independently. Another person visited a family member abroad each year. The provider supported them by taking the person to the local airport and ensuring airport staff understood the person's needs and were able to provide the required support for the person to travel independently.
- Family members and friends were welcomed at any time. One person said, "I can have friends here if I wish, my friend is coming for dinner at the weekend."
- Staff were aware of the importance of confidentiality stating, "You do not disclose [people's information] outside of the home."

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 now remained the same.

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

- People were supported to live their lives in accordance with their own choices. Care plans were sufficiently detailed, person centred and focused on what people could do as well as the support they required. Records showed people had received support as detailed in their care plans.
- Care plans also included information as to what may be a 'trigger' for people to become upset or distressed and how staff should respond. For example, if one person became anxious their care plan described how staff should occupy the person with general tasks or activities such as housework to distract them.
- People's likes, dislikes and what was important to them were recorded. Staff were knowledgeable about people's preferences and could explain how they supported people in line with this information.
- People were empowered to make their own decisions and choices. People told us they could choose when they got up and went to bed, where they took their meals and how they spent their day. Where people were making unwise choices, staff supported them to do so safely. For example, one person would purchase items which may be dangerous to their health. The provider and staff explained to the person why this presented a risk and encouraged them to inform staff, so that appropriate action could be taken.

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.

- The service was working within the Accessible Information Standard (AIS). All people were able to communicate effectively verbally and able to read written information.
- People told us staff listened to them. One person said, "I can always talk to the staff, they have time and listen to me."
- We observed staff interacting with people. It was evident that staff understood the best way to present information or choices to people, so that they could understand and respond appropriately.
- The provider was aware of how to access support for people in respect of communication should this be required. They confirmed written information could be provided in different formats such as larger print if needed.

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 provided with opportunities to participate in a range of activities of their choice both within the home, voluntary work and on regular outings to the local community.
- Staff had time to spend with people encouraging them to participate in individual and small group activities or discussions or go on ad hoc community excursions.
- The home had free Wi-Fi available. This meant people could keep in contact with family or friends and access games and entertainment of their choice. A laptop computer was available in communal areas, which people could use should they wish to do so.
- People were supported to maintain relationships with families and friends. One relative told us "We can visit anytime, [the provider] will help with transport such as at Christmas when there were no buses."

Improving care quality in response to complaints or concerns

- People's views about the service were welcomed by the provider and staff.
- People were given information about how to complain or make comments about the service. This information was available for people in a suitable format within the service users guide and other information in a folder in the communal area. The provider was aware of how to access support services should people require help to make a complaint or have their views heard.
- People and relatives told us they had not had reason to complain but knew how to if necessary. They said they would not hesitate to speak to the staff or the provider.
- No complaints had been received since the previous inspection. However, should complaints be received, there was a process in place which would ensure these were recorded, fully investigated and a written response provided to the person who made the complaint.

End of life care and support

- At the time of the inspection, no one living at Taunton House was receiving end of life care.
- The provider assured us that, should it be required, people would be supported to receive appropriate care. Furthermore, they told us they would work closely with relevant healthcare professionals and family members. Specific end of life wishes had not been formally recorded, although the provider had a relevant assessment document from the local hospice should this be required.
- However, staff had informally discussed some aspects of end of life planning with people. For example, staff knew what music a person who had died unexpectedly had wanted at their funeral service and had ensured this had been played.

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.

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

- People were at the heart of the service provided at Taunton House. Taunton House was led by a provider who was focussed on ensuring people received a high quality, person-centred service that viewed each person as an individual with equal rights to have a happy fulfilling life. People could not identify anything they would change about the service.

- People and their relatives were extremely happy with the service provided at Taunton House and felt it was very well managed. A person said, "[The provider] asks us if we are ok and talks with us all the time." Relatives also confirmed they knew who the provider was. A relative said "She's [provider] a diamond. Absolutely lovely." An external health professional said, "The person I support at Taunton House is really happy there, they have a really good quality of life which helps keep them [mentally] well."

- The provider actively sought meaningful activities for people and supported them to be empowered and achieve positive outcomes. This was echoed within the staff team who were highly motivated to support people with a person-centred approach.

- People and relatives felt able to approach and speak with the provider or other staff and were confident any issues would be sorted out. Throughout the inspection the provider demonstrated an excellent knowledge of the people living at Taunton House showing they had taken time to get to know them all individually.

- The provider explained they had an open-door policy and an inclusive culture to ensure staff or people/relatives could raise concerns or make suggestions.

- Staff were extremely proud of the service. All said they would recommend the home as a place to work and would be happy if a family member received care there. The service experienced very low levels of staff turnover. Staff said they were happy working for the provider and felt able to raise issues or concerns with them.

- The provider ensured all people and staff were treated fairly and were not discriminated against due to any protected characteristics.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider was fully engaged in running the service and was in the home daily. They worked alongside care staff to offer effective and appropriate support to both the staff and the people living Taunton House.

- This also allowed them to monitor the quality of the care provided. The provider said, "We are a family, and this is their home as well as mine. I want the residents to feel happy and safe".
- There were systems in place to monitor the quality and safety of the service provided and to manage the maintenance of the buildings and any equipment. The provider completed observational checks and acted where required.
- The provider also ensured standards of cleaning were maintained. They had cleaning processes which they required staff to carry out to the expected standard. The provider checked records, such as MARs, daily to make sure staff completed them appropriately. All the records we looked at were accessible, securely stored, detailed where necessary and clear.
- Staff were clear about their responsibilities and how the provider wanted them to work. They were aware of the home's philosophy and how this influenced the way they cared for people in the home. A staff member said, "I want people to be happy, confident and able to do the things they want to do."
- Staff were very positive about the provider. One staff member said, "She [the provider] is really good as well. They are very focused on the residents and what they need. Another staff member said, "I can talk to [the provider], I'm sure if I had any problems they would be supportive."
- People and visitors were aware of who the provider was and confirmed that they felt able to approach her, should they wish to do so. One family member said "She's [the provider] the nicest, kindest person I know."
- There was a consistent staff team and staff worked well together. Staff understood their roles and communicated well between themselves to help ensure people's needs were met. One staff member said, "We all get on well and work as a team."
- The provider was aware of when they needed to notify CQC about incidents in the home and had done so when required.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics: Continuous learning and improving care

- The views of people, relatives and staff were at the core of quality monitoring and assurance arrangements. People and staff all told us they could speak with the provider at any time and that she would listen to them.
- Observations and feedback from staff and people showed the home had a positive and open culture. Staff confirmed they were able to raise issues and make suggestions about the way the service was provided in their one to one discussion and during daily interaction with the provider.
- The provider was part of a local care homes group forum, which they identified helped keep them up to date about changes affecting social care.

Working in partnership with others

- Taunton House worked in partnership with other services to build seamless experiences for people, based on good practice and people's informed preferences. There was a systematic approach to working with other organisations and professionals to improve care outcomes.
- The provider and staff had links to resources in the community to support people's needs and preferences. This included links with local voluntary groups, voluntary work projects and local statutory services. For example, the provider had requested a voluntary work organiser to meet with people to discuss local work opportunities. These were accessed where appropriate, to meet people's individual needs.
- A social care and a health care professional were positive about their working relationship with service and said they would recommend the home.
- The provider was clear about who and how they could access support from should they require this. This included from social services or health providers. The provider demonstrated an "open" attitude to seeking support. For example, they had invited a social care professional to provide support with care planning and followed advice from another professional, who had undertaken a medicines management review. A health

care professional said the provider was "very open and honest" and "sought and acted on advice as to how they could improve documents and records within the home.

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 provider understood when they may need to use the duty of candour and how they should do so. This would ensure they acted in an open and transparent way if accidents or adverse incidents occurred.
- CQC had been notified of all significant events as required.
- The previous performance rating was displayed in the home's entrance hallway making it available to all visitors and people. A copy of the full report was also available for people in the communal area of the home.
- Staff told us they could approach the local safeguarding team or CQC if they felt it was necessary, although none had needed to do this.