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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?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Taunton House provides personal care and accommodation for adults with a mental health condition. They provide this service to a maximum of five people. At the time of our unannounced inspection on the 6 June 2017 five people were living in Taunton House.

The provider was in day to day charge of the home. As the registered person they had legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People could not praise the service enough and consistently told us about the excellent care they received at Taunton House. People and staff described the service as "A home from home".

People received exceptionally person centred and individualised care from staff who knew each person well, about their life and what mattered to them. The people living at the home experienced a level of care and support that promoted their health and wellbeing and enhanced their quality of life. Staff showed respect to people and spoke with them in a kind and caring manner.

The provider and staff worked hard to meet the social, emotional and physical needs of the people they cared for. People's lives were enhanced by being encouraged and aided to take part in activities they enjoyed and that were meaningful to them. The provider supported people to be as independent as they could be, to be in employment and to remain a part of the community.

People were supported by enough staff who were skilled and knowledgeable in caring for people with mental health conditions. People said that they felt safe in the service. Staff were clear about their safeguarding responsibilities and knew how to recognise signs of potential abuse and how to report it.

People were supported by staff who had received an induction into the home and appropriate training, professional development and supervision to enable them to meet people's individual needs. There were enough staff to meet people's needs and to enable them to engage with people in a relaxed and unhurried manner.

There were suitable systems in place to ensure the safe storage and administration of medicines. Medicines were administered by staff who had received appropriate training and assessments. People were supported and encouraged to see healthcare professionals, such as chiropodists, opticians, GPs and dentists when necessary.

The quality of the care and support provided in the home was closely monitored by the provider. People felt involved in the way their care was planned and delivered. They were able to provide feedback on the service they received and their concerns were addressed.

The provider understood the responsibilities of their role. Staff were aware of the provider's vision and values, how they related to their work and spoke positively about the culture and management of the home.

There were systems in place to monitor quality and safety of the home provided. Accidents and incidents were monitored, analysed and remedial actions identified to reduce the risk of reoccurrence.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service is rated Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Taunton House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection was unannounced and was carried out on 6 June 2017 by one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make. We reviewed the information in the PIR, along with other information that we held about the service including previous inspection reports and notifications. A notification is information about important events which the service is required to send us by law.

We spoke with five people using the service. We observed care and support being delivered in communal areas of the home. We spoke with the provider and two members of care staff.

We looked at care plans and associated records for five people using the service, staff duty records, three staff recruitment files, records of complaints, accidents and incidents, policies and procedures and quality assurance records.

The home was last inspected in June 2015 when no issues were identified.

Is the service safe?

Our findings

Every person living at the Taunton House said they felt safe. One person said, "I feel quite safe, actually, very safe". A second person told us, "We are well looked after, it's very safe. I don't have to worry".

Recruitment processes were in place, however, full employment histories were not always obtained. This was discussed with the provider who told us they would rectify this issue. They did confirm that they worked very closely with all new and current staff on a daily bases which helped to ensure that people employed to work at the home were of good character but also allowed any concerns in care practices to be acted on quickly. All other appropriate checks, such as references and Disclosure and Barring Service (DBS) checks had been completed for all of the staff. A DBS check will identify if prospective staff had a criminal record or were barred from working with children or vulnerable people.

People experienced care in a safe environment because staff had the knowledge necessary to enable them to respond appropriately to concerns about people's safety. The staff and the provider had received appropriate training in safeguarding. Staff told us how they would safeguard people and the action they would take if they thought someone was experiencing abuse. One staff member said, "I would report concerns to [name of provider], I would be really confident they would act". Another staff member said, "I know the provider would act on concerns but if I had to I would go to the local safeguarding team." The people living at the home were encouraged by the provider to approach them directly or a member of staff if they were concerned about the care or treatment they received. People told us they were comfortable approaching the provider and would be confident that they would be listened to and supported. The provider explained the action they would take when a safeguarding concern was raised and records confirmed this action had been taken.

The provider had assessed the risks associated with providing care to each individual, including risks around people's emotional health. Risks were recorded along with actions identified to reduce those risks. They were personalised and written in enough detail to protect people from harm, whilst promoting their independence. Staff were able to describe warning signs to look for and actions required to prevent/reduce anxiety for each person living at Taunton House. Some people living at the home required support to manage their finances due to risk of financial abuse. The provider worked closely with these people and kept a full and accurate record of all financial transactions made. This helped to ensure that the risk of them experiencing financial abuse was reduced. 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.

People received care in a clean, well maintained and safe environment and the provider and staff actively managed and reduced environmental risks. For example, staff and people were aware of the procedures to follow in the event of a fire and regular tests of fire safety systems and equipment were conducted to make sure they were working effectively.

There were sufficient numbers of staff to meet people's needs. The provider worked alongside one other

staff member on weekdays and one staff member was available at weekends. There was a small consistent staff team which helped to ensure people's needs were met and understood. The staffing levels helped to provide people with emotional and social support when needed. One person said, "They [staff] do a lot for me and are always around when I need them". Another person told us, "[Name of provider] will always come with me to appointments". The provider lived on site and was available in the night-time should people require assistance. When the provider was on leave or absent overnight another member of staff stayed in the home. This meant people had access to support whenever they needed it.

People received their medicines safely. One person said, "I get my tablets when I need them". Another person told us, "I get my medicine twice a day; the staff will encourage me to take it. Without the staff supporting me I would be in hospital". Staff administering medicines had received appropriate training and had their competency to administer medicines assessed by the provider to ensure their practice was safe. Suitable arrangements were in place for obtaining, storing, administering and disposing of medicines.

Medicines administration records (MAR) were completed correctly. The MAR chart provides a record of which medicines are prescribed to a person and when they were given. Staff administering medicines was required to initial the MAR chart to confirm the person had received their medicine. On viewing the MAR chart no gaps were identified, this indicated that people received their medicine appropriately.

Guidance had been developed to help staff know when to administer 'as required' (PRN) medicines, such as pain relief and medicines to help reduce people's anxiety. We saw that PRN medicines had been given to people and the reasons why this had been administered had been clearly recorded. People confirmed that received PRN medicines when requested. One person said, "If I had a headache, 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.

Is the service effective?

Our findings

People told us they felt the service was effective and that staff understood their needs. One person said, "I am very content, I wouldn't change anything". Another person told us, "It's a nice place to live; the people, the atmosphere. Everything is compatible".

The provider and staff were aware of their responsibilities in relation to the Mental Capacity Act 2005 (MCA). The 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. All the people living in the home had the capacity to make decisions for themselves. These were respected by staff and the provider. The provider and staff provided people with additional support where necessary, for example, if the person was at risk of making decisions that may not be in their best interests. The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The provider understood their responsibilities under DoLS. No-one living in the home at the time of the inspection was subject to a DoLS.

People told us that staff sought their consent and didn't do anything in relation to their care without checking with them first. One person told us, "I make decisions about my life, staff might sometimes help me, but it is always up to me". Where a person was being supported by the provider to manage their finances, this was done jointly with the person and records showed the person was happy with this arrangement.

People were supported by staff who had received an effective induction into their role, which enabled them to meet the needs of the people they were supporting. All inductions included a period of shadowing the provider and mandatory training which followed the principles of the Care Certificate. The Care Certificate is a set of standards that health and social care workers adhere to in their daily working life. It provides assurance that care workers have the skills, knowledge and behaviours to provide compassionate, safe, high quality care and support. One staff member confirmed that they were currently completing the care certificate and told us that they received a period of induction when they started working at the home. They also added, "I always work with the provider anyway so I can ask if I am unsure about anything or she will say if there are any concerns".

People were confident in the staff's abilities to provide them with the care and support they required. One person said, "The staff are very well trained, [name of provider] always makes sure they get very good staff". Another person said, "The staff all know what they are doing". Staff files showed that staff had received appropriate training to enable them to carry out their role effectively. Training staff had received included; safeguarding, medication awareness, food safety and fire safety. The provider was aware of when staff required their training to be updated and confirmed that they were in the process of arranging up dates for some training as this was slightly out of day. Staff were able to demonstrate an understanding of the training they had received and how to apply it.

Staff were well supported by the provider and received regular supervisions, in addition all new staff had

one to one meetings daily with the provider. These supervisions and one to one meetings provided an opportunity for the provider to meet with staff, feedback on their performance, identify any concerns, offer support, assurances and identify learning opportunities to help them develop. The provider worked with staff regularly. This enabled them with the opportunity to check that care was being provided effectively. Staff said they felt supported by the provider. One staff member told us, "[Name of the provider] is lovely, so supportive; I can go to them at any time"

Everyone living at the home described the food as excellent or very good. People were provided with a home cooked meal at teatime and food of their choice at lunchtime, such as a sandwich or soup. A staff member told us, "We [staff] know what people do and don't like [to eat]. I ask people what they fancy today. They would soon tell me if they didn't like something". People could choose where to eat their meal and usually chose the kitchen or dining room/ lounge area. If people were out of the home at lunchtime a packed lunch was prepared for them if they required it or a meal would be kept for their return.

People had access to their own kitchen area where they prepared their own breakfast and got themselves drinks and snacks independently when they wished. One person said, "I have no need for snacks, but they are there if I what them". People were encouraged to help with preparing the evening meal and on the day of the inspection one person was peeling potatoes with a staff member. This provided the person with some 'one to one' time where they could talk about their day or any worries they had. People were encouraged to eat healthy meals and one person had been supported to attend a slimming group.

People were supported to maintain good health and received support to access appropriate healthcare services when required. One person said, "The other week I wasn't feeling well, [name of the provider] took me to see the doctor. If I wasn't here I wouldn't have bothered". Another person told us, "They [staff] support me with everything, they will help me make appointments to see the doctor, dentist or for my eyes and take me when I need them to". The provider and staff knew and understood the people's physical and emotional needs well and were able to pick up and act on any changes in people's health quickly. The provider and staff understood that poor physical health can impact on emotional wellbeing and therefore encouraged people to have a healthy and active lifestyle. This was done by supporting people to participate in things they particularly enjoyed and encouraging them to remain active. One person said, "I will often take the dog out with the staff".

Is the service caring?

Our findings

People could not praise the service enough and consistently told us about the excellent care they received at Taunton House. People and staff described the service as "A home from home". One person told us, "This is the best place to be and we have very, very good staff". Another person said, "Staff speak to us nicely, they are more like friends than staff". Two people described themselves as being, "spoilt" by the staff. One staff member said, "[name of provider] goes above and beyond, she really cares for the people living here and really looks after them. It's like one big family home".

Staff spoke fondly about the people they supported and said they wanted to make a positive difference to people's lives. One staff member told us, "We [staff] really want to improve people's quality of life. People have lost their way and we are here to help them find it again". Another staff member told us about the positive changes to people's emotional and physical health needs and their increased independence and confidence since moving to Taunton House. One staff member said, "When [person] moved to the home they were lost, they sat in their room and struggled to even unpack their things. They now have so much more confidence, will mix and go out independently". People confirmed that living at Taunton House had had a positive impact on their lives. One person said, "Without these staff I would have been in and out of hospital, I am more stable now than I have ever been". Another person told us, that without the support, care and encouragement of the staff they would not eat properly, take their medicines and self-neglect. A third person said, "I have a life and purpose now, a reason to get up in the morning".

Staff treated people in a caring and kind way, with dignity and respect. We observed caring interactions between people, the provider and staff members. For example, people were asked how their days had been when they returned to the home. This showed an interest in the person and their life. Staff spoke to the people in a friendly, polite and respectful manner when they provided them with support. Most people living at the home had done so for many years and trusting relationships had been built between the people, the staff and the provider. The provider and staff showed they had an excellent understanding of the people they cared for and worked hard to rebuild, maintain and promote people's independence and physical and emotional health. Staff took the time to provide people with reassurance when needed and were on hand to provide people with emotional support. People were encouraged by staff to be as independent as possible whilst knowing that should they require help this would be provided. Everyone said that they received the appropriate level of support they required. One person told us, that they had recently asked for some support from staff about managing a financial issue and support was provided. Another person said, "I can do things myself but staff might remind me to change my clothes or take my medicine".

The provider and staff were fully committed to providing people with care and support that promoted their self-worth and feelings of control over their life. For example, one person was supported to visit a relative overseas and others had been supported to take holidays in other areas of the country. The provider had also supported people to arrange and attend voluntary work for local charities. The provider met with the organisation and the people before they started work to allow them to offer people effective support with their role. Additionally, one person wanted to get a part time job delivering a local flier. When the person started this job the provider accompanied them on their delivery round to provide the person with support

and reduce their anxieties about taking on this role.

People's privacy was respected at all times. People had locks on their bedroom doors and all had their own key. Staff understood that people's rooms were their own personal space and would only enter when the person had verbally agreed they were happy for staff to do so. One staff member told us they would seek permission from people before doing something such, as cleaning their room. Confidential information, such as care records, was kept securely so it could only be accessed by those authorised to view it.

People told us they chose how they spent their day and what they did with their time. One person said, "They [staff] do ask us what we what to eat or if we need support with anything, they never just tell us what to do". People talked about the freedom they have at Taunton House. Each person had their own front door key and was able to come and go as they pleased. One person said, "The staff likes to know where we are going, just so they know what we are up to". Another person told us, "We can go out at any time, although if we are going to be late we just need to let them [staff] know".

People were supported to maintain friendships and important relationships and their care records included information about people that were important to them. People told us that they were able to have friends or family visit when they wished and they were always made to feel welcome. One person was supported to visit his family regularly.

Is the service responsive?

Our findings

People told us they felt the staff were responsive to their needs. One person said, "I have been worried about money and staff have helped me write letters and fill out forms". Another person told us, "They [staff] do a lot for me, if I need help with anything I will just ask the staff, it's never a problem".

Care and support was planned proactively and in partnership with the people and multidisciplinary teams where appropriate. People were given the opportunity to spend time at Taunton House before they made the decision to move to the home on a more permanent basis, for example visiting for lunch or overnight stays. This allowed relationships to be built and empowered the person to be actively involved in decisions about their future. The provider completed assessments of the people before they moved to the home. Assessments considered the person's whole self and supported the provision of personalised care. The provider told us that as the home was small it was really important to ensure that the person 'fitted' into the home and gelled with the other residents. Therefore, everyone who moved to the home was subject to a one month trial period. One person confirmed that they visited, spent time at the home and met with the provider before moving in.

The provider and staff had an excellent understanding of the people they cared for and their condition. Staff were able to tell us in detail about what people could do for themselves and times they may require support. Most of the people living at the home and the staff working at Taunton House had been there for a number of years so knew each other well. This enabled staff to notice changes in people's health quickly which allowed timely and effective interventions to be provided. Staff's understanding of the care people required was enhanced through the use of support plans, which detailed people's preferences, backgrounds, medical conditions and behaviours. They also included specific individual information to ensure medical needs were responded to in a timely way.

People were supported to make choices about how they wanted to spend their time and their lives were enhanced by being encouraged and supported to take part in activities and past-times they enjoyed. Each person had an individual 'schedule of activities' in place which had been arranged jointly between the person and the provider. Most activities were in the community and included, attending day services and doing voluntary work. Where a person did not have any activities arranged they could choose how they spent their time. On the day of the inspection one person choose to go for a walk to the beach and another person spent their time reading in the lounge. People who were in the home were often invited to partake in tasks around the home including cooking and gardening with a staff member or walking the home's dog. People told us there was enough for them to do. One person said, "There is enough to do, it's up to me what I do really". Another person told us, "I sometimes go for a walk or to a café with friends. We sometimes all go out together". Another person who was spending the day in the home told us, "I might walk the dog with [named of staff member] later".

The provider had a policy and arrangements in place to deal with complaints although no complaints had been received. Information on how to complain was easily accessible to people living at the home and held within the resident's folder which was kept in the communal lounge. People told us they knew how to

complain if they needed to. Their comments included, "I would just speak to [name of provider] if I have any concerns, I know they would sought it out" and "I don't need to complain about anything, everything is excellent". All the people we spoke with expressed confidence that the provider would act on any complaints or concerns they may have.

Is the service well-led?

Our findings

People and staff were positive about the way the home was run. People's comments included, "[Name of provider] knows how to run a place", "very good landlady [provider]" and "Its excellently run." A staff member said, "Everything is run very well, it's a really good place to work, it's amazing". Another member of staff said, "[Provider] has got high standards for care and cleaning, it's a lovely place and I love working here".

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 at the home. This also allowed them to monitor the quality of the care provided. The provider said, "My philosophy is; we are a family and this is their home as well as mine. I want the residents to feel happy and safe". 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, "We aim to build people's confidence and improve people's lives".

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 sessions, during daily interaction with the provider and during staff meetings. A staff member said, "I can approach the provider at any time, we are a good team and very supportive of each other". A second staff member told us, "I can always talk to the provider, she is happy to listen to us and will always act on concerns".

People told us they were given the opportunity to speak with the provider at any time about the care they received or to raise concerns. One person said, "I am asked regularly about my care or if I need anything." Another person told us, "I have a one to one meeting with the provider about once a month, but can talk to them anytime I want". People were given the opportunity to attend a monthly 'house meeting' to discuss care needs, share ideas about what people wanted to do and report any concerns or problems. Minutes from these meetings were kept in the residents folder in the lounge to inform those people who had not attended about discussions that had taken place and keep them updated of future plans. A person told us, "We have house meetings once a month when we talk about the home, the care we get and the food. We are also asked if we have any problems with anything."

There were systems in place to monitor the quality and safety of the service provided and to manage the maintenance of the buildings and equipment. The provider completed observational checks and took action where required. For example, on the day of the inspection a piece of gardening equipment broke and this was addressed immediately. They also ensured standards of cleaning were maintained. They had a cleaning regime and required staff to carry out the cleaning in the same way. 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.

The provider understood their responsibilities and was aware of the need to notify the Care Quality

Commission (CQC) of significant events in line with the requirements of the provider's registration.