

Monolace Limited

Tasker 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:

Tasker House is a residential care home which provides care and support to people older people, some who may be living with dementia. It is registered to provide care for up to 28 people. At the time of our inspection there were 26 people living at the service.

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

People were supported by very kind, caring and compassionate staff who often went the extra mile to provide people with good, high quality care. This high standard of care enhanced people's quality of life and wellbeing.

People were treated with dignity and respect in a way that truly valued them as individuals. The registered manager and all staff, whatever their role, were always prepared to go over and above their roles to ensure people received the care they needed and live full and meaningful lives. The staff and the management team were passionate about providing people with support that was based on their individual needs and wishes. As a result, their care was tailored to meet their exact needs.

The manager and the staff team strived for excellence and it was clear from our observations, what people told us and systems in place that they worked tirelessly to ensure people were cared for not only emotionally but physically.

People received safe care and were protected against avoidable harm, neglect and discrimination. There were systems in place to make sure the service was safe, with good staffing levels and skilled staff to deliver good quality care.

Risks to people were fully assessed and well managed. Staff had been safely recruited to meet ensure they were suitable to work at the service. People's medicines were safely managed, and systems were in place to control and prevent the spread of infection.

People's care needs were assessed before they received a care package. Staff received an induction and ongoing training that enabled them to have the skills and knowledge to provide effective care.

People were supported to eat and drink enough. Staff supported people to live healthier lives and access healthcare services when required.

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.

Staff provided care and support in a caring and meaningful way. They knew the people who used the service

well. People and relatives, where appropriate, were involved in the planning of their care and support. Care plans supported staff to provide personalised care. People were encouraged to take part in activities and interests of their choice. There was a complaints procedure in place and systems in place to deal with complaints effectively. The service provided appropriate end of life care to people.

The service continued to be well managed. The provider had systems in place to monitor the quality of the service; actions were taken, and improvements were made when required. Staff felt well supported and said the registered manager and deputy manager were open and approachable. The service worked in partnership with outside agencies.

Rating at last inspection.

The last rating for this service was Good (published 23 June 2017)

Why we inspected

This was a planned inspection based on the previous rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Tasker House on our website at www.cqc.org.uk.

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.

Tasker 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:

This inspection was carried out by one inspector.

Service and service type:

Tasker House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 accommodates up to 28 people in one adapted building.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

The inspection was unannounced.

What we did before the 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 reviewed other information that we held about the service such as notifications. These are events that happen in the service that the provider is required to tell us about. We also considered the last inspection report and information that had been sent to us by other agencies. We also contacted commissioners who had a contract with the service. We used all of this information to plan our inspection.

During the inspection:

During the inspection, we spoke with six people who used the service and one relative. We also spoke with six staff members that included the provider, the registered manager, the deputy manager, two care and support workers and a housekeeper. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

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

After the inspection:

One relative contacted us by email to give us their views about the service.

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 remained Good: This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe and relatives told us their family members received safe care. One person said, "I feel safe here because the carers help me, so I don't fall over." A relative commented, "[Family member] is safer here than they were at home. They take great care to make sure [family member] is safe."
- Staff could tell us about the different kinds of abuse and the steps they would take if they suspected or identified a person was at risk. One said, "I would report anything I was concerned about, without hesitation. We have a duty of care." Staff told us, and records confirmed they had completed training in relation to safeguarding and whistle blowing.
- There were policies and procedures in place to provide the registered manager and staff with guidance about how to report any safeguarding concerns. We saw that the registered manager had raised safeguarding alerts appropriately and had systems in place to investigate any concerns.

Assessing risk, safety monitoring and management

- People's care plans included risk assessments associated with their care and support. For example, some people were at risk of malnutrition and dehydration and there was specific guidance in place for staff to follow to reduce this risk.
- Staff understood when people required support to reduce the risk of avoidable harm. For example, we saw staff support people to walk safely.
- Risk assessments were up to date and available to relevant staff. This meant that staff were able to follow guidance to help ensure people were consistently supported safely.

Staffing and recruitment

- People gave us positive feedback about staffing numbers and felt there were enough staff to meet their needs in a timely manner. One told us, "There always seems to be enough staff. I don't have to wait very long for help."
- We observed, and staff told us there were sufficient staff to meet people's needs. One staff member said, "We have enough staff. There is really good team work and we support each other." We received positive feedback from all the staff we spoke with. Staff rotas showed that staffing was consistent.
- The provider followed robust recruitment procedures to ensure people were protected from staff that may not be fit to support them. Disclosure and barring service (DBS) security checks and references were obtained before new staff started the probationary period. These checks help employers to make safer recruitment decisions and prevent unsuitable staff being employed.

Using medicines safely

- Medicines were received, stored, administered and disposed of safely. Staff involved in handling medicines had received training around medicines. Staff followed the provider's medicines procedure.
- Regular medicines' audits informed managers of any issues which were rectified in a timely manner.

Preventing and controlling infection

- People were protected by the prevention and control of infection because staff had the appropriate personal protective equipment to prevent the spread of infection.
- Staff told us, and records confirmed they received infection control training and there was an infection control policy in place.
- The environment was clean and hygienic, and regular monthly audits were completed with action plans in place to address any issues.

Learning lessons when things go wrong

- Lessons were learnt when things went wrong, and actions taken to reduce the risk. For example, when people had falls these were recorded and analysed. There were actions taken for each person; from referral to other professionals for specialist advice to maintenance checks on equipment.

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 remained Good: 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

- People's care was assessed before they went to live at the service. The assessment covered people's physical, mental health and social care preferences to enable the service to meet their diverse needs.
- Assessment documentation considered the characteristics identified under the Equality Act and other equality needs. The assessments process also considered compatibility with other people using the service.

Staff support: induction, training, skills and experience

- Staff were sufficiently qualified, skilled and experienced to meet people's needs. A relative told us, "[Family member] needs a lot of support and the staff know exactly how to look after them."
- All new staff went through a comprehensive induction period, which included shadowing more experienced staff to get to know people, as well as covering the basic training subjects.
- We saw an ongoing schedule of training in place, to ensure staff kept up to date with good practice.
- The system for staff supervision and support was consistently applied. Staff told us they were supported by a senior staff member through their one to one meetings. One told us, "I have regular supervision and can use it to discuss anything. It's really helpful."

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

- People said they enjoyed the meals provided. They said there was enough choice on the menu and they were able to choose alternative meals if they did not want what was on the daily menu. One said, "I like the food. Its good old-fashioned home cooking."
- Staff monitored the food and fluid intake of people at risk of poor nutrition and hydration and followed guidance from health professionals. For example, providing thickened drinks and soft puréed diets for people with swallowing difficulties.

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

- Staff supported people with their health needs and were alert to changes in people's health. They supported people to access health services when they needed to.
- The service placed a strong emphasis on ensuring people's oral health care needs were met. They had updated their oral health care policy and made changes to people's care plans to provide staff with detailed guidance. The registered manager had also arranged for staff training in relation to oral health care.
- People's care plans included information about their health needs, medication and allergies. For example, we saw that people's weight was regularly monitored and we saw detailed assessments for people's oral healthcare.

- People had emergency grab sheets to take with them if they needed to go to hospital. Emergency grab sheets contain information about a person as an individual, for example their communication needs.

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

- The premises was suitable and accessible to the people living at the service. The environment was well maintained, homely and offered plenty of personal space.
- People were encouraged to personalise their own rooms and we saw these reflected people's tastes and preferences.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Where people were unable to make decisions for themselves, mental capacity assessments had been completed and where necessary, decisions were made on behalf of people in consultation with relatives and appropriate others in people's best interests.
- DoLS applications had been made to the relevant Local Authority where it had been identified that people were being deprived of their liberty. These had been kept up to date when an authorisation had expired.

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 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

- Without exception, people and visiting relatives told us the staff were extremely caring, compassionate, attentive and dedicated in their approach. One person said, "The staff are angels. They are so kind and caring. Nothing is too much trouble." Another person commented, "The carers are wonderful. They have time to sit with me for a chat." A relative commented, "[Registered manager and deputy manager} are always available to talk to if I am struggling with [family member] and having a particularly bad day."
- We saw staff in all roles spending meaningful time with people and they had built up very caring relationships that mattered. One member of staff said, "I can honestly say I love coming to work. It's like visiting old friends."
- Staff were exceptionally skilled at engaging with people. There was a lot of laughter and people joked with staff and each other. One person said, "We all have a bit of a laugh. We're all friends here."
- People told us that staff often went over and above to meet their needs. For example, staff were very keen for people to enjoy and participate in special moments and memories with relatives. They regularly gave up their free time to ensure birthday parties, summer fetes, Christmas festivities, outings and all other special occasions were celebrated in style.
- Staff had recently arranged a boat trip for people who had an interest in boats and who had been in the navy. Two people who were usually at risk of social isolation were animated and talkative and really enjoyed the experience. Staff gave up their leisure time to arrange this and ensure everyone had a good time.
- A relative of someone that used to live at the service had been encouraged to visit every Tuesday and have lunch and join in with activities; at no cost to them. Staff recognised and encouraged this to promote the relative's wellbeing and social inclusion.
- The registered manager and deputy manager were in the process of forming links with other local care services to promote social inclusion in a safe environment for people identified to be more at risk of social isolation. The aim was to enrich people's lives by promoting friendship and interactions with other people using care services. There is a first friendship meeting in December.
- The continuous training and development staff received had embedded a culture at the service that placed people at the heart of all they did. During our conversations with staff, they demonstrated they cared immensely for the people they supported. One staff member said, "It's about enabling people to live their life to the full." All staff clearly shared this ethos and people living at Tasker House agreed.

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

- Staff were exceptional at supporting people to make decisions about how they wanted to be cared for. They felt it was very important to get to know people extremely well and if a person was unable to

communicate effectively, the staff involved their family, friends and advocates to gain the information required. This was evident in the minutes of resident meetings, quality audit forms, individual personalised care plans and reviews of people's care.

- All staff were trained in non-verbal forms of communication and told us that any person acting out of character or showing signs of discomfort or distress would be promptly assisted and supported to try to find out what the cause may be.
- All staff, regardless of their roles, were trained in effective communication strategies for people living with dementia and had completed a level two course in dementia care.
- Staff use a variety of tools to communicate with people according to their needs. For example, one person had a condition that affected their ability to verbally communicate. Staff worked with the speech and language therapist to produce a picture and word book to support them to communicate effectively.
- Relatives told us they were always encouraged to visit their family member regularly and to be fully involved in their care. They said they were always made to feel extremely welcome and the staff kept them informed about their relative's health and wellbeing which was very important to them. One relative told us, "They don't just care for [family member] they care for me too."
- Residents and relatives' meetings took place regularly to obtain peoples' and relatives' views on the care provided. These were well attended and provided another forum for people to express how they wanted to be cared for.

Respecting and promoting people's privacy, dignity and independence

- Staff fully respected people's privacy and dignity, which was at the heart of the service's culture and values. This ethos was embedded in everything that the staff did.
- Staff were challenged to complete a dignity challenge audit tool from a 'dignity in care' organisation this year. The audit covered all aspects of dignity challenges including key elements of people's rights. These included being treated with respect, be free from abuse, the right to privacy, autonomy, person centred care, communication, the right to complain without fear of retribution and to encourage self-esteem and combat social isolation and loneliness. The service found the audit tool to be extremely informative and implemented its use to ensure equality, diversity and promotion of people's rights were embedded in the service.
- One person was living with dementia which affected their ability to remain awake during the day, so staff ensured that meals and drinks are always available at any time day and night. This meant their needs were met at a time suitable for the person which avoided conflict and promoted their dignity, autonomy and wellbeing.
- Staff were able to anticipate people's needs and recognise if they were feeling anxious or distressed. For example, we saw that one person was very tearful and appeared very anxious. Staff sat with them at lunch talking with them to ease their anxiety. All staff stopped and spoke with the person when they passed by, to distract them.
- People were able to decide who provided their care and support. For example, they were able to say whether they wanted a male or female staff member to provide their personal care.
- We observed the staff engaging with people in a polite manner and always respecting their privacy. People were addressed by the staff using their preferred names and the staff knocked on people's doors before entering into their room. When personal care was being given, the staff made sure that the doors to people's rooms remained closed or prompted people to remember to close their doors.
- A staff member told us, "We ensure personalised care by offering options and choices at all times." Another member of staff said, "We take pride in what we do for people. We treat people how we would want to be treated."

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 remained Good: 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's needs were assessed prior to them going to live at the service. Information from the need's assessment was used to develop a detailed care plan.
- The initial assessment and people's care plans considered their preferences about how they wished to be supported, which included any cultural or religious requirements. Staff we spoke with knew people well, and the care they wished to receive.
- Care plans were person centred and recorded how people's physical, communication, social and emotional needs were to be met. They contained very detailed guidance for staff to follow in relation to meeting people's specific needs. Staff told us care plans were very valuable guides to what care and support people needed and were always kept up to date so they remained reflective of people's current needs.

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.

- Information for people could be made available to meet their specific communication needs when needed. For example, we saw that one person had a visual aid book that staff used to support them with communicating their needs.

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

- Staff provided people with meaningful and creative activities such as going out for walks, day trips, meals out, quizzes and musical entertainment. One the day of our visit there was an outside entertainer playing music. One person said, "I love the music. It cheers me up and makes me feel happy."
- A relative informed us, "They have plenty of activities and people visit to provide music and gentle exercise. A lovely lady comes every month and gives lovely talks to jog the resident's memories. [Family member] loves the exercise lady and the remembrance lady." All the people spoken with said they enjoyed the activities provided for them.
- People were supported to develop and maintain relationships with people that mattered to them. One person told us they had lived with their family member at the service. A relative told us, "I can visit when I like. They always make me feel welcome."

Improving care quality in response to complaints or concerns

- The provider's complaints procedure supported people and relatives to raise concerns and complaints.
- People told us they felt comfortable to speak to staff or the registered manager if they were not happy about something and were confident action would be taken to resolve their concerns. A relative said they felt confident if they had any concerns they would be quickly addressed.
- The service had not received any complaints at the time of our inspection. However, there were processes in place to ensure that all complaints would be dealt with appropriately.

End of life care and support

- People's care plans included information about how they wanted to be supported towards the end of their lives and their funeral arrangements if they wished to share this information.
- At the time of our visit one person was receiving palliative care. Their care plan was detailed so that staff were able to follow the guidance and meet the person's needs.
- The provider had policies and procedures in place to meet people's wishes for end of life care and staff had completed training to ensure they could meet people's needs at the end of their life.

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 Good: 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

- The staff and the management team had values that placed people at the centre of the service and promoted their independence, enabling them to make choices about their lives as much as possible.
- Without exception everyone spoke highly of the registered manager and deputy manager and how much work they put in to the smooth running of the service. Comments included, "[Name of registered manager] is very approachable. She always listens." "Both [registered manager and deputy manager] are fantastic. I can't fault them." "The home is well run. There is a captain of the ship and it runs like clockwork."
- The registered manager knew all the people using the service well and was involved in supporting them. They worked closely with people and staff, leading by example, and ensuring people had a say in all aspects of the service.
- It was evident from what people told us and the interactions we observed, that people received individualised care that was based around their needs and preferences.
- The registered manager and deputy manager worked closely with healthcare professionals and were open to advice and recommendations to drive improvement at the service.

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 manager ensured there were systems in place to ensure compliance with duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.
- Staff knew how to whistle-blow and knew how to raise concerns with the local authority and the Care Quality Commission (CQC) if they felt they were not being listened to or their concerns acted upon.

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

- Staff were clear about their roles and responsibilities towards the people they supported and felt listened to and well supported. Systems in place to manage staff performance were effective, reviewed regularly and reflected best practice. There was a supervision, appraisal and comprehensive training programme in place. One staff member said, "We are well supported. [Registered and deputy manager] are always available to help and advice."
- The registered manager had a quality assurance system in place which ensured all aspects of the service were audited and improvements made if necessary. These enabled the registered manager to identify any

areas for improvement and develop action plans to address these.

- The registered manager notified CQC and other agencies of any incidents which took place that affected people who used the service. They looked at all accidents and incidents to see if lessons could be learned when things went wrong. This was then shared with all staff.
- The provider invested in the learning and development of its staff, which benefited people through the maintenance of a stable, motivated and skilled staff team. Staff told us this made them feel valued and appreciated.
- The registered manager notified CQC and other agencies of any incidents which took place that affected people who used the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff told us that because the service was small the communication throughout the service was very good. Staff told us they had regular staff meetings and one to one meetings with a senior staff member. There were daily handover meetings where staff discussed anything of note and made sure they always had up to date information.
- Service satisfaction questionnaires were sent out to people and family members to comment on the overall quality of the care. We looked at the latest surveys and saw that all the comments without exception were very positive. Where appropriate, comments were used to drive improvement at the service.

Continuous learning and improving care

- The registered manager and the deputy manager were continually making improvements to the care and support provided, to achieve the best possible outcomes for people. They achieved this through satisfaction surveys, gaining feedback from people and relatives and good communication.
- This included regular reviews of people's needs to ensure the care provided was appropriate, and reviews of all aspects of the service, from activities to the environment, to ensure people had the best care possible.

Working in partnership with others

- The registered manager referred people to specialist services either directly or via the GP. Records confirmed the service had worked closely with the dietician, the speech and language therapists and people's GP's.