

Mr SJ Tarrant & Mrs MJ Tarrant

# Tarrant 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 

### Overall summary

We carried out a comprehensive inspection of Tarrant House on 2 November 2015. This was an announced inspection. We told the provider two days before our inspection visit that we would be coming. This was because we wanted to make sure people would be at the service to speak with us. The service was last inspected in January 2014. The service was meeting regulations at that time.

Tarrant House provides care and accommodation for up to seven people who have learning disabilities and autistic spectrum disorders. At the time of the inspection seven people were living at the service.

There was a registered manager in post. A registered manager is a person who has registered with the Care

Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People at Tarrant House were supported to lead fulfilling lives which reflected their individual preferences and interests. There were enough staff available to make sure everyone was supported according to their own needs. On the day of the inspection visit two people were attending separate college placements, one person was visiting family. Four people remained at the service. The four people in the house were engaged in their individual routines and activities and one of them went out for part

# Summary of findings

of the day with staff to shop for groceries. Relatives told us they believed their family members had choice and control in their lives and were supported safely and with respect. Comments included, “The staff at Tarrant are very supportive and [persons name] is happy” and “I cannot speak highly enough of the manager or indeed of their staff”.

Staff were well trained in a range of subjects which were relevant to the needs of the people they supported. New employees undertook a structured induction programme which prepared them well for their role. The staff team were well supported by the registered manager through daily communication. However formal supervision sessions were not occurring on a consistent basis to support staff personally in their learning and personal development.

There were sufficient numbers of suitably qualified staff on duty to support peoples’ needs and engage in activities. Staff completed a thorough recruitment process to ensure they had the appropriate skills and knowledge. Staff knew how to recognise and report the signs of abuse.

Where people did not have the capacity to make certain decisions, the service acted in accordance with legal requirements under the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. Staff had a good understanding of the principles of the legislation and training was updated regularly. A staff member told us, “Its important people can do the things they want to do, but it’s also important they are kept safe. I know that means we have to put things in place for their own best interest”.

Staff demonstrated they had an excellent knowledge of the people they supported and were able to appropriately support people and promote their independence. Staff consistently spent time speaking with the people they were supporting. We saw many positive interactions and people enjoyed talking to and interacting with staff. Staff told us, “It’s a great place to work, very fulfilling” and “We [staff] really know everybody living here and we have the resources to give them [people living at the service] a good quality of life”.

Care plans were informative and contained clear guidance for staff. They included information about people’s routines, personal histories, preferences and any situations which might cause anxiety or stress. They clearly described how staff could support people in these circumstances. In addition records included assessments and support plans from other health professionals. These were in easy read versions to aid communication.

Accidents and incidents were appropriately recorded and analysed to identify any trends. Quality assurance systems were in place, gaining people’s views about the service they or their relative received. Regular audits were carried out to help ensure the service was running effectively and safely.

There were clear lines of accountability and responsibility at Tarrant House. There were plenty of opportunities for people, relatives and staff to voice how they felt about the service and any concerns they had. Annual surveys were circulated to all stakeholders any visitors were asked for their feedback. Comments included, “The home is open to new ideas and ways of working differently” and “A home from home in choice and ethos”.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe. There were sufficient numbers of suitably qualified staff on duty to keep people using the service safe and meet their needs.

Staff completed a thorough recruitment process to ensure they had the appropriate skills and knowledge. Staff knew how to recognise and report the signs of abuse.

Risk management procedures were robust and people were given information so they could take informed risks.

Good



### Is the service effective?

The service was mainly effective. Staff were supported in their day to day roles, however formal supervision and appraisal was not consistent.

New employees completed an induction which covered training and shadowing more experienced staff.

The service acted in accordance with the legal requirements of the Mental Capacity Act and associated Deprivation of Liberty Safeguards.

People had access to other healthcare professionals as necessary.

Good



### Is the service caring?

The service was caring. People's privacy and dignity was respected.

Staff knew people well and understood their communication preferences.

The registered manager valued family relationships and helped ensure they were sustained.

Good



### Is the service responsive?

The service was responsive. People's care plans were detailed, personalised and contained information to enable staff to meet their identified care needs.

Staff were responsive to people's specific life events and worked closely with families and health and social care professionals to achieve positive outcomes for people.

People were supported and encouraged to actively engage with the local community and maintain relationships that were important to people.

Good



### Is the service well-led?

The service was well-led. The staff team told us they were supported by the registered manager.

There was a system of quality assurance checks in place. People and their relatives were regularly consulted about how the service was run.

There was a clear ethos in place which focussed on ensuring people had fulfilling lives and experiences.

Good



# Tarrant 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 was planned to check 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.

This inspection took place on 2 November 2015. The inspection team consisted of one inspector. Before the inspection we reviewed previous inspection reports and other information we held about the service including notifications. A notification is information about important events which the service is required to send to us by law.

Due to people's health care needs we were not able to verbally communicate with everyone who lived at the service. In order to find out their experience of the care and support they received, we observed staff interactions with people. We spoke with the registered manager and three care workers. Following the inspection visit we contacted three relatives and three external health and social care professionals to hear their views of the service.

We looked at care records for three people, staff training records, recruitment files and other records associated with the management of the service including quality audits.

# Is the service safe?

## Our findings

Relatives told us they believed their family members were safe living at Tarrant House. They told us, “I feel totally confident [person’s name] is safe living at Tarrant House”, also, “We have no hesitation in saying [person’s name] has everything they need for a good quality of life. The staff go over and above” and “Staff work so hard to integrate and protect people”.

On the day of the inspection visit we saw people moved around the building freely and safely. They were familiar with their surroundings. People were at ease with staff and approached them for support as they needed it and without hesitation. For example one person wanted to go to their room. They were unable to communicate this verbally but staff recognised the signs and were able to support them safely.

People were protected from the risk of abuse because staff had received training to help them identify possible signs of abuse and knew what action they should take. Staff accurately described the correct sequence of actions and outlined the different types of abuse. Staff told us they supported people in a way that kept people safe. They said they would challenge their colleagues if they observed any poor practice and would also report their concerns to the registered manager. There was a poster on the noticeboard giving details of how to raise a safeguarding alert.

The Care Quality Commission (CQC) had received notifications as appropriate when there were any concerns regarding people’s well-being or safety. There were clear procedures in place for making safeguarding alerts to both CQC and the local authority. This demonstrated an open and transparent approach to sharing information with other agencies where required.

There were safe systems in place to support people to manage their finances. With family’s agreement, the service supported people to draw money from their bank accounts and receive allowances from appointees to purchase personal items and pay for activities or meals out. Arrangements were in place for people to keep their money securely in the service. Records of when staff supported people to make purchases were kept and regularly audited by the registered manager and the provider’s accountant.

Care plans contained detailed information to guide staff as to the actions to take to help minimise any identified risks

to people. Staff told us they worked with people to keep them safe while allowing them to try new experiences and increase their independence. One commented: “It’s important we push the boundaries sometimes so they [people using the service] get to experience things which they might not have done before”. For example risk assessments detailed how ‘rescue medication’ should be carried by staff when supporting a person in the community who had a risk of seizures.

There were sufficient numbers of staff on duty to support people to take part in individual activities, attend appointments and engage in daily chores and routines. During the day of the inspection visit two people were at college, one person was visiting their relatives. Four other people were being supported at the service. There were enough staff available to support people individually. Where one person required two staff to support them they were available to do this without restricting other peoples’ choices of activities. Staff rotas were flexible to allow people to take part in activities which overlapped the shift patterns. For example staff engaging in activities outside the service worked flexibly to support people through an engagement.

Recruitment processes were robust. All appropriate pre-employment checks were completed before new employees began work. For example Disclosure and Barring checks were completed and references were followed up.

Medicines were managed safely at Tarrant House. All medicines were stored appropriately and detailed records kept of the support the person had received in relation to the management of their medicines. Creams and liquid medicines were dated when opened. This meant staff would be aware when medicines were likely to become less effective or expired. Where a person was prescribed PRN medicine (medicine to be administered only when required) there was clear guidance for staff to follow, in order to determine when it should be used. Sometimes people needed to take their medicines with them went they went out for the day or away on holiday. And there were protocols were in place for staff to transport medicines safely.

The environment was clean and well maintained. People’s rooms and bathrooms were kept clean. The owners carried out regular repairs and maintenance work to the premises. The boiler, electrics, gas appliances and water supply had

## Is the service safe?

been tested to ensure they were safe to use. There were records that showed manual handling equipment had

been serviced. Fire alarms and evacuation procedures were checked by staff, the fire authority and external contractors, to ensure they worked. There was a record of regular fire drills.

# Is the service effective?

## Our findings

The service assessed each person's needs prior to them living at Tarrant House to ensure the placement would suit their needs and keep them safe. We looked at some of those assessments and saw they were detailed and provided a comprehensive report of the needs of the person they were about. People were supported to access a range of other health and social care professionals, including GP's, social workers, opticians and dentists. Multi-disciplinary meetings were held when necessary to help ensure all aspects of people's needs were taken into consideration when planning care. People had access to regular health checks and illness prevention. For example with next of kin consent flu inoculations were due to take place. An external professional told us the service worked well with them and took on board any suggestions.

People were supported by skilled staff with a good understanding of their needs. Staff told us, "It can be a very intense job but we know them all [people using the service] very well. We get a lot of information from doctors and social workers and good advice when things change". A relative commented; "[staff name] has been amazing in getting [persons name] through a very difficult time" The registered manager and staff talked about people knowledgeably and demonstrated a depth of understanding about people's specific support needs and backgrounds. Staff were responsible for reporting information every day about people they were supporting. This ensured people received consistent care and support from staff who knew them well.

The registered manager told us that, as well as preparing new staff for their roles, the induction process enabled the service to get to know people and identify individual skills which could be developed. For example a member of staff had specific experience in using communication methods. This was particularly useful for this service. Training opportunities were in place with staff accessing training specific to the needs of people living at the service. Employees who were new to working in a caring role were supported to undertake the recently introduced Care Certificate. The Care Certificate is designed to help ensure care staff have a wide theoretical knowledge of good working practice within the care sector and replaced common induction standards in April 2015.

Two staff members we spoke with told us training was good. Comments included, "It is a home which makes sure we have the skills to support people" and "Some people have very complex needs and we get the training to manage them".

Staff told us they felt well supported by the registered manager. Staff told us they had daily discussions with the registered manager as well as the manager having an 'open door policy'. This supported staff informally whenever they wanted advice or guidance. However not all staff were receiving formal supervision or appraisals consistently. Two records showed that staff had received a supervision meeting and annual appraisal in the last three months, but another staff member had not received a formal recorded supervision for twelve months. The registered manager acknowledged formal supervision and appraisal meetings were not regularly taking place and agreed this needed to be improved.

Staff had received training in the Mental Capacity Act (2005) and associated Deprivation of Liberty Safeguards (DoLS). The MCA provides a legal framework for acting and making decisions on behalf of individuals who lack the mental capacity to make specific decisions for them. DoLS provides a process by which a provider must seek authorisation to restrict a person for the purposes of care and treatment. Mental capacity assessments and best interest meetings had taken place and were recorded as required. These had included external healthcare representatives and family members to help ensure the person's views were represented. Applications to the local authority for DoLS authorisations had been made as required by the legislation.

People took part in choosing meals on a weekly basis using photographs of meals to facilitate this. One person showed us the pictures and could relate to what they liked because they were in a format they could use to communicate their individual likes and dislikes. Another person liked to be involved in shopping for groceries and was supported to do this by going out with staff for a weekly grocery order.

We shared the dining room with people at lunchtime. Staff encouraged people to eat their meal together and make it a social occasion. Staff prepared lunch and sat with people. It was relaxed and unrushed. A person with limited vision was supported to eat independently by being provided with a plate guard.



# Is the service caring?

## Our findings

We spent the majority of the inspection visit in communal areas observing interactions between staff and people who lived at the service. Staff were respectful and spoke with people considerately. Staff were unrushed and caring in their attitude towards people. For example four people chose to do different activities throughout the day. Staff supported people individually. Where a person needed two staff to support them care staff engaged with the person sensitively. We saw relationships between people were relaxed and friendly and there were easy conversations and laughter. Relatives told us they felt very happy with their relatives care and support and wouldn't receive better care anywhere else. One person said, "I would shout their praises from the rafters at every opportunity and am glad to have the chance to do so" and "So grateful for all the support".

The routines within the service were flexible and arranged around people's individual and collective needs. People were provided with the choice of spending time anywhere in the service including their own rooms and garden. Throughout the inspection visit we saw people had freedom of movement around the service and were able to make decisions for themselves.

People were supported in a way which ensured their privacy and dignity was upheld. For example when a person required personal care staff were discreet and ensured doors were closed. Staff introduced us and explained the reason for our visit. This helped people feel more comfortable in our presence. A staff member picked up a person's use of non-verbal communication to inform us they wanted us to leave that area.

People's rooms were decorated in keeping with their age and gender and reflected their personal tastes. We saw personal photographs and mementoes' were displayed in rooms.

Not everyone who lived at Tarrant House communicated using words. Staff were familiar with people's communication techniques and able to support people to engage with us. Comments included: "[Person's name] uses a lot of hand movement and facial expression to communicate. We [staff] have come to know exactly what they are saying" and "When you start working here it can be a bit daunting but the other [staff] help you through it". We saw staff communicate effectively with people throughout the day.

People were supported to maintain relationships with families and friends. One person was making a regular week end visit to their family. Relatives were able to visit when they wanted and staff supported people to keep in regular contact by telephone where they wanted to. The registered manager spoke with relatives regularly and supported families to be involved in people's lives.

Staff knew the people they supported well. Care records contained information about people's personal histories and detailed background information. This helped staff to gain an understanding of what had made people who they were today and the events in their past that had impacted on them. Staff were responsible for making daily records about how people were being supported and communicated any issues which might affect their care and wellbeing. Staff told us this system made sure they were up to date with any information affecting a person's care and support.

Prior to and following this inspection visit we received information from care coordinators who had some responsibility for the wellbeing of people who lived at the service. Links with these professionals were good and we received some positive feedback from them about the care being provided. They told us they were confident of the quality of care and support people received and had no concerns.



# Is the service responsive?

## Our findings

The registered manager and staff were very knowledgeable about people's needs and how to respond to them. Decisions about any new admissions were carefully managed by balancing the needs of the person with the needs of the people already living at Tarrant House. A staff member said, "It's a small home and it's their [people living at the service] home so we have to make sure they all get along. It's a fine balance". Staff spoke knowledgeably about how people liked to be supported and what was important to them. For example a staff member recognised a person wanted to move to their room by understanding their body movement and non-verbal communication. This enabled staff to respond to people in a timely way. Another person liked to spend time on their own. Staff respected this but made sure the person was regularly spoken with. Staff engaged with the person in a relaxed and unobtrusive way. They responded well to this by smiling and laughing. An external professional told us, "Everything they do is so person centred. It's all about that person and what matters to them".

One person had very specific health needs. These were monitored and reviewed regularly to help ensure any changes were identified. Care documentation contained links to health professionals who provided staff with the necessary guidance and advice. A recent hospital admission had been responded to and managed extremely well. Records for the person showed the planning and management of the admission. Staff told us, "We worked really hard to make sure [person's name] procedure went smoothly. Hospital staff have a record of [the persons' name] needs and this made it easier when we got to the hospital". Daily records showed on the day of admission the daily routine for the person had been kept as normal as possible to allay any anxiety. The registered manager and key worker supported the person through the process and their response resulted in a successful outcome. The staff had liaised with health professionals to ensure they could manage an early discharge back to the service. This resulted in a rapid recovery due to the person returning to the familiar surroundings of the service and staff they knew and responded to.

The staff team worked well together and information was shared amongst them effectively. When a new shift started there was a verbal handover and daily logs were completed

throughout the day. These recorded any changes in people's needs as well as information regarding activities and people's emotional well-being. Daily logs were audited monthly to identify any emerging themes. A communication book was also used to record any general information which needed to be shared amongst the staff team.

Staff engaged with other services where people needed additional support. For example bereavement support had been sought for a person living at the service. In addition staff had been provided with guidance on how to manage the bereavement process for people. A family member told us, "We just cannot thank them [manager and staff] enough. They have been excellent. They formed an incredible liaison which really helped [persons name] through the loss. As a family it really helped us all". In addition the person's room had been carefully looked at to include photos and mementoes which were important to them. The registered manager told us a key member of staff continued to support the person and liaise with the family. The manager told us, "The process does not have a beginning and end, it is continuous. Some days are good some are bad, we just take it day by day". A health professional told us they had worked closely with the registered manager and staff to respond to a persons needs which posed challenges to the staff team. They told us, "Manager and staff are keen to take on our advice so they are responsive and open to suggestions on best practice".

Care plans were person centred identifying what support people required and how they would like this to be provided. Where possible relatives were fully involved in the care planning process and were kept informed of any changes to people's needs through regular reviews. A relative told us, "The manager and [staff name] keeps us up to date regularly and we always let them [staff] know if there has been any change when they have stayed with us". During the inspection visit we observed staff asking people what they wanted to do. In all instances staff responded to these requests. For example going shopping and taking part in a craft activity. Another person wanted to watch a film in their own room. Staff told us people liked to do a variety of activities and usually this was responding to individual choices rather than group activities.

People had access to a wide range of pursuits which were meaningful to them and reflected their individual interests. For example a family member told us their relative had a

## Is the service responsive?

previous bad experience during a swimming session which affected their confidence. They told us staff at Tarrant House had worked closely with the person to overcome this resulting in the person now engaging and enjoying regular swimming sessions. They commented, “It has taken many years to get [the person] back into the water but Tarrant House persevered and in the end were successful. I can’t tell you what it means to me that they took the time and trouble to do that for [persons name] when it would have been so much easier to give up”. On the day of the inspection one person was attending a day centre; another was doing voluntary work associated with their family’s connection with farming. Activities were very flexible and people’s choices were acknowledged by staff who understood what people liked to do.

People were protected from the risk of social isolation because the service supported them to have a presence in their local community and access local amenities. People

regularly went into the local town. The registered manager told us people were all well known in the town and had formed some positive relationships with local tradespeople. Staff said the response in the local community was ‘very positive’. Staff told us they encouraged and supported social interaction where appropriate but acknowledged people were vulnerable and therefore “it needs to be well managed”.

There was a policy and procedure in place for dealing with any complaints. This was made available to people and their families and provided people with information on how to make a complaint. An easy read version was also available for people which used pictorial symbols alongside simple and limited text. People we spoke with including relatives told us they had never felt the need to raise a complaint but had the information if they felt they needed to.

# Is the service well-led?

## Our findings

There was a positive atmosphere within the service and staff and people interacted with each other in an open and friendly manner. Staff told us they were a strong team and a new member of staff told us they were well supported by management and their colleagues. Staff meetings were held regularly and staff told us they were able to raise issues or concerns they had at any time. Staff were highly motivated and keen to ensure the care needs of the people they were supporting were met. Staff told us, “It’s a great place to work and we work closely as a team” and “Very well supported by the manager”. Relatives told us, “Always kept up to date and I feel I can discuss any issue with the manager and staff. An inclusive and integrated service”.

External professionals told us they had confidence in the organisation as a whole with one describing it as; “A service where staff are committed to going that extra mile”.

There were clear lines of responsibility and accountability within the service. The registered manager was supported by a deputy manager. People had assigned key workers with responsibility for reviewing and updating care documentation, organising appointments and co-ordinating care planning.

Staff told us that as well as formal staff meetings, day to day communication was good and any issues were addressed as necessary. Staff told us they used the open communication as an opportunity for them to raise any issues or ideas they may have. They felt confident the registered manager respected and acted on their views. The registered manager was aware of what was happening at the service on a day to day basis, they were always available and also spent time supporting people. There was a clear shared set of values across the staff team. In our conversations with staff they frequently referred to the aim of supporting people to have fulfilled lives. One staff member said, “The most important thing for me is making sure they [people living at the service] have the best possible quality of life. I think we do a good job”.

Staff worked in partnership with other professionals to make sure people received appropriate support to meet

their needs. Healthcare professionals we spoke with told us they thought the service was well managed and they trusted staff’s judgement because they had the skills and knowledge to feedback to them about people’s health needs.

The staff team was lead effectively by the registered manager. The registered manager was supported by the registered providers of the service. The registered manager told us they had the resources they needed to provide a high quality service.

Staff were provided with opportunities for personal development. There were opportunities to request additional training or undertake further training at various levels. The registered manager told us they actively supported staff to develop their skills commenting; “Staff training is so important and we are constantly looking at what training is available and suitable for our staff”.

People and their relatives were consulted regularly both formally and informally. People talked together frequently to discuss any plans or changes. Decisions were made individually and as a group about holidays, outings, meals and any changes made to the environment. This showed people living at the service were provided with as much choice and control as possible about how the service was run for them. The views of people using the service were regularly surveyed. Relatives told us they were actively encouraged to approach the manager and staff with any concerns or ideas they might have. Comments included, “The manager and staff are all great. I can speak with them any time and feel they listen to what I am saying because they know it’s important to me” and “I have always felt very supported by them [staff]. Whenever there has been an issue they have been there for us”.

The registered manager oversaw quality assurance systems to drive continuous improvement within the service. Policy and systems audits were carried out annually or if guidance changed. There were other regular audits for systems including medicines, accidents and incidents and maintenance of the service.