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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?

Outstanding 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

The inspection was carried out on 2 and 4 June 2015 and was announced. The provider was given 24 hour's notice of the inspection to ensure that the people we needed to speak to were available. This was our first inspection of Taunton House which was registered with CQC on 5 October 2014.

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 inspection on 2 June 2014, four people were living in Taunton House. On 4 June 2015 an additional person had moved into the home.

Taunton House is a small home with communal areas, a lounge / dining room and two kitchens on the ground floor and bedrooms on the first floor. A well maintained garden was accessible from the rear of the property.

Risks to people's health or well-being had been assessed and plans put in place to protect people. People had access to medicines and these were kept safely.

There were sufficient staff to provide the support needed and staff knew people's needs well. People said they enjoyed the food which was prepared and cooked in the home.

Summary of findings

Staff provided exceptional individualised care for people. They showed respect to people and spoke with them in a kind and caring manner. 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's privacy was respected and people said they felt safe and cared for.

Staff had completed a range of training and felt supported by the provider. The quality of the care and support provided in the home was monitored by the provider.

Staff knew how to identify abuse and act to report it to the appropriate authority. The provider followed safe processes to help ensure staff were suitable to work with people living in the home.

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 and staff understood their responsibilities under the Mental Capacity Act 2005. Staff gained consent from people where appropriate. CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). No-one living at the home was currently subject to a DoLS, however, the manager understood when an application should be made.

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.

People felt safe and staff knew what to do if they had concerns about abuse.

Risks to people's health, safety and wellbeing were assessed and action taken to reduce the risk.

There were sufficient numbers of staff to care for people's needs. Medicines were administered and stored safely.

Good



Is the service effective?

The service was effective.

Staff received appropriate induction and training to support them in their role.

Staff obtained consent from people before providing support. People had access to a choice of nutritious food and drink and were supported to access health care when necessary.

Good



Is the service caring?

The service was caring.

People received exceptional individualised care from staff and the provider.

People were supported to be in employment and to maintain and improve their independence.

Staff supported people with respect for their privacy and dignity.

Outstanding



Is the service responsive?

The service was responsive.

People were treated as individuals and were supported to engage in activities that interested them.

People knew how to complain and felt confident the provider would sort out any concerns they had.

Good



Is the service well-led?

The service was well-led.

The provider promoted a positive philosophy in the home and this was reflected in the support and care people received.

The provider monitored the quality of the service provided to ensure standards were maintained. People were involved in the way the home was run and could provide feedback to the provider.

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 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 and 4 June 2015. The provider was given 24 hours' notice because we needed to be sure that people we needed to speak with would be in. The inspection was carried out by two inspectors.

We talked with the provider who also worked in the home. We interviewed one other member of staff and talked with four people who lived at Taunton House and one person's relative. We also spoke with a healthcare professional who regularly cared for people living in the home. We observed the way people were cared for and looked at records relating to the service including two people's care records, two staff recruitment files, daily record notes and the provider's policies and procedures.

Is the service safe?

Our findings

All the people we spoke with said they felt safe in the home. One person said, “I do feel safe here. They are all nice and if I have a problem I see [the provider]”. Everyone said the staff treated them well and they had no problems at all with any staff. A relative said, “it is a very safe environment for [relative]; he can ask for anything and get the help he needs”.

Most people had lived in the home for many years and the provider knew them well. They said, “I notice when they have a problem or something is worrying them”. Staff had completed training in the safeguarding of adults. The staff member we spoke with was knowledgeable about abuse and the signs they would look for if they suspected someone was being abused. They knew the people living in the home well and knew how to look for a change in mood or behaviour considered normal for them. They encouraged people to talk about any concerns they might have and they knew to approach the provider if they believed that someone was being abused. They were familiar with local procedures for reporting concerns and said they would contact CQC if necessary. The staff member related a safeguarding concern that had occurred regarding a person living in the home. The staff member and the provider had taken appropriate action.

Each person’s care plan had a risk assessment that was personalised to them. These were completed by the provider with the person and briefly outlined the risk and how staff could support the person to minimise the risk. One person was at risk of financial abuse. The provider and staff knew the person had the capacity to manage their own finances but still required support to minimise the risk of financial abuse, and this was documented. Another person was not able to manage their finances safely. They had agreed that the provider manage them. A full record of transactions was kept which, when we checked, was accurate.

Another person’s risk assessment related to their ability to get to places for appointments, for example. The assessment showed clearly what the person could manage

and what the risk was. Mitigating action was recorded. Discussion with the person and their care records showed that the provider took appropriate action to protect the person.

There were plans in place if an emergency, such as a fire, happened. The provider and staff were clear about what action to take and people living in the home also knew how to get to a safe place. In the office a list of emergency numbers was posted on the wall so staff could contact the relevant organisation if there was an emergency.

There were sufficient numbers of staff to care for people’s needs. The provider said that two staff, including themselves were always available on weekdays, and one at the weekend when people were mostly engaged in activities outside the home. If people required staff to accompany them anywhere there were staff available to do this. One person said, “there is always someone here if you need help; or just to chat”. 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.

The provider followed safe recruitment processes to help ensure staff were suitable to work with people living in the home. These included a criminal record check with the Disclosure and Barring Service (DBS) and references from staff’s previous employers.

Staff who administered medicines had completed training to do so, and the provider worked alongside staff to assess their competency following the training. People said they had requested the provider or staff to administer their medicines, although two people were able to manage their own medicines in the short-term, for example if they wanted to go on holiday. People had access to pain relief if they needed it. One person said, “I just go down to [the provider’s] office and ask”. Appropriate records were kept of people’s medicines and medicines were stored securely. We checked the stocks of one person’s medicines and found these to be correct.

Is the service effective?

Our findings

People said staff were knowledgeable and competent. One person said, “they know what they are doing”. Another person said, “I get what I need. There is never a time when I don’t”. A third person said, “I wouldn’t change a thing”. A relative we spoke with said, “[relative’s name] is looked after admirably; all his needs are met, most definitely”. A health professional we spoke with said, “they provide what people need; the provider does an incredible amount of discreet support”.

The provider and staff member we spoke with were fully aware of people’s needs and how to meet them. People had specific support needs and staff knew these and how to assist people to accomplish routine daily tasks.

New staff completed a six week induction during which they worked alongside the provider until they were confident to work without supervision. Staff files showed a range of training was provided to staff to enable them to carry out their role effectively, including nutrition and well-being, food safety and first aid. The provider carried out regular supervision and appraisal with staff and records of these meetings showed staff training needs were identified and training was arranged as a result. The provider worked with staff to check they applied what they learned in training and that the care they provided was to the appropriate standard.

Records of care showed people’s consent was sought appropriately. For example, when the provider was assisting a person to sort out some financial transactions they had made, the record showed they sought the person’s permission to talk to the appropriate authority about their finances before doing so. A staff member said they would seek permission from people before doing something such as cleaning their room.

We observed staff and the provider asking people if they required support with tasks, and responding in line with what the person said.

The provider and staff were aware of their responsibilities in relation to the Mental Capacity Act 2005 (MCA). The MCA

exists to protect people who may lack capacity to make certain decisions and to ensure that their best interests are considered when decisions that affect them are made. All the people living in the home had the capacity to make decisions for themselves. These were respected by staff and the provider. People received 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. However, no-one living in the home was subject to a DoLS and the provider told us the home would not be able to meet the needs of someone requiring a DoLS.

People said they enjoyed the meals provided in the home and that a choice was available to them. One person said, “There is always a choice of food; at lunchtime you can get a sandwich; we have dinner in the evening”. Other comments included, “the food is hunky dory”, and “the food is good; on your birthday you can have your favourite meal”. Staff said all the meals were prepared in the home and were balanced nutritionally with fresh vegetables served every day. People could choose where to eat their meal and usually chose either 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.

The provider and staff encouraged people to have a healthy lifestyle. One person said they were encouraged to, “keep active, and eat more healthy snacks”. Another person said the provider had reminded them about wearing sunscreen on sunny days, which they now did to protect their skin. A health professional said of the provider and staff, “they are proactive in promoting a healthy lifestyle, healthy eating and activities”. They added that the provider acted quickly if people’s health deteriorated and took appropriate action to help people access the professional support they required. Health monitoring was in place such as weight recording, and action was taken if this was necessary. People were supported to access healthcare when this was required and people said they attended appointments at the GP, hospital, optician and dentist.



Is the service caring?

Our findings

People spoke positively and warmly about their relationships with the provider and staff working in the home. People said, “I am respected; you can talk to anyone at any time if you have a problem”, “staff are friendly; they are alright to me”, and, “I’m not treated like a child”. One person added that they considered themselves to be, “a worrier” and that the provider helped them not to worry excessively. Other comments about the caring environment were, “it is comfortable and friendly”, “[the staff and provider] are so patient” and, “it’s the best place I have been”. A relative said of the provider, “[the provider] really cares about them, as if they were her own family; [the provider] is so patient”. Commenting on the staff the relative said, “it is a very caring environment; staff attitude to [their relative] is always very, very good”, and “it really is brilliant; [the provider] puts the maximum amount of effort in”. A health professional said people living at Taunton House receive, “incredible support” for themselves and to participate in their interests. They added that they wished they had more places like Taunton House saying, “If I could clone it I would”.

The provider and staff we spoke with, knew people well and spoke fondly of people living in the home. We observed the provider and staff engaging with people in a kind and encouraging manner. The atmosphere in the home was relaxed and friendly. One person was observed waiting in the hallway area for a couple of minutes. The provider approached them calmly and quietly asked if they were okay. The person did not say much in response. The provider gently suggested that they have a lay down on their bed for a few minutes, which they agreed to. After 15 minutes the person appeared downstairs and was in a cheerful mood. The provider said each person had their individual concerns and they and their staff knew how each person should be supported in the best way possible.

People said they were involved in planning their care and the level of support they required. One person said, “it’s

free and easy here; we discuss what we want; I don’t want anything to change”. Each person decided how they would spend their days and if required, the provider, or staff member would assist the person to access the activity they had chosen.

People felt respected and were able to find privacy if they wanted it. One person said they could, “go up to my room any time and lock the door”. Staff knocked on people’s doors and waited for an answer before entering. Staff were aware of the importance of confidentiality stating, “You do not disclose [people’s information] outside of the home”.

People felt their dignity was respected by all staff and were encouraged to be as independent as possible. Staff said people were “all very independent and I just support them to maintain their independence”, encouraging people to “do things for themselves”. They added that one person, “likes to offer to help and will peel the potatoes” and that all people living in the home took turns to wash and dry the dishes after the mealtime. One person told us if it wasn’t for the help the provider gave them they would not be able to be in employment. They said the provider had several times helped them acquire the needed equipment and regularly took them in their car to the location of the job. This helped the person remain independent, and feel they were part of the community.

The provider assisted two other people to book a holiday each year. They were, with support from the provider, able to travel alone and enjoy the holiday independently. The provider supported people to vote in the local and general elections and assisted them to make informed decisions. They explained the process and checked with people that they understood how to access the polling station. People kept their own rooms tidy and were given minimal assistance from staff if they needed it. A health professional told us, “people living at Taunton House feel self-sufficient and independent; they introduce [the provider] as their landlady”.

Is the service responsive?

Our findings

One person said, “I have everything I need”. A relative said, “a lot of what [my relative] needs is to be kept busy; [the provider and staff] do exactly that”.

The provider said they treated each person as an individual and provided care and support according to people’s individual needs. A staff member said the care provided was “what suits the individuals; I talk to them to find out what they like.” Care records were personalised and included information about the person, their history, preferences, interests and support needs. Where people’s needs fluctuated this was reflected in their care record. For example, one person had been given a medication which required regular changes to the dose. Care records reflected this and showed the person was receiving the correct dose.

The provider said that people were all different and explained how their approach to each person was different to meet their needs. For example, some people would be forthcoming if they had a problem or concern they wanted to talk about, and others may become withdrawn or seek isolation. They adapted their approach to each person to make sure they were able to provide the support each person needed in the manner that would most benefit them. The staff we spoke with knew people’s needs well and how to meet them.

People engaged in activities that interested them. A schedule of activities was posted in the kitchen which showed what each person had planned on each day of the week. People spoke enthusiastically about their schedule of activities which were mostly in the community. They said they had a choice but mostly they participated in the activities. The provider assisted people to get to their activities by providing transport. If people were in the home when the provider was going out, for example, to walk their dogs, they invited people to go with them and people said they enjoyed this.

A complaints policy was in place although no complaints had been received. People knew how to complain. Their comments included, “I am treated well and I know how to complain; I talk to [the provider] if I have a problem”, “If there is anything I feel strongly about I’ll say, but there isn’t anything to complain about” and, “if it’s really important I come to the office. [The provider] tries to understand and get to the bottom of it, and then it gets sorted out”. Another person said they would talk to the Community Psychiatric Nurse if they were unhappy about anything. One person who had made a complaint some years ago said it had, “all got sorted out”. All the people we spoke with expressed confidence that the provider would sort out any complaints or concerns they may have. A staff member said people “could either go to the provider or another member of staff, but [concerns] are normally sorted out at a lower level”.

Is the service well-led?

Our findings

People were positive about the way the home was run, and the provider and staff. A relative told us the provider, “channels everything into the home” and they felt this really helped their relative. A health professional said they, “only had good things to say about the way the home is run”. One person said they were able to, “influence the way things are done”, however they were happy with the way the home was run and did not want to change anything.

The philosophy of the home was ‘to provide a stress-free environment where people can feel part of a normal household whilst retaining a good degree of independence with the added security of having help and support at hand to enable them to build self-confidence to live a fulfilled life in the community’. This philosophy was reflected throughout the care and support provided in the home.

Each person living in the home was treated as an individual and felt important as a person. They all said they could talk with the provider about anything, at any time. One person described access to the provider as, “an open door”. When a person moved from the home to different accommodation, the provider took time to speak with people in the home and reassure them that if another person moved into the home they would ensure they were suitable and would not have a detrimental effect on the atmosphere in the home. People said they appreciated this. They had all had the opportunity to meet the person who was going to move into the home and the person had eaten a meal and stayed overnight to check they were happy with the move too. One person told us they had, “had a chat about mutual interests” with the person who was planning to move into the home.

The provider made sure people had formal and informal opportunities to discuss any concerns, or share information. Residents’ meetings were held when the need for them arose. At a recent meeting people were assisted to understand about Patient Passports, which contained important information for health care professionals. Other matters discussed were the kitchen cleaning duties, repairs to the home and access to flu jabs. One person said about these meetings, “you talk about any problem you have, but you don’t have to wait for a meeting; you can talk to staff any time about something bothering you”.

The staff member we spoke with said they felt their workplace was a “home from home”. They said, “I feel supported and there is a relaxed atmosphere”. They gave an example where they had felt able to approach the provider after an incident had occurred in the home. They said the provider was approachable and friendly. They 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.

The provider lived on site and was in the home daily. This allowed them to monitor the quality of the care and support provided by staff as they worked alongside them. They told us, “My staff treat people the way I treat them. I have really good [staff] and I totally trust them”. 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 home had had an Environmental Health inspection in May 2015 and had been awarded the highest rating of five.