

Mr SJ Tarrant & Mrs MJ Tarrant

Tarrant House

Inspection report

2 Southview
Perrancombe
Perranporth
Cornwall
TR6 0JB

Tel: 01872572214

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Tarrant House provides accommodation and personal care for up to seven people who have a learning disability, physical disability and health care needs. There were seven people living at the service. The service was as domesticated as possible. People had their own spacious rooms and the use of a comfortable communal area. Most people took their meals together in the dining room. There was a private rear garden which was not overlooked, with a patio area accessible for people with mobility needs.

The service is situated close to Perranporth on the north coast of Cornwall. People living at Tarrant House had access to all areas of the service. There were a range of suitable adaptations and mobility aids specifically designed to support people, both in the service and community.

We carried out a comprehensive inspection of Tarrant House on 2 October 2017. 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 the registered manager was there, as well as staff and people to speak with and access to records. At the last inspection the service was rated good. At this inspection the rating remained good.

People told us they felt safe living at Tarrant House. People's safety and well-being had been assessed by the registered and deputy managers. Risk assessments were in place to minimise any hazards and keep people safe. Where a loose blind cord was seen as a potential risk, immediate action was taken by the registered manager and staff were reminded of the need to be vigilant in their observations in the environment.

Most people had lived at Tarrant House for some time and staff were very familiar with their individual needs. Relatives told us, "It is no doubt due to the friendly 'family' atmosphere that the staff have created and maintained" and "Doesn't feel like a home [residential]." There were clear lines of responsibility in place. The registered manager was supported by an assistant manager and senior support workers as well as a core staff team who had worked at the service for some time. The registered manager took an active role in the running of the service.

Four of the seven people were at the service on the day of the inspection. The atmosphere at Tarrant House was calm and friendly. Interactions between staff and people were kind and supportive. Staff described how they worked to support people to make day to day choices and enable people to lead a quality of life within the constraints of individual disabilities. They said, "We are here to make a difference in people's lives" and "I get such a good feeling that I have made a difference to somebodies life after every shift. It's a good place to work."

There were sufficient staff to keep people safe. There were safe recruitment systems in place to ensure that staff were safe to work with people.

Staff told us they loved their jobs and felt they had all the support they needed to carry out their role. They told us, "We get a lot of support and always encouraged to share information or ask if we are not sure about anything" and "My induction and training really helped me to get into the role. It was a team effort."

People were protected from avoidable harm. Staff received training in safeguarding adults and were able to demonstrate that they knew the procedures to follow should they have any concerns.

People's medicines were administered, stored and disposed of safely. Staff were trained in the safe administration of medicines and kept relevant and accurate records.

People's human rights were protected as the registered manager ensured that the requirements of the Mental Capacity Act 2005 were followed. Where people were assessed to lack capacity to make some decisions, mental capacity assessment and best interest meetings had been undertaken. Staff were heard to ask people's consent before they provided support.

Where people's liberty may be restricted to keep them safe, the provider had followed the requirements of the Deprivation of Liberty Safeguards (DoLS) to ensure the person's rights were protected.

The premises were well maintained, pleasant and spacious. People's bedrooms had been decorated and furnished in line with their personal preferences.

People were supported to do things they enjoyed and keep in touch with those people who were important to them.

People had sufficient to eat and drink and were offered choice which reflected their personal preferences.

People were supported to maintain their health and well-being and had regular access to health and social care professionals.

There were robust procedures in place to monitor, evaluate and improve the quality of care provided. Staff were motivated and aware of their responsibilities. The manager understood the requirements of CQC and sent in appropriate notifications. The registered manager made sure there was a focus on continuous development of the service.

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 remains good.

Good ●

Is the service effective?

The service remains good.

Good ●

Is the service caring?

The service remains good.

Good ●

Is the service responsive?

The service remains good.

Good ●

Is the service well-led?

The service remains good.

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 October 2017 and was announced two days before to make sure staff were available due to the way the service operated. The inspection was carried out by one adult social care 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.

We spoke with the registered manager, deputy manager and three staff members on duty. We spoke with four of the people using the service. Following the inspection we received comments from four relatives and two professionals. We spent time observing care practices and interactions between staff and four people using the service. We looked at care records of two people living at Tarrant House, training and recruitment records for two staff members. We also looked at records relating to the management of the service. In addition we checked the building to ensure it was clean and a safe place for people to live.

Is the service safe?

Our findings

People told us they felt safe living at Tarrant House. One person told us, "Yes, I like living here, staff are nice, I like them." Comments from relatives told us, "It's an oasis of calm and a perfect place for [Person's name] to reside. It's plain to see that all the residents are their [staff] utmost concern."

The registered manager and staff took time to assess people during the introduction to the service to see how they got on with other people to ensure they were safe and happy sharing accommodation. A staff member said, "It's important we measure people's moods and how they get on with each other." The positive and friendly interactions between staff and people indicated they felt safe and at ease in their home and with staff supporting them. This meant staff understood the importance of making sure the service was a place where people felt comfortable, had independence, yet provided safety and security.

The environment was clean and well maintained. People's rooms and bathrooms were kept clean. The boiler, electrics, gas appliances and water supply had 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. However, we observed a window blind in a person's room which had been partially raised to clean the window. The extended cord was loose and a potential risk to the person using the room. The registered manager made it safe by placing the cord in its usual secure position and reminded staff to be vigilant.

People were protected from avoidable harm because staff understood how to keep people safe and the policy and procedures for reporting concerns both to the manager and more widely, to Cornwall council safeguarding, if they arose. One staff member told us "We have had the training and it's updated. It's really important we understand how to respond.

There was a whistleblowing and safeguarding policy in place with contact details for CQC and the local authority. Safeguarding information was displayed on notice boards around the service. The registered manager had notified us when safeguarding concerns were identified and ensured that plans were in place to reduce the risks of harm to people.

Staff had a good understanding of people's risks and took time to make sure people were supported in ways which reduced their risks. This included staff being aware of people's well-being and anxiety levels. For example, where people may become distressed or anxious. Staff had actions plans in place for individuals to help reduce risks, by offering the person reassurance and 'time out' when they needed it.

Where staff had recognised themes in a person's behaviour resulting in enhanced risk, action had been taken to engage with other professionals to take action to reduce these risks. This demonstrated the service recognised what action to take to ensure people were safe. People's risk assessments had been regularly updated so staff knew the best way to care for people taking into account their changing safety needs. A professional who worked with the service told us, "I have been very impressed with the person-centred care

this team have provided."

There were sufficient numbers of staff to meet people's assessed needs and help ensure their safety. On the day of the inspection people were supported to take part in daily activities and routines. For example, staff members on duty were taking time with people doing things they liked such as taking part in craft activities, going to appointments and supporting a person in the kitchen. Staff told us senior staff would also provide care and support to people if there were any unexpected staff absence, so people's care and safety needs would be met.

People's medicines were managed safely and stored securely. The amount of medicines held in stock tallied with the amount recorded on medicine administration records (MAR). Topical medicines had been dated on opening; this meant staff would be aware when the medicines were at risk of becoming ineffective or contaminated. At the time of the inspection there were no medicines being used which required stricter controls.

There was a safe system in place to support people's personal finances. 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 overseen by the operational manager.

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.

Is the service effective?

Our findings

People received care and support from staff that knew them well and had the knowledge and skills to meet their needs. Families told us, "I am totally satisfied that [relative] is being provided with the service they need and in the most appropriate way which we have established is so important for their consistent stability and sense of security" and "They [staff] are always up to speed with any changes in [Person's name] behaviour or medication and share strategies jointly decided so [Person] has continuity at Tarrant house, the family home and day placement."

Staff received sufficient and on-going training to carry out their role with regular updates taking place so they were familiar with current good practice and guidance. Specific training was available to staff where certain conditions required specific knowledge in how to manage a health event. For example, autism, epilepsy and training with an emphasis on positive behaviour support. One staff member told us, "We have really good access to training here."

Staff told us that they received regular supervision and this included face to face discussion and observations of their work practice. Staff had received feedback on their performance. A staff member told us, "Feel really supported here. It's a service that's very focused on the people who live here and the support we [staff] get helps us to give a good service."

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS)."

The registered manager and staff understood the legislation as laid down by the MCA and the associated DoLS. Discussion with the registered and deputy manager and staff confirmed they understood when an application should be made and how to submit one. Authorisations in place were being reviewed and monitored as required. A professional told us, "The service has consistently demonstrated openness, commitment to the clients, and a willingness to work effectively with families and other services in the client's best interest."

People were supported to eat and drink enough and maintain a balanced diet. Staff were familiar with people's choice of foods and encouraged them to enjoy a balanced and healthy diet. Staff regularly liaised with health professionals to support people's diet and nutrition. Records supported this. A relative told us, "[Person's name] also talks about the choices they have around what they eat."

We observed the way the lunchtime meal was presented and how people were being supported. Due to the small group, staff had the opportunity to engage positively with people. Staff sat with people they were supporting, talked with them and regularly asked if they liked what they were eating.

People's health and social care needs were carefully monitored and discussed with the person or family members as part of the care planning process. For example, where there had been a change in a person's behaviour patterns the issue had been referred to specialist practitioners who were working closely with the person and supporting staff. A health professional told us, "Staff demonstrated openness, commitment to the clients, and a willingness to work effectively with families and other services in the client's best interest."

People had access to regular health checks including dentists, opticians, and also comprehensive health checks, so people would experience good health. There were records of outcomes of health appointments so staff had the necessary information to provide effective care and support.

Documentation was updated to reflect the outcomes of professional health visits and appointments. This demonstrated staff understood the importance of working with health professionals to get the best outcomes for people using the service in order to maintain their health and wellbeing.

All areas of the service were accessible to people. The design of the environment meant equipment could be moved freely and without restriction. All rooms were personalised. There was an accessible rear garden which was private and not overlooked. A first floor external balcony area was also used during warm weather for entertaining.

Is the service caring?

Our findings

It was clear staff had an in-depth knowledge of the care and support people using the service needed. Staff engaged with people in a positive way and provided individual care and support. Staff were unrushed and caring in their attitude towards people. It was clear the rapport between staff and people using the service was familiar. Throughout the inspection people shared stories and there was lots of laughter. People were relaxed in the company of staff on duty. It was clear they knew each other well. Comments from staff included, "We know everyone really well and can gauge certain moods so we know which is the best way to approach people or what to say" and "We [staff] do go out of our way to look after everyone here."

The routines within the service were flexible and arranged around people's individual and collective needs. For example a staff member said, "What plans have you for today [Person's name]." The person wasn't too sure so the member of staff gave them a range of activities which they knew the person liked. It was carried out in a knowledgeable and respectful way and gave the person time to consider the options. This demonstrated staff clearly understood and responded to people's individual needs in a kind and caring way.

Staff members were responsible for daily recording 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. Throughout the inspection staff shared information between each other when there had been any changes in mood or activity.

People's care plans showed their styles of communication were identified and respected. The care records were written in a person centred way. This meant the person was at the centre of their care which was arranged around their individual needs. Care records contained detailed and personalised information to help staff to deliver care that met the person's preferences. People's individual preferences were described, for example, personal care and preferred routines.

Staff supported people's dignity and respected this when speaking with them or where people needed welfare checks to make sure they were safe. Staff clearly understood the importance of encouraging independence but also recognised the need to respect people's choices. When talking with people staff used their preferred names.

People's bedrooms were individually decorated and contain pictures and photographs of things that were important to them. Relatives told us peoples bedrooms were clean, tidy and could display their personal items.

People were well dressed and their appearance was maintained by staff. A relative said, "I have found [Person's name] is always appropriately dressed and presented for home visits." One person liked to wear jewellery and staff supported them to choose what they might like to wear each day. The person was keen to show the inspector what they were wearing that day and it was clear they got a lot of pleasure from wearing necklaces. This demonstrated staff had taken time to assist people with their personal care needs.

Is the service responsive?

Our findings

People received a personalised service that met their needs. There was a person centred care plan in place for each person. They provided staff with a range of information about the person. For example, communication, personal care, nutrition and mobility needs. People's preferences, such as their like of favourite activities and preferred names were clearly recorded. We saw that care was given in accordance with these preferences. For example at lunchtime people were asked what they would like to eat and drink. Comments from relatives confirmed that the registered manager and staff knew people's likes and dislikes were and how they liked to receive their support. One relative told us, "From [Person's name] perspective they tell me about the different opportunities they have in order to try new activities to broaden their life."

The home operated a keyworker system. This meant that one staff member was the main contact between the person and the relative. The keyworker was also responsible for updating and being involved in reviewing the persons care plans and risk assessments. A professional told us, "The carers have maintained clear records and produced extra documentary evidence when requested by our service to help analyse and understand the needs of the clients and how they can be met."

People using the service were at the centre of their care planning. There were pictorial prompts for staff to use to explain care and support if necessary. There was evidence of families being involved in some of the reviews and consulted on changes. For example, where people required specialist emotional support, the service had worked with other professionals and the families to deliver this. This showed Tarrant House did not make decisions without sharing necessary information and making people feel they were involved.

The registered manager told us and records confirmed that daily events were monitored which were then reviewed and the information shared by staff when changing shifts. Documentation was shared about people's needs should they visit, for example the hospital. This meant staff and other health professionals had information about individuals care needs before the right care or treatment was provided.

Tarrant House put the people who used the service firmly at the heart of how it was run. We observed, many examples of how the service delivered a person-centred approach when providing activities which met people's specific needs. For example, talking individually and collectively with people about what they may be interested in doing that day. Also, taking account of individual needs and choices by focusing on the person and what steps to take to broaden their life experiences. This had resulted in people extending their boundaries beyond the service. For example, using community facilities including shopping, leisure and therapeutic activities. There were photographs in peoples own rooms of activities they had been involved in.

There was no formal plan to activities as staff told us "Every day is different and we have to be very flexible." The service celebrated festival event including, Christmas, Easter and birthday celebrations. There was a mini bus available to support people in the community. Events and activities people were involved with were included in their person centred plan and gave a good oversight of the range of activities available 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. The service worked closely with other professionals to ensure they had all the information they needed to respond effectively to people's needs. A professional told us, "The manager has always followed any recommendations they myself or the team may have had."

There was a policy and procedure in place for dealing with 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. The registered manager told us they recognised the need to ensure all concerns were listened to and responded to. Records showed this was the case.

Is the service well-led?

Our findings

There was a registered manager employed at Tarrant House. 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.

Comments from professionals confirmed they were positive about the way the service delivered care and that the management team were competent in the way the service was run. Comments included, "I consider Tarrant House to be a very good example of positive residential care" and "I have found Tarrant House to be a very homely environment with a dedicated team. It seems well managed and the team is stable with very little turnover."

There were opportunities for people to comment on the service through surveys. The registered manager told us they try and send surveys at different times so that comments might reflect what's going on at various points in the year. The most recent results were positive and reflected satisfaction with the service. Comments included, "The manager and staff all work very hard to ensure [Person's name] is happy," "Staff make themselves available at all times" and "Very happy with Tarrant House."

There were quality assurance systems were in place to measure the effectiveness of the service. In addition to regular overview, audits and surveys the registered manager regularly reviewed the performance of the service. For example the way the service was staffed to ensure people have the support they need if they want to attend events in the community. Where audits had taken place the registered manager looked for any themes which may need addressing. For example, health and safety issues through increased accidents or incidents, medicines errors as well as maintenance of the service. Further audits were carried out in line with policies and procedures. For example fire tests were carried out weekly and emergency lighting was tested monthly.

Formal meetings took place at all levels including management and staff. In addition the registered manager told us there were daily less formal talks with the staff team. Staff confirmed information was being shared all the time. Formal meetings showed operational issues were included, such as changes in people's medicines or any additional support for people. Staff told us they felt the sharing of information was very good and that they felt they were encouraged to contribute to meetings. This showed the service maintained an open and transparent dialogue so staff were aware of any updates or operational changes.

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 where necessary spent time supporting people. There was a clear shared set of values across the staff team. A staff member told us they worked hard to support people to lead fulfilled lives and that this was possible due to the management support and resources the registered provider made available to them.

The registered manager told us there was a less formal approach to gaining the views of people using the service through formal meetings. One to one discussions and collective discussions took place daily. People's views were sought about topics including activities, decoration of rooms as well as giving people the opportunity to talk about anything they may want to talk about. Staff told us they felt this was more productive. Key workers who knew the people well supported them to express their views about things which might affect them. It showed the service was inclusive and valued people by giving them the opportunity to look at what was happening in the service and include any issues or interests which may affect them in any way.