

Monolace Limited

Tasker House

Inspection report

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Tel: 01933276447

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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

Tasker House provides care and support for up to 26 older people with a wide range of needs for personal care and support. This includes people who may have social, physical and dementia care needs. There were 25 people using the service when we visited.. At the last inspection, in June 2015, the service was rated Good.

At this inspection we found that the service remained Good.

The service had a registered manager. 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 and associated Regulations about how the service is run.

People continued to receive safe care. Staff had received training to enable them to recognise signs and symptoms of abuse and felt confident in how to report them. People had risk assessments in place to enable them to be as independent as they could be in a safe manner.

Effective recruitment processes were in place and followed by the service and there were enough staff to meet people's needs. People received their prescribed medicines as prescribed.

The care that people received continued to be effective. There were sufficient staff, with the correct skill mix, on duty to support people with their needs. Staff received an induction process and on-going training to ensure they were able to provide care based on current practice when supporting people.

People were supported to make decisions about all aspects of their life; this was underpinned by the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Staff were knowledgeable of this guidance and correct processes were in place to protect people. Staff gained consent before supporting people. Staff were well supported with regular supervisions and appraisals. People were supported to maintain good health and nutrition.

Staff provided care and support in a caring and meaningful way and people had developed positive relationships with them. Staff were caring and treated people with respect, kindness and courtesy. They knew the people who used the service well and people and relatives, where appropriate, were involved in the planning of their care and support.

People continued to receive care that was responsive to their needs. People's care plans had been developed with them to identify what support they required and how they would like this to be provided. People participated in a wide range of activities which kept them entertained and enabled them to follow their hobbies. People knew how to complain. There was a complaints procedure in place which was accessible to all.

The culture was open and honest and focused on each person as an individual. Staff put people first, and were committed to continually improving each person's quality of life. Quality assurance systems ensured people received a high quality service driven by improvement.

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 ●

Tasker House

Detailed findings

Background to this inspection

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

This was a comprehensive inspection that was completed by one inspector on 01 June 2017 and was unannounced.

Before the inspection, the provider completed a Provider Information Return [PIR]. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The provider returned the PIR and we took this into account when we made judgements in this report. We also reviewed other information that we held about the service such as notifications, which are events which happened in the service that the provider is required to tell us about, and information that had been sent to us by other agencies. This included the local authority who commissioned services from the provider.

During our inspection we spoke with nine people who used the service and five members of staff including the registered manager, senior support staff, care staff and the cook. In addition we had discussions with a visiting healthcare professional. 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 looked at records and charts relating to four people and three staff recruitment records. We looked at other information related to the running of and the quality of the service. This included quality assurance audits, training information for care staff, staff duty rotas, meeting minutes and arrangements for managing complaints.

Is the service safe?

Our findings

People told us they felt safe. One person said, "I have lived here for a long time and I've always been safe. I am well looked after." Staff told us, and records showed they had received appropriate training with regards to safeguarding and protecting people. One staff member said, "I know about abuse and if I had any concerns I would go to the manager. She has an open door policy and I know she would deal with it promptly." Another told us, "Our priority is to keep people safe, at all time." Safeguarding notifications had been raised when required and investigations had been completed in a timely manner.

People had individual risk assessments to enable them to be as independent as possible whilst keeping safe. They covered a variety of subjects including, moving and handling and tissue viability. Risk assessments were used to promote and protect people's safety in a positive way. Staff told us, and records showed they were reviewed on a regular basis and updated when required.

The provider had a business continuity plan. This was to ensure people would still receive the care and protection they required in the event of evacuation.

Staff were recruited following a robust procedure. One staff member said, "The whole process was very thorough. I had to wait until they had all my references and checks before I could start work." Records showed that recruitment checks had been completed for staff before they commenced work. Rotas we viewed showed there was enough staff with varying skills on duty to provide the care and support people required. Our observations showed that staff responded to people's requests for care in a timely way.

People told us they always received their medicines as prescribed and the medicines management systems in place were clear and consistently followed.

Is the service effective?

Our findings

People received care from staff that were knowledgeable and had received the training and support they needed. One staff member said, "The training is very good. There is a lot of it and we can request additional training if there is an area we are interested in." Documentation confirmed that staff had completed an induction when they commenced working at the service and ongoing training appropriate to their roles. All staff had regular supervision and appraisal; one member of staff told us, "I get regular supervision. We discuss my training and performance."

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We observed staff gaining consent throughout the inspection. For example people were asked if they wanted assistance, were ready for their medication or wanted their meal.

People told us they enjoyed the food. One person said, "I like the food. Its lovely and we get plenty of it." A relative told us, "I know [relative] enjoys her meals. She always tells me what she has eaten and how much she has enjoyed it." The chef told us there were always two main course choices at lunch time but they would do anything else if someone wanted something different. Records showed that when people who were at risk of not eating and drinking, professional advice had been sought and acted upon.

People confirmed they were supported to maintain good health and have access to relevant healthcare services. One person told us, "I never have to worry; they will call the doctor straight away if I need one." A visiting healthcare professional commented, "The staff are knowledgeable and quick to report any concerns they have." Records demonstrated that referrals were made to relevant health services when people's needs changed, and a log of visits to and from external health care professionals was being maintained in people's care records.

Is the service caring?

Our findings

People developed positive relationships with staff and were treated with compassion and respect. One person's told us, "They are all like family to me." Another person said, "They are all wonderful here. They really care for me and they make sure I'm well looked after."

It was obvious from our observations that people were treated with kindness and compassion. One relative commented, "I know that [name of relative] is very well cared for. I have peace of mind and you can't put a price on that." Staff were able to tell us about each person's needs and it was obvious they knew people well, for example their likes and dislikes, background and family. We saw that staff spent time with people, either sitting chatting or whilst carrying out tasks.

People's choices in relation to their daily routines and activities were listened to and respected by staff who treated people as individuals, listened to them and respected their wishes. Staff were observed speaking to people in a kind manner and offering people choices in their daily lives, for example if they wanted any snacks and where they wanted to eat their meals.

The registered manager told us that there was an advocacy service available for anyone who needed it.

People were treated with dignity and respect. We saw that people were asked discreetly if they would like to use the bathroom and as people were assisted in moving from their chair the staff explained how they would be moved and encouraged them to assist themselves. Staff were aware if people became anxious or unsettled and provided people with support in a dignified manner. Staff approached people calmly, made eye contact and held people's hand to provide reassurance if required.

Is the service responsive?

Our findings

People received care that met their individual needs. A range of assessments had been completed for each person and detailed care plans had been developed in conjunction with people using the service and where appropriate their relatives. One person said, "I get the care I need, just how I want it." Relatives we spoke with echoed these sentiments and one relative said, "The staff have been outstanding. They have managed my [name of relative] care making sure she is at the centre of everything they do."

Care plans showed a full assessment had been completed prior to admission. These had been followed by a care plan that showed people's strengths as well as the support they required. We saw that people's life histories had been obtained with each person and their family where appropriate. Care plans had been written in a personalised way for each individual and were reviewed regularly.

People were supported to follow their interests and take part in social activities. It was clear from the facilities provided and the activities in place, that the provider recognised this as an important part of people's lives. One person told us, "I love the activities. It's good fun." A relative commented, "There is always something going on." We observed staff facilitating a throwing hoops competition and an animal bingo session. Activities for each month were displayed on a notice board so people knew what was taking place at the service each day.

There was a complaints procedure in place. Everyone we spoke with told us they had not had cause to complain but would do so if they thought it necessary. We saw past complaints had been responded to following the correct procedure.

Is the service well-led?

Our findings

People, relatives and staff expressed confidence in how the service was run. One person told us, "She [manager] runs a tight ship. She is like a second daughter to me." Another person commented, "[Manager] has been fantastic. Whenever I have a problem she sorts it out." Staff told us they were supported by the registered manager and the provider and could speak with them openly. Staff meetings and supervisions had been held on a regular basis. One staff member said, "We are very well supported here by the management. We are listened to and can raise our views and new ideas."

The registered manager was aware of the day to day culture of the service. Staff told us she worked alongside them if they were needed and they knew all of the people who used the service. We observed this on the day of our visit. They also told us the provider visited on a regular basis and was very involved in the running of the service.

The provider used annual questionnaires to gather people's views. Where comments had been made the provider had responded to them and the actions taken had been recorded. This demonstrated that people's views were listened to and acted upon, ensuring people had a voice.

Quality assurance systems were in place to help drive improvements. These included a number of internal checks and audits. These helped to highlight areas where the service was performing well and the areas which required development. This helped the registered manager and provider ensure the service was as effective for people as possible.