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The Manor House Thurloxtton

Inspection report

The Manor House, Thurloxtton
Taunton, TA3 8RH
Tel: 01823 413777

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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

This inspection was unannounced and took place on 25 August 2015.

The Manor House-Thurloxtton provides personal care and accommodation for up to four people. The home specialises in providing care for older people in a family home. At the time of the inspection there were four people at the home.

The last inspection of the home was carried out in August 2013. No concerns were identified with the care being provided to people at that inspection.

The registered provider took an active role in the running of the home. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People living at The Manor House told us they were happy with the care and support they received. They said the manager and staff were open and approachable and cared about their personal likes and dislikes. One person said, "I looked for a place that was small and not institutional, that is exactly what it is like here. It is a

Summary of findings

family home and we all feel part of the family.” Another person said, “I am so happy living here I never thought I would still be a valued member of a family when I went into care.”

People living in the home required minimal levels of personal care. They were supported by sufficient numbers of staff who had a clear knowledge and understanding of their personal needs, likes and dislikes. We observed the manager and staff took the time to talk with people both individually and when in a group.

There was a happy relaxed atmosphere in the home and during lunch people were relaxed and unhurried. One person said they enjoyed lunch as it was taken in the kitchen with the staff and the manager’s family. They said they were often joined by one of the younger children. Another person said they preferred to take their meals in their room but were always made welcome when they chose to join the family and other people in the home.

Everybody spoken with said the food in the home was “excellent”. One person said, “Everything is home-made and is very well presented.” We joined people for lunch and the meal was nutritional well balanced and made from fresh ingredients. The staff member said I never have to worry about budgeting there are always more than enough fresh ingredients in the home.

The manager had a clear vision for the home. Their statement of purpose said, they aimed to, “provide, loving non institutionalised care, which as far as possible provides an atmosphere akin to that of a family home.” People told us they were happy with the family centred

approach to the care provided. Throughout the inspection we saw this vision was at the very centre of the care and support provided by both the staff and the manager.

People were protected from abuse because the provider had systems in place to ensure checks of new staffs characters and suitability to work with vulnerable adults were carried out. Staff had also received training in protecting vulnerable people from abuse.

Although people’s personal care needs were minimal their health care needs were fully assessed and care and support was provided on an individual basis. People saw healthcare professionals such as the GP, district nurse, chiropodist and dentist. Staff supported people to attend appointments with specialist healthcare professionals in hospitals and clinics. Staff made sure when there were changes to people’s physical wellbeing, such as changes in weight or mobility, effective measures were put in place to address any issues.

Although there was not a planned programme of activities people said they found plenty to do. They said they preferred not to take part in organised group activities. They confirmed there was plenty of opportunity to go out or into town shopping as well as joining in with the local community. They also confirmed their family and friends were free to visit at any time.

There were systems in place to monitor the care provided and people’s views and opinions were sought on a daily basis. Suggestions for change were listened to and actions taken to improve the service provided. All incidents and accidents were monitored, trends identified and learning shared with staff to put into practice.

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 were provided with enough experienced and skilled staff to support their needs.

People were safe because the provider had systems to make sure people were protected from abuse and avoidable harm. Staff had a good understanding of how to recognise abuse and report any concerns.

People were supported to manage their medicines in a safe environment. There was suitable secure storage for medicines that required additional security.

Good



Is the service effective?

The service was effective.

People who lived at the home received effective care and support because staff had a good understanding of their individual needs.

Staff received on-going training and supervision to enable them to provide effective care and support.

People's health needs were met and they could see health and social care professional when needed.

Good



Is the service caring?

The service was caring.

Staff were kind, compassionate and respected people's diverse needs recognising their cultural and social differences.

People's privacy and dignity was respected and they were able to make choices about how their care was provided.

Visitors were made welcome at the home at any time.

Good



Is the service responsive?

The service was responsive.

People received care that was responsive to their needs because staff had a good knowledge of the people who lived in the home.

Although there was not a planned programme of activities people were able to follow their chosen interests and remain involved with the community.

Arrangements were in place to deal with people's concerns and complaints. People and their relatives knew how to make a complaint if they needed to.

Good



Is the service well-led?

The service was well led.

There was a management team in place who were open and approachable.

Good



Summary of findings

The management team listened to any suggestions for the continued development of the service provided.

Although there was not a formal system to measure customer satisfaction people's views and opinions were listened to on a daily basis.

The Manor House Thurloxtton

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 25 August 2015 and was unannounced. It was carried out by one adult social care inspector.

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. We looked at the information in the PIR and also looked at other information we held about the service before the inspection visit. At our last inspection of the service in August 2013 we did not identify any concerns with the care provided to people.

At the time of our visit there were four people at the home. We spent time observing interactions between staff and people who lived at the home and joined them for lunch.

We spoke with four people, one of the three members of staff employed, the manager who is also the provider and their partner who carried out the administration for the service. We looked at records which related to people's individual care and to the running of the home. These included four care and support plans, three staff personnel files and records of accidents and incidents.

Is the service safe?

Our findings

Everybody spoken with said they were happy living at the home. One person said, “Yes, rather, very safe and contented.” Another person said, “The safest I have felt since needing to look for somewhere to be cared for.”

People were protected from harm because most staff had received training in recognising and reporting abuse. The manager was arranging training for one staff member who had not. The Providers information return (PIR) stated they would source training in safeguarding vulnerable adults for those staff who had not attended a course. The staff member spoken with said they had attended training in safeguarding people. They also confirmed they had access to the organisation’s policies on safeguarding people and whistle blowing. They were able to tell us about the signs that might indicate someone was being abused. They also told us they knew who to report to if they had concerns. People had access to information on how to report abuse; contact details were included in their information pack. One person said, “I know who to talk to if I had any concerns on that subject.”

Risks to people were minimised because relevant checks had been completed before staff started to work at the home. These included employment references and Disclosure and Barring Service (DBS) checks to ensure staff were of good character. The DBS checks people’s criminal history and their suitability to work with vulnerable people. One staff member we spoke with confirmed they had not started work in the home until their references and DBS check had been received.

People’s risks were managed well. Care plans contained risks assessments which outlined measures in place to enable people to take part in activities with minimum risk to themselves and others. Risks had been identified and where possible discussed with people or someone acting

on their behalf. For example one person had been identified as having an increased risk of falls. Adaptations to their room and frequent checks had resulted in a reduction of falls. Staff were aware of the risks to people.

People were supported by sufficient numbers of staff to meet their needs in a relaxed and unhurried manner. People who lived in the home were reasonably independent and needed limited support and assistance. Staff said the manager was always available and with the limited amount of care work they provided there were adequate staffing levels in the home. The part time care staff covered the daytime hours. The manager and partner lived in the home so provided an overnight on call service. People said they felt there were adequate numbers of staff. One person said, “You wouldn’t want any more really. It is a family run home and there are sufficient people about if you need help and support”.

All the people in the home managed their own medicines. Their care plans clearly showed what they had and how they could manage. People agreed to keep their medicines safely in their rooms. Where one person required some assistance staff were given sufficient guidance in how to assist them and what they should do. If people were prescribed medicines that required additional security and recording appropriate storage and recording systems were in place.

Risks to people in emergency situations were reduced because, a fire risk assessment was in place and arrangements had been made for this to be reviewed annually. Personal emergency evacuation plans (PEEP’s) were recorded in people’s care plans: these clearly showed the support a person would need in the event of a fire.

Risks to people, visitors and staff were reduced because there were regular maintenance checks on equipment used in the home. The provider used outside contractors to ensure the fire system, fire fighting equipment and stair lift were regularly maintained. A family member was available to carry out day to day maintenance when required.

Is the service effective?

Our findings

People received effective care and support from staff who had the skills and knowledge to meet their needs. People said the staff were good at understanding their needs and how they preferred to be looked after. One person said, “I wanted to find somewhere that was not institutional and that is what I have found. They know my needs and they look after me in the manner I wish them to.” Another person said, “They know me very well and do everything the way I like it to be done.” Whilst a third person said, “They are wonderful, wonderful just what I need”.

The care and support was provided in a family run home. Part of the home was the residential wing whilst the other part was the owner’s personal residence. The emphasis was on people living in a family environment. This meant people also met the extended family including the children. This was what each person said they wanted and was the reason they had chosen to live at The Manor House.

The staff team was stable with three part time staff who had built a close relationship with people in the home. The staff member explained this meant there was a strong continuity in the care and support people received. People said the staff had a really good understanding of their personal preferences and needs. With only four people living in the home the manager and staff could explain in detail each person’s likes and dislikes and preferred daily routine.

We spoke with the staff member on duty and the manager about staff training. The staff employed at the time of the inspection had previous experience in care and housekeeping. They had attended training to support their role in the home. The staff member said, “I have been given the opportunity to attend training, and feel I am sufficiently well trained to do the job”. We saw the provider accessed training from a local external training company. Staff had attended a course called “the process of aging”. This gave them an understanding of the transition to old age and how it affected people in their care.

The manager and staff member confirmed that before working unsupervised new staff shadowed the more experienced staff members as part of their induction training. This ensured the established staff could pass on their experience and knowledge of the people who lived in the home. Records showed the staff received regular one to

one meetings when they could discuss their experiences and any training required. The staff member said the manager was always present and they worked alongside them so they felt they were supervised appropriately.

Care plans and records showed people were involved in the development of their care plan and daily decisions about their care. One person said, “I am always asked before anything is done”. Another person said “I am always asked for my consent.” The staff member said, “Everybody is involved in how we look after them, nothing is done unless they have agreed”.

People’s health and wellbeing was monitored regularly which meant staff could take appropriate action to ensure people received effective care and support. For example the staff member explained how a few months previously they had noted one person was not eating as well as they had been. They maintained a record of the food and drink they took and consulted the person’s doctor on a plan to support them to maintain an adequate diet.

People told us they saw health care professionals if they needed to. Records showed regular appointments had been made with a chiropodist, optician and a dentist. Staff were available to support people at hospital appointments if necessary. One person told us how they saw a district nurse regularly for dressings on their leg.

Everybody spoken with said the food in the home was good; one person said, “It is all home baked and healthy I enjoy my meals here.” People were given the opportunity to have their meal in their room or to join the staff and family at the table in the kitchen. We joined the two people who decided to eat in the kitchen for lunch. They said it was usual for the family and staff to join them and they often enjoyed the company of one of the children.

The trays taken to people’s rooms were well presented and people were asked if there was anything else they required. Lunch was relaxed with lively conversation and nobody was rushed to complete their meal and leave the room. One person said, “This is everyday not just for you, the food is always good and I enjoy the company.” The staff member demonstrated an understanding of people’s likes and dislikes. They confirmed they were able to provide for any specific dietary requirements whether they were for medical or cultural reasons.

Is the service effective?

At the time of the inspection nobody was identified as at risk of weight loss or malnutrition. However the staff member confirmed they kept a record of food and drink to monitor any changes in a person's health.

The manager and staff had a clear understanding of the Mental Capacity Act 2005 (MCA). The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. The manager confirmed nobody in the home lacked capacity to make decisions. One person's relative had lasting power of attorney for both finances and health. However they could make their own decisions on a daily basis about how they liked to be cared for and the routine for that day.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. The manager was familiar with this legislation and had carried out appropriate assessments in the past when required. However nobody in the home was deprived of their liberty at the time of the inspection.

Is the service caring?

Our findings

People said they were supported by caring staff, everybody spoken with told us they felt staff were caring and respectful. During the inspection we observed staff were kind, compassionate and treated people with dignity and respect. The atmosphere in the home was cheerful and people appeared relaxed and comfortable with the staff who supported them. One person said, “The big difference about being here and in a big care home is that they do care. It is a family home not an institution, this means the caring part of it all comes naturally.” Another person said, “They are the most caring people I have met we live in their home and they make us all feel like a member of the family not a resident in a care home.”

The manager was enthusiastic about the family aspect of the care provided at The Manor House. They understood every body's needs on a level that indicated they cared about how the person felt rather than the home running smoothly. The manager introduced us to all the people living in the home. Each person spoke with the manager on a personal level in a cheerful and relaxed way. They all said the manager cared about how they felt.

We observed the staff member to have a very compassionate approach with people, talking to them in a respectful manner and taking an interest in their plans for the day. One person said, “I appreciate the way they respect my privacy but are there when I need them. There

is no push and shove to do what they want. They care that it is my life and my decision.” We observed this person go for a walk after lunch; they were cheerful and relaxed and let the staff member know they were going out.

People told us their friends and relatives could visit any day and at any time. The manager confirmed relatives visited regularly and took people out or spent time in the home and joined them for meals if they wished. People said they usually met their relatives and friends in their own rooms.

People spent most of the time in their rooms. Everybody said they preferred to remain in their rooms as they preferred their privacy. One person said, “I don't have to stay in here I can come and go as I wish but this is where I am happiest. I am not lonely as they all pop in through the day to see if I am ok or if there is anything I need.” During lunch two people joined the family in the kitchen whilst two people chose to eat in their rooms.

Each person had their care needs reviewed on a regular basis which enabled them to make comments on the care they received and voice their opinions. Care plans showed people were involved in decisions about the care and support they received. People told us they were always involved in decisions about what was written in their care plans and the level of support they required.

Staff were aware of issues of confidentiality and did not speak about people in front of other people. When they discussed people's care needs with us they did so in a respectful and compassionate way.

Is the service responsive?

Our findings

People received care that was responsive to their needs and personalised to their wishes and preferences. People were able to make choices about all aspects of their day to day lives.

Staff had a good knowledge of the needs of the people in the home. This meant they were able to provide care that was responsive to individual needs. Staff were able to tell us how they would care for each person as an individual. The staff member said that with such a small family orientated team communication about changing needs was not an issue.

Before a person moved into the home their needs were assessed to ensure the home was appropriate to meet the person's needs and expectations. The manager explained that they encouraged people to visit the home and stay for a while before they decided if it was suitable for them. One person said, "I came for a trial stay twice before I decided it was just the place for me."

The registered manager confirmed they would only take a person into the home if they felt they could meet their needs. They confirmed the assessment would mainly be with the person, due to the low needs of people living in the home however they would involve healthcare professionals and relatives involved in their care if necessary.

Following the initial assessment each person had a personalised care plan which reflected their individual needs. The care records were up to date and included entries to show when people's needs changed. Care plans included regular reviews and showed people were always involved with any changes made. When specific issues were identified, such as a risk of falling or poor dietary intake, a record of checks was maintained to ensure the person's care plan was being followed and they were safe.

The service encouraged and responded to people's views and suggestions. People said they felt they could discuss their care and living in the home at any time. The manager and family were in the home and spoke with people daily. One person said, "We see the manager every day and we can discuss anything we want. We have discussed menu planning during meal times and whether we are happy with the support we receive." The manager explained they did not have resident meetings as they met daily and chatted either privately or during mealtimes as a group.

There was not a planned programme of activities in the home. People said they preferred to follow their own activities and join in with things as and when they happened. One person said, "I would hate the idea of a timetable of events that is exactly what I am avoiding the institutional idea that you need to do something every day. We have communion on a regular basis and we can take part in the local community if we wish." Another person said, "I have everything I need I do not want to go and join in group things." The manager confirmed people were assisted to join in the local community if they wished. People were supported to go shopping and they had access to the grounds for walking or sitting in the sunshine. A new summer house was under construction at the time of the inspection for people to use.

The manager had not received any complaints since the last inspection; however they had clear policies and procedures in place to manage a complaint if they did receive one. They confirmed that when people raised minor concerns they would keep a record of the action taken, but these were always dealt with directly and involved concerns mainly around maintenance in rooms. They said they dealt with things on a daily basis when they spoke with people. One person said, "I know how to make a complaint if I needed to. I am happy that I speak with the manager daily and if there was anything I was unhappy about I would discuss it then."

Is the service well-led?

Our findings

People were supported by a team that was well led. The service was a family run home with the manager taking the lead for the care and support of people. The manager was supported by a small team of staff and family members. People told us the manager was always present in the home and was open and approachable. One person said, “She is always there if you need her, she is interested in who you are and what you have to say.” Another person said, “It is all wonderful the manager and her family make us all so welcome and are always there to talk with if you need them.”

The manager had a clear vision for the home. Their statement of purpose said, they aimed to, “provide, loving non institutionalised care, which as far as possible provides an atmosphere akin to that of a family home.” People told us they were happy with the family centred approach to the care provided. One person said, “I enjoy being the centre of a family something I would never see in a care home.” Another person said, “I looked for somewhere that was not institutional and too large to care. I have found exactly that, this is a family not a care home.” Their vision and values were communicated to staff through daily contact and formal one to one supervisions. The staff member said they certainly understood the vision of the home as it was apparent throughout everything they did.

Staff personnel records showed they received regular daily contact with the manager as well as one to one supervision meetings. Supervisions were an opportunity for staff to spend time with the manager to discuss their work and highlight any training or development needs. They were also a chance for any poor practice or concerns to be addressed in a confidential manner.

Although there were minimal staffing levels there was a staffing structure which provided clear lines of accountability and responsibility. Each person had clear roles within the organisation and staff personnel files included copies of staff duties and responsibilities.

There were effective quality assurance systems to monitor care and plans for ongoing improvements. There were audits and checks in place to monitor safety and quality of care. If shortfalls were found these were discussed immediately with staff at the time. The staff member confirmed they had attended staff meetings to discuss ways to improve the service and how they worked, they said they felt, “Involved in the management and day to day running of the home.” The manager explained that with just four people living in the home they had not carried out a formal customer satisfaction survey. They confirmed they spoke with people on a daily basis and involved them in decisions made within the home. One person said, “I talk with the manager and staff daily, I feel I am as involved as much as I want to be in the daily running of the home.”

The service had a system in place that meant a full audit of the home was carried out as well as the audits undertaken by the manager. Daily maintenance was carried out by a family member and outside help could be bought in for larger projects.

All accidents and incidents which occurred in the home were recorded and analysed. The time and place of any accident was recorded to establish patterns and monitor if changes to practice needed to be made. Where concerns with an individual were raised by the analysis appropriate additional support was provided for example extra hand rails had been installed in a person’s bathroom reducing their risk of falling.

The manager kept their skills and knowledge up to date by on-going training and reading. They shared the knowledge they gained with staff on a daily basis or at staff meetings/supervision. The home was also a member of the Somerset Care Providers Association (RCPA) which offers guidance and advice on current issues. The manager was able to attend meetings held by the organisation to keep up to date with local and national changes.

Although the home had not needed to notify the Care Quality Commission of any significant events which had occurred, the manager was aware of their legal responsibilities.