

My Life Legacy

# Thompson House Equestrian Centre

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

This inspection took place on 13 and 20 August 2018. We announced the inspection in advance because the service is small and we wanted to be sure the manager would be available to facilitate the inspection. This was the service's first inspection since registering with CQC in July 2017.

Thompson Equestrian Centre provides personal care and support to people living in their own homes in the community. They also provide care and support to people staying in the holiday chalets, on the site of the equestrian centre, for respite. Some people who stayed in the holiday chalets were supported by their own staff but if required the service could arrange to provide care and support to people who came on holiday. At the time of our inspection the service supported six people living in their own homes and 12 people who were using the respite service.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The service had effective systems in place to protect people from the risk of harm and abuse. Staff were knowledgeable about how to recognise and respond to concerns. We could see the service had been thorough in investigating and following up all concerns raised.

Staff had been recruited safely, all the necessary checks had been completed to ensure staff were suitable to work with vulnerable people.

Staff were identified to work with people based on the person's specific needs and preferences. We saw how this matching process had significantly improved the quality of people's lives and reduced some of the risks associated with supporting people who might have behaviours that were challenging.

New staff received a comprehensive induction programme and regular training. Specific training tailored around individual people's needs and preferences had been developed and provided. Relatives we spoke with told us they were confident staff had received effective training and were knowledgeable about individual people.

Where the service was responsible, people had been supported to maintain their health needs and had access to health professionals when needed. The service ensured information about health needs and how to support people's communication and decision making had been developed should people need to go to hospital to ensure there were smooth transitions between services.

Relatives of people accessing the service told us they thought the staff were caring. We observed staff were kind and patient when interacting with people and each other. People were supported in ways that

maintained their dignity and promoted their choice and control when receiving care and support. People were supported to communicate their needs and wishes, staff took the time to learn how best to do this to optimise people's involvement in decision making.

People received personalised care that was responsive to their needs. Care plans included clear information about how people preferred to be supported. People's needs were reviewed and updated regularly. Both care plans and reviews had been completed with significant input from families and other professionals. Relatives told us they felt fully involved and able to raise anything at any time about their relatives' care.

There was a broad range of activities available, the holiday chalets were on the site of the equestrian centre which had large grounds and opportunities to get involved with feeding the animals and collecting eggs. Day services were also separately available on site. People using the holiday chalets had support to engage in activities of their choosing, including shopping, going to the cinema, pubs and day trips. People living in their own homes had been supported to arrange their own activities based on their preferences and needs. The service had also arranged trips and social activities to promote social inclusion. Relatives we spoke with were told us they thought the service was second to none in this respect.

The service had a complaints policy and we could see they had followed this and responded to people's concerns. The service encouraged people's feedback, comment cards were available in the reception area to the holiday chalets for people to complete. Relatives told us any concerns they raised had been responded to quickly.

The service had clear values and a culture which promoted equality for all people and positively valued diversity and difference. The management team sought to embed these values throughout their practice. Staff were made aware of these principles through their induction and ongoing learning.

Regular monitoring and auditing of the care and support people received ensured good standards of care were maintained. We saw how the management team had identified concerns and acted to address them. Regular team meetings ensured staff were up to date and had an opportunity to share information and learning.

The service had established partnership working and community links which had improved the quality of the service by increasing their knowledge and skills. They had links with Wigan Council, UCLAN and other organisations which shared their values and culture.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

The service had safeguarding policies and procedures which were aligned with Wigan Council. Staff were knowledgeable about how to ensure people were protected from the risk of harm and abuse. Relatives we spoke with felt confident that people were supported safely.

Risk assessments had been completed to support people to manage the risks in their daily lives. The risk assessments ensured people were supported in ways that were not restrictive.

Medicines were managed and monitored safely. Clear recording showed medicines were being administered correctly. Where people had covert medication this had been properly agreed with medical professionals.

### Is the service effective?

Good ●

The service was effective.

Staff had received induction training and ongoing mandatory training to ensure they had the skills and knowledge to support people effectively. Training around the specific needs for some people had involved the person and their families to maximise the staffs knowledge of the them.

The service were aware of their obligations in relation to the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty Safeguards. They had received training from Wigan Council and were aware of when they might need to apply for a DoLS authorisation. Staff understood the importance of gaining consent from people when providing personal care and ensured they achieved this by using effective communication.

People were supported to maintain their health and wellbeing. The service had sought alternate ways to explore people's wishes in ways that involved them in setting their own health and wellbeing goals.

### Is the service caring?

Good ●

The service was caring.

Relatives we spoke with praised the caring attitude of the staff and management team.

People were supported by staff who maintained their dignity and respect. They achieved this by understanding the persons' needs and ensuring they met them in the way they preferred.

People were supported to communicate their needs and wishes. The service had made a particular effort to learn and understand the different ways people using the service expressed themselves.

### Is the service responsive?

Good ●

The service was responsive.

People received care that was personalised and responsive to their needs. They had been involved in developing their care plans by staff gathering information over time about how they preferred to be supported. Relatives were closely involved in care planning and reported feeling able to raise anything at any time.

Records in daily notes were detailed and informed future reviews and care planning.

A broad range of activities were available which reflected individuals wishes and preferences. The service sought to develop inclusive activities and to broaden people's social lives and presence in the community.

### Is the service well-led?

Good ●

The service was well led.

The registered manager was approachable and knowledgeable. They promoted a clear culture and set of values based on the citizenship model, which promotes the equality of all people and positively values diversity and difference. Staff were aware of these and received training and guidance to embed these principles.

Staff and relatives told us they felt the service was well led and had confidence in the registered manager. Relatives felt comfortable raising anything at any time. Staff felt they were well

supported and knew what was expected of them.

Effective governance by the registered manager ensured the service continued to provide high quality care and support. Regular audits of records, spot checks and observations ensured the registered manager had good oversight of what was happening and where any areas may need further attention.

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# Thompson House Equestrian Centre

## **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.

We gave the service 48 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in to facilitate the inspection.

Inspection site visit activity started on 13 August 2018 and ended on 20 August 2018. We visited the office location on both days to see the manager and office staff; and to review care records and policies and procedures. We also completed a home visit to observe care and meet staff providing care and support to a person in their own home. The inspection was completed by one adult social care inspector from the Care Quality Commission (CQC)

Prior to the inspection we reviewed all the information we held about the service in the form of notifications and safeguarding incidents. We contacted the quality assurance team before our inspection to establish if they had any information to share with us. This would indicate if there were any particular areas to focus on during the inspection.

We spoke with a wide range of people and viewed certain records in order to help inform our inspection judgements. This included the registered manager, senior manager and two care staff. We also spoke with the relatives of three people.

Records looked at included four care plans, three staff personnel files, four medication administration records (MAR), training records, and any relevant quality assurance documentation.

## Is the service safe?

### Our findings

We spoke to the relatives of some of the people who received care and support from this service. They told us they believed their relative was safe. One person told us, "I know [relative] is safe. There is a good logging system on site. I can raise anything at anytime and know they will respond." Another told us, "I know [name] is safe, and I feel confident with the staff working with [name]."

The service had clear safeguarding procedures in place to protect people from the risk of harm and abuse. The policies had been developed by the provider organisation, My Life. The policies and procedures had been aligned with Wigan Council's. There was a safeguarding manager responsible for overseeing all safeguarding across the service. Staff we spoke with knew how to recognise a safeguarding concern and how to report it. One member of staff told us, "Safeguarding means protecting people from any harm. I had to raise a small concern once and this was responded to straight away by the management." Information about how to report safeguarding concerns was displayed in the office and in the care records in people's homes.

Risk assessments had been completed and identified the specific risks an individual may need support to manage. These included; mobility, nutrition, personal care, making decisions, managing medicines and all aspects of the persons health and social care needs. There was a clear system for measuring the potential for harm and plans had been developed to minimise this. We could see risk assessments had been signed by all the staff to indicate they had read and understood them. Risk assessments had been reviewed and updated regularly. This meant the service ensured risks were being managed safely. Additional risk assessments in relation to the holiday chalets had also been completed and were available to read in the chalets, including fire procedures, evacuation plans and use of equipment.

We looked at how the service ensured the safe management of medicines. Medicine administration records (MAR) charts had been completed for each person. There was a photograph page to help identify whose medicine it was. Clear descriptions of each medicine and why someone needed to take it was included. Some people who needed to take medicine on an 'as required' basis had guidelines in place to ensure this was given when needed. All the MAR we reviewed had been signed without any gaps. Where a person needed to have their medicines given covertly, for example together with food, this had been agreed with the pharmacist and recorded properly. Locked cabinets were available to store medicines in the holiday chalets. At the time of inspection no one needed to have thickened fluids or dietary supplements.

Staff had been recruited safely. We reviewed the recruitment files for three staff. Recruitment and the payroll was provided by an external agency. The Disclosure and Barring Service (DBS) carry out a criminal record and barring check on people who intend to work with vulnerable adults. This can help employers to recruit suitable staff. We found two members of staff had started employment before their DBS checks had been returned. We discussed this with the registered manager who advised these staff had been shadowing only. We checked the rotas and found this to be the case which we were satisfied with. Other documents such as, application forms, references and proof of identification were in place.



There was a clear accident and incident procedure in place. The service had recorded all incidents and accidents thoroughly and, we could see they had investigated incidents to minimise the potential for reoccurrence.

Where the service was responsible, there were cleaning schedules in place to ensure people were supported to maintain their homes to a hygienic standard personal protective equipment, such as aprons and gloves were available to protect people from the risk of infection. Hand washing facilities were available in the holiday chalets, including soap and paper towels. Cleaning materials were stored safely.

## Is the service effective?

### Our findings

People's needs had been thoroughly assessed before they received care and support. This ensured the service were confident they could meet people's needs. We reviewed the care plans for four people. All elements of the persons health and social care needs had been considered, including; personal information, health needs, personal care, mobility, communication and decision making. We spoke to some people's relatives who told us they had been fully involved in the assessment and care planning process.

Staff had received training to ensure they had the skills and knowledge to support people effectively. There was an induction process which included an introduction to the organisation and its aims and values. Staff also received mandatory training on supporting individuals, communication, recording, health and safety, safeguarding and positive behavioural support. The system for in place for monitoring training alerted the registered manager to any training that needed completing or refreshing. In addition staff received bespoke training in some of the long-term conditions some people had. There was a basic housekeeping and cookery course available should anyone have needed this to enable them to support others.

We reviewed the services' supervision policy. Staff received regular supervision from senior staff to discuss what was going well and whether there were any issues that needed to be addressed. The service also had an appraisal policy which stated appraisals would be completed annually. At the time of inspection, the service had only just been registered for just over a year and scheduled appraisals had not yet been completed. We will review appraisals at our next inspection.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making a particular decision 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Where people receive care and support in their own home, and are under constant supervision and control, the authorisation is known as a Deprivation in Domestic Settings (DiDS) which can only be granted by the Court of Protection. We saw authorisation had been sought where appropriate.

We checked whether the service was working within the principles of the MCA. Care plans included assessments of people's capacity to make specific decisions for themselves. Staff we spoke with understood the importance of getting consent from people before providing care or support. One member of staff we spoke with told us, "I make sure I support [name] decision making. I watch how they are behaving, and see how they respond to choices I offer." We observed staff asking before providing care and talking with and reassuring someone while supporting them.

People had been supported to maintain their nutrition and hydration. Where people needed support with eating this had been clearly described in their care plans. Some people had been assessed by the speech and language therapist (SALT) as needing a specific diet. We saw this had been recorded and included in the care plan to ensure people received food of the right consistency. Records of food and drink a person had taken showed the advice had been followed. People were supported to eat from their own food supplies. Where the service was responsible for planning, menus were completed to ensure the person had a varied diet which included the food they liked.

People were supported to maintain their health and wellbeing. Where the service was responsible they ensured people had support to make and attend health appointments. Staff had received training both formally and with support from relatives to ensure they had the knowledge to support peoples' more complex health needs. Information was recorded and shared regularly to ensure changes could be identified. The service was looking to introduce a health and wellbeing questionnaire, developed by Wigan Council, to support people to identify their health and wellbeing needs and goals.

The service had effective systems to share information when required to ensure smooth transitions between services, for example, if someone needed to go to hospital . Single page profiles provided clear and up to date information about what was important to the person and how to support them with communication.

## Is the service caring?

### Our findings

We found through our observations, review of records and discussions with people's relatives that the team were committed to providing a caring and supportive service. Staff interacted respectfully and kindly with the person they were supporting. We saw how they continued to talk with and reassure a person while supporting them. We saw this had been detailed in the persons' care plan as being important to them. Entries in daily records were similarly respectful and provided detailed observations to inform future reviews and planning. Relatives spoke highly of the quality of care provided. Staff were aware of the importance of supporting people to maintain their dignity.

The Accessible Information Standard (AIS) was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. We found the service had met this standard. We saw people had communication plans in their care plans which detailed the most effective ways to support the person to communicate. Some people used pictures. Some people used visual aids to support their communication and decision making. One person was using a variety of signs and gestures specific to them which had been recorded in their care plan. In addition there were easy read versions of information about the service available and pamphlets which included a lot of pictures of activities available. When necessary an interpreter had been arranged to assist a person to communicate.

Relatives we spoke with told us staff communicated well with their non-verbal family members. One person told us, "Longer serving staff really know how to communicate with [name] newer staff are learning over time. All the staff are good at sharing information with each other about how [name] is feeling." Another relative told us, "Staff are able to really communicate with [name] and share information between themselves every day. They are aware of their preferences and what they are trying to communicate."

The majority of people who used the service had support from their families who advocated on their behalf. Care Act advocates were available for people who needed support with meetings and reviews. Information about advocacy services were displayed and readily available.

People's cultural identity beliefs and choices were fully identified in their care plans. The service supported people to maintain these. People with disabilities are recognised to have a protected characteristic under the Equality Act 2010. Relatives we spoke with praised the efforts the service made to ensure all people were included in their activities. One relative told us, "Once we found [name] had been left behind by a group but this had been quickly addressed to ensure they were always included by the group in the future." Relatives told us they felt cared for by the service and were supported by the team to access different agencies and services when required.

## Is the service responsive?

### Our findings

People received care that was personalised and responsive to their needs. Relatives we spoke with praised the person centred approach of the service. One person said, "This service was my first choice because they are so person centred." We saw one person had a person centred plan drawn as a diagram and displayed on a wall in their home, which ensured information was available at a glance to support people understanding their experience.

We reviewed the care plans and records for four people, including people who accessed the respite service in the holiday chalets and people who received personal care in their own home. People's needs had been holistically assessed, care plans included information about what was important to them, what they enjoyed doing and what they preferred not to do. There were sections on all elements of the persons health and social care needs.

The service had worked closely with the person, their families and other professionals to ensure care plans had been developed which met people's identified needs as they preferred them to be. There was evidence in the care plans of people's involvement in them.

In addition the service had taken particular care to ensure staff appointed were compatible with the person and appropriately matched. This included having a job description in each persons' personal budget support plan which identified the specific skills and qualities needed. Relatives we spoke with praised the way the service appointed staff to meet individual needs. One relative said, "The team of carers were very well matched and we were actively involved in the planning." Another said, "Staff really understand [name] needs well. Staff really know what they are doing." One relative described how the quality of the staff appointed and their ability to understand and respond to their relative had resulted in a very significant improvement in their quality of life and allowed the person to develop more independence and control.

People's care plans were reviewed and updated at regular intervals in response to their changing needs and wishes. Relatives we spoke with told us the service were open to their queries and suggestions and responded quickly. One relative told us, "We are always involved in reviews and support plans. They are very accommodating and respond quickly to our ideas. Whenever they were not clear about something they always checked with us."

Where the service was responsible, they had ensured people had been referred to other professionals when their needs changed. This included, the complex care team, social workers, district nurses and doctors. Records kept were detailed and demonstrated the services' reasoning in referring people.

People who used the service were supported to participate in a broad range of activities. People who accessed respite services in the holiday chalets on the site of the equestrian centre could; feed the animals, collect eggs, walk in the grounds, and engage in horticulture. Some people also accessed the separate day services on site. Two people who accessed the respite service during the inspection had one to one support and were able to go out and about whenever they chose in the local community. People receiving support in

their own homes had similar access to activities. The service sought to encourage people to build social networks and had arranged some activities to achieve this. They organised weekends away to Ribby Hall where they reserved several neighbouring houses and facilitated social activities between them. One of the relatives we spoke with told us, "They are very community orientated and promote social interactions, they encourage inclusiveness." Relatives also praised how open to their suggestions the service was and how well they tried to arrange activities appropriate to the young people using the service including a music festival."

The service had a complaints policy and procedure in place. Information about how to raise a complaint was included in the guide to the service and the service user agreement. Cards were available for people to provide comments and feedback. There had not been any formal complaints received at the time of our inspection. Relatives we spoke with said they had regular contact with the team and raised things as and when they happened without the need to complain. They also said they were confident the service would respond to them.

## Is the service well-led?

### Our findings

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. There was a management structure in place, the registered manager was supported by other managers in the group. The management team was accessible and responsive to our requests during the inspection.

The service had clear values and a culture based on the citizenship model, which promotes the equal dignity of people and positively values diversity and difference. The management team sought to embed these values throughout their practice. Staff were made aware of these principles through their induction and ongoing learning. The service sought to provide high quality person centred care to achieve positive outcomes for people. There was information about this in the services' literature and leaflets. Staff were aware of the culture and values of the organisation and what was expected of them. One member of staff told us, "We are well led by the manager, they are clear about what standard they expect." Another told us, "This team is really well supported by the manager, we know what is expected." Staff told us they enjoyed working in the service, one person said, "I really enjoy working here, it is very rewarding." One of the relatives described the service as; "The ideal situation for a taster of home life when [they] move on to their own home." Another said, "Being there had returned [name] to the happy and contented person they had been before."

Governance systems were in place to monitor all aspects of the service. Care plans and log books were audited by the registered manager to ensure they were up to date, daily notes were reviewed to ensure staff were providing support correctly and consistently. The registered manager maintained oversight of the service, regularly dropping in to observe care and review records. Medication records were checked regularly to identify any errors or gaps. We could see where some things which had been identified in checks of the records had been raised and addressed with the team. Daily meetings known as morning briefings were held to ensure all staff were up to date with the support they needed to provide and any changes to be aware of in peoples' routines.

Team meetings were held regularly. These included; management meetings, team meetings including involving people working with one person in their own home. We reviewed the minutes to the most recent support meeting. Staff we spoke with felt they were kept up to date and had opportunities to raise and discuss matters at any time. Staff also told us they valued the positive support and encouragement they received.

The service had up to date policy and procedures files which covered all aspects of their regulated activities. The information was available to staff, who knew how to access it. Copies of some policies were also kept in people's homes when they were relevant to the person. The service had a business continuity plan which provided information about what to do in the event of specific incidents, including; fire, power failure and floods. The service had notified the CQC of all notifiable incidents that had occurred. Because this was the

first inspection there were no previous ratings to be displayed.

The service had developed working relationships with partner organisations, to share and improve their knowledge and develop their practice. They had received support and training from Wigan Council around safe guarding and the Mental Capacity Act. Staff from the University of Central Lancashire have been involved in training and learning about the service and wider organisation. They had organised an event about 'asset based community development' and invited other interested groups to attend. They have attended an international conference to learn about inclusive community experiences. This showed the service were committed to maintaining and embedding good practice based on clear values.