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The Manor House  
Thurloxtton

### Inspection report

The Manor House  
Thurloxtton  
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### Ratings

Overall rating for this service

Inspected but not rated

Is the service safe?

**Inspected but not rated**

# Summary of findings

## Overall summary

### About the service

The Manor House Thurloxtton provides personal care and accommodation for up to five people. The service specialises in providing care for older people in a family home. The home is a large house situated in its own grounds at the edge of a rural village. The staffing and equipment available in the home mean the service is best suited to people with minimal care needs. At the time of the inspection there were five people in the home. Two people received assistance with personal care. The other people lived their lives as independently as possible supported by staff.

### People's experience of using this service and what we found

Prior to the inspection concerns had been raised that the provider was not following the Government guidance in relation to the management of risks during the pandemic. The provider had not been following Public Health England guidance on the use of personal protective equipment (PPE) for care workers working in care homes during the current period of sustained COVID-19 transmission. The provider had also not been following guidance in relation to the regular testing for COVID 19 for staff and residents.

Infection prevention and control policies and procedures did not reflect up to date and current infection control guidance, to take account of the pandemic. Staff had not completed infection prevention and control training in relation to Coronavirus.

During the inspection staff wore the necessary PPE to ensure the risk of transmission of coronavirus was reduced. Following the inspection, regular staff and resident testing for COVID 19 had been implemented and the results shared with us. In addition, the provider wrote to us to confirm staff had completed the essential training to keep themselves and people using the service safe.

The provider was working with the local infection prevention and control nurse specialist to make further improvements to their policies and procedures.

The premises looked clean and hygienic, however, cleaning schedules did not reflect best practice to assure the transmission of infection was reduced. Following the inspection, an infection prevention and control nurse specialist from the Clinical Commissioning Group (CCG), was assisting the provider to develop records and checks of cleaning, to minimise the transmission of infections.

The provider did not have a written contingency plan in place to address a possible coronavirus outbreak. They were being supported by the an infection prevention and control nurse specialist from the CCG to develop this.

We have recommended the provider continue to work with other professionals to keep up to date with current infection prevention and control guidance from the government and take prompt action to update their practice accordingly.

There had been no reported cases of COVID 19 within the service and people said they felt safe and were well cared for. Comments included, "I am very comfortable here. I am aware of what is happening. I wear a mask when I go out" and "Life here is good. I feel safe. (The provider) is very careful with us all."

The provider had established appropriate visiting arrangements to help prevent the spread of infection. We were assured that the provider was admitting people safely to the service and they were aware of the actions to take should someone become symptomatic or if a positive test occurred for staff or people using the service. We were assured that staff movement and transmission in and between care homes was minimised.

We found the provider was working towards full compliance with the current guidance. Following the inspection, health and social professionals from the local authority and Clinical Commissioning Group were working with the provider to ensure practice, policies and procedures were reflective of current guidance.

#### Rating at last inspection

The last rating for this service was Good (published October 2017)

#### Why we inspected

This was a targeted inspection looking at the infection control and prevention measures the provider has in place, following concerns shared with us. As part of CQC's response to the coronavirus pandemic we are conducting a thematic review of infection control and prevention measures in care homes.

CQC have introduced targeted inspections to follow up on Warning Notices or to check specific concerns. They do not look at an entire key question, only the part of the key question we are specifically concerned about. Targeted inspections do not change the rating from the previous inspection. This is because they do not assess all areas of a key question.

We found no evidence during this inspection that people had been harmed due to the concerns raised. Following the inspection, the provider had taken action to mitigate most of the risks identified and was taking action to address the other concerns, with the support of external health and social care professionals. The overall rating for the service has not changed following this targeted inspection and remains Good.

#### Follow up

We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Manor House Thurloxtton on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

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

We always ask the following five questions of services.

### **Is the service safe?**

Further information is in the detailed findings below.

**Inspected but not rated**

# The Manor House Thurloxtton

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

This was a targeted inspection to check on specific concerns we had relating to infection prevention and control.

#### Inspection team

The inspection was undertaken by one inspector who visited the service location.

#### Service and service type

The Manor House Thurloxtton is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

This service is registered by an individual provider who is not required to have a registered manager registered with the Care Quality Commission. The provider oversaw the day to day operation of the service. This means that they are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because we needed to be sure that the registered person would be available to support the inspection.

Inspection activity started on 11 December 2020 and ended on 18 December 2020.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. Prior to the visit we requested copies of infection control policies and procedures at the service, cleaning schedules, a COVID 19 risk assessment, the most recent infection control audits and contingency plans in the event of an COVID 19 outbreak. We sought feedback from the local authority and Clinical Commissioning Group. We used all of this information to plan our inspection.

#### During the inspection-

We met with four people who used the service. We spoke with the provider and another staff member. We reviewed a range of records. This included the provider's covid-19 guidance for staff; risk assessments; cleaning schedules and individual visiting arrangements.

#### After the inspection –

We continued to seek clarification from the provider to validate evidence found. We followed up what actions had been taken to improve infection control systems. For example, the use of PPE, and regular testing for staff and residents. We met with the local authority; Clinical Commissioning Group infection control nurse specialist and other health professionals to discuss additional support for the service.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. We have not changed the rating of this key question, as we have only looked at the part of the key question, we had specific concerns about.

### Preventing and controlling infection

- There had been no reported cases of COVID 19 within the service and people said they felt safe and were well cared for. Comments included, "I am very comfortable here. I am aware of what is happening. I wear a mask when I go out" and "Life here is good. I feel safe. (The provider) is very careful with us all."
- People spoken with understood and accepted the need to take preventative measures, during the pandemic, such as the staff use of personal protective equipment (PPE).
- Prior to the inspection, the provider was not using personal protective equipment (PPE) effectively to safeguard staff and people using the service.
- The provider was not following the current guidance as they considered the risk at the service to be low. The provider wanted to limit the disruption to daily life as much as possible and had completed a risk assessment. However, the risk assessment did not consider all of the risks to individuals using the service.
- During the inspection the provider and staff were wearing appropriate PPE. We reviewed the current guidance with the provider to ensure they were aware and complied with the guidance. The provider confirmed that all guidance would be followed.
- No specific infection prevention and control or PPE training had been provided to staff during the pandemic. We shared a number of training resources with the provider. Following the inspection, the provider wrote to us to confirm staff had completed the essential training to keep them and people using the service safe.
- The service had sufficient and adequate supply of PPE to meet current demand and foreseen outbreaks. The provider was aware of how to reorder stock as needed.
- Prior to the inspection, the provider had not assured us there was adequate access and take up of COVID 19 testing for staff and people using services. No regular programme of testing had been implemented. The service had a large batch of testing kits which were delivered earlier in the year.
- Two people using the service were not willing to be tested regularly, however, others were but said regular testing had not been discussed with them. The provider agreed to record the outcomes of conversations in relation to regular testing for people using the service.
- Immediately following the inspection, the provider arranged for weekly testing of staff and testing for people using the service every 28 days, as per the guidance. The provider confirmed the first round of testing showed negative results.
- The premises looked clean and hygienic, however, cleaning schedules did not reflect best practice to assure the transmission of infection was reduced. The cleaning schedule did not include all areas of the premises, which staff are required to complete. This included frequent cleaning of high touch areas, such as light switches, door handles, hand rails and bedside tables.
- Following the inspection, we sent detailed guidance to the provider in order for them to implement robust

cleaning routines and checks. An infection prevention and control nurse specialist from the Clinical Commissioning Group (CCG), was assisting the provider to develop records and checks of cleaning, to show compliance with the guidance.

- The provider's infection prevention and control policy did not reflect up to date and current infection control guidance, to take account of the pandemic. We advised the provider infection prevention and control policies and procedures needed to take account of the Health and Social Care Act 2008: code of practice on the prevention and control and COVID-19: how to work safely in care homes.
- The provider was working with the local infection prevention and control nurse specialist to make further improvements to their policies and procedures. We have also signposted the provider to other relevant resources to develop their approach.
- The provider did not have a written contingency plan in place to address a possible coronavirus outbreak. They explained, "Given the size and the nature of the business, as an extension of our family, we have no fully-fledged continuity plan. We would fashion our response at the time in the light of the prevailing circumstances. The unique service that we have provided up to now is of a home that is closely integrated into own family life."
- An infection prevention and control nurse specialist from the CCG was supporting the provider to develop a contingency plan.
- The service had been isolated from health and social care professionals. We ensured the provider knew where to go for advice should there be an outbreak; including which authorities and what their role and responsibilities were.
- Following the inspection, the provider was offered support from the local authority COVID hub and the CCG nurse specialists.

We recommend the provider continue to work with other professionals to keep up to date with current infection prevention and control guidance from the government and take prompt action to update their practice accordingly.

- We were assured that the provider was promoting safety through the layout of the premises. Communal indoor and outdoor spaces been optimised to use safely.
- The provider had established appropriate visiting arrangements to help prevent the spread of infection. Visitors booked appointment slots and were supported to wear personal protective equipment (PPE) and their temperature was checked before they met people living at the service to minimise the risk of the spread of infection.
- We were assured that the provider understood and was meeting shielding and social distancing rules.
- The provider was aware of the actions to take should someone become symptomatic or if a positive test occurred for staff or people using the service.
- We were assured that the provider was admitting people safely to the service. The provider ensured people had a negative test prior to admission or return from hospital, and they maintained the recommended period of isolation.
- We were assured that staff movement and transmission in and between care homes was minimised. Four part time staff were employed by the service, and they did not work in any other care setting. This reduced the risk of transmission.