

# Mrs Charis Ann Cavaghan-Pack

# The Manor House

# Thurloxtton

## Inspection report

The Manor House  
Thurloxtton  
Taunton  
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29 August 2017

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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

The Manor House-Thurloxtton provides personal care and accommodation for up to five people. The home 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. Three people received assistance with personal care. The other two people lived their lives as independently as possible supported by the service staff.

This inspection comprised of two visits to the home. The visit on 23 August was unannounced. The visit on 29 August was announced and provided a further opportunity to speak with the provider and review documentation.

At the last inspection on 25 August 2015 the service was rated as Good. At this inspection the service remained Good.

People told us they felt safe in the home. A relative told us "I come every day. It is totally safe. They know how to look after people." Staff said they knew how to report any concerns and were confident the manager would take appropriate action. People were supported by sufficient staff to meet their needs. Additional support for staff was available so they were able to prioritise people's care needs.

People were supported by a small team of staff who knew them well and had the skills and experience to meet their needs. There was a system in place to recruit new staff safely. A programme of training had been planned to ensure staff knowledge was up-to-date.

People received care and support that was personalised and respected their wishes and preferences. People were able to make choices about all aspects of daily living and were encouraged to maintain their independence.

People told us how much they enjoyed their meals in the home. There was one main choice at lunch time cooked freshly using good quality ingredients. People were asked to choose their supper each day from a range of food and were offered lighter meals and snacks when they were unwell. One person told us "Food is very good. A bit too good. Lovely puddings!" Another commented "We have marvellous food."

People confirmed their health care needs were met in the home. They told us if they were unwell they received prompt attention from their GP and good care from staff in the home. People were supported to attend hospital or clinic appointments.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the values in the service supported this practice.

The registered provider was experienced and committed to providing good care within this family home

environment. They wanted to provide a service that met the required regulations in a manner that was appropriate to the size of the home and the needs of people living there.

Further information is in the detailed findings below

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

We always ask the following five questions of services.

<b>Is the service safe?</b> The service remains Good	<b>Good</b> ●
<b>Is the service effective?</b> The service remains Good	<b>Good</b> ●
<b>Is the service caring?</b> The service remains Good	<b>Good</b> ●
<b>Is the service responsive?</b> The service remains Good.	<b>Good</b> ●
<b>Is the service well-led?</b> The service remains Good.	<b>Good</b> ●

# 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 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 comprehensive inspection took place on 23 and 29 August. The initial visit to the service was unannounced. The second visit to the service was arranged with the registered provider. The service was a small care home and we needed to be sure the provider was free to speak with us without affecting any aspect of the running of the home.

This inspection was carried out by one adult social care inspector. The provider had completed a Provider Information Return (PIR) in 2015. 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.

At the time of our visit there were five people at the home. We spoke with five people, two of the four members of staff employed, the registered 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 five care and support plans, three staff personnel files and records of accidents and incidents.

# Is the service safe?

## Our findings

The service continued to be safe. In this small home people were protected because staff knew them well. They understood their care needs and physical capabilities. People told us they felt safe. One person told us, "We are looked after extremely well. Very safe. No worries at all." Another person said, "I am happy here. We are looked after very well." People said staff listened to them. "There is always someone you can talk to." A relative told us "I come every day. It is totally safe. They know how to look after people."

Staff had received training in recognizing abuse and were able to tell us how they continued to keep people safe. The provider was aware of their responsibilities in safeguarding people. Plans were in place to provide staff with an on-line training up-date.

People benefitted from being cared for by staff who had worked at the home for some time. The provider had a recruitment process in place and provided an individualised induction when new staff were recruited.

People living in the home and staff said there was usually enough time to meet people's needs. The team of part time care staff covered the daytime hours between 8am and 8pm. The providers lived in the home so provided an overnight on call service. This meant that if people required regular night time care the service would not be able to meet their needs in the long term and they would be helped to find an alternative service.

People said they felt there were adequate numbers of staff. One member of care staff was on duty during the day. Staff undertook a combination of housekeeping and care duties. The registered provider and their family were closely involved with the operation of the service and were able to step in and provide additional assistance when needed. As the care needs of some people had increased additional housekeeping support had been provided to undertake laundry duties. Domestic staff maintained the cleanliness of the home. The provider told us they kept the staffing of the home under constant review. Staff were confident they were able to meet people's individual needs and that care duties always came first. One member of staff said "We just need to say to (the provider) if we are pushed. They will help especially if we need to spend time providing extra care."

The providers and staff were aware of the care and support people required and were able to talk to us about the ways in which risks were managed and minimised. The provider was clear about the service they were able to provide and the amount of support they could sustain. People were encouraged to be as independent as possible and as their needs changed their support was reviewed and amended. For example at one time everyone who lived in the home had eaten together in the large kitchen. At the time of the inspection three people had chosen to eat in their rooms and this had been respected.

Most people were able to manage their own medication. There were flexible arrangements to prompt people as they found it more difficult to do this. In this small home people received their medication from individual dossette boxes prepared by the local pharmacy. During the inspection we discussed

improvements required related to the record keeping of these medications with the provider and changes were implemented promptly. During the inspection the providers reviewed current best practice guide-lines and up-dated procedures accordingly.

There were measures in place to ensure the safety of the property and enable people to maintain their independence. People were supported to use the stair lift safely and independently. The home had been visited by the fire brigade who had confirmed fire protection systems and procedures in the home were satisfactory.

## Is the service effective?

### Our findings

The service remained effective.

People told us staff were competent to care for them. One person said, "Staff are very good. They know what they are doing." A relative said they had every confidence in the staff's ability to care for their family member.

People received care and support from staff who had the skills and knowledge to meet their needs. Staff had a range of skills and experience that enabled them to care for people in the home. One member of staff told us they had been a registered nurse and had been "caring all their life." Staff told us they received regular supervision and could always ask the registered provider if they were unsure about any aspect of care people needed. Appraisals had been completed recently that indicated staff were competent and positive about their employment in the home.

The provider had completed a training plan that included regular up-dates for staff in health and safety issues.

People confirmed their health care needs were met in the home. They told us if they were unwell they received prompt attention from their GP and good care from staff in the home. One person received regular care from the community nurse. People were supported to attend GP, hospital or clinic appointments. Relatives confirmed they were contacted and consulted when health issues arose with their family members.

People told us how much they enjoyed their meals in the home. People were able to choose whether they ate in the communal kitchen or in their rooms. Staff told us that as people's needs had changed they preferred to eat in their rooms more often. Family style cooking meant that there was one main choice at lunch time cooked freshly using good quality ingredients. People were asked to choose their supper each day from a range of food and were offered lighter meals and snacks when they were unwell. One person told us "Food is very good. A bit too good. Lovely puddings!" One person liked to go with the providers to purchase the ingredients for meals. Another commented "We have marvellous food."

People who lived in the home were able to make decisions about what care or treatment they received. People were always asked for their consent before staff assisted them with any tasks. One person told us, "We can come and go as we please. There are no regulations."

The provider had a clear understanding of the Mental Capacity Act 2005 (the MCA) and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. The provider told us about the advice and support they would seek if people were not able to make decisions for themselves.



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). There was no one in the home currently subject to deprivation of liberty although the provider had had experience of the processes and procedures required in the past.

# Is the service caring?

## Our findings

The service remains caring.

People were very pleased with the care and support they received from the registered provider and staff. Staff were cheerful and kind. One person said, "Staff are very, very good. I could not be more comfortable. People are very understanding." Another person said, "Staff are always kind and polite. Staff are brilliant." One person whose care needs had increased over previous months told us "It is like your own home. I have no worries. There is always someone to talk to."

Staff understood the importance of spending time with people whose needs were increasing and spent more time in their rooms. One member of staff said "My priority is the residents. I like to spend time with them. I make time each afternoon. It is so important." Staff were patient with people who were developing memory problems and were aware of the need to support them sensitively.

People felt cared for because there was a small stable team of staff working in the home who knew them well. People received attention and care according to their individual needs. When one person had been in hospital they had been visited and supplied with clean clothes on a daily basis by the provider. Their relative told us as the person's health needs had increased the "whole team" had worked even harder to make them as comfortable as it could be. They said the team "always go the extra mile to ensure their health and wellbeing is maintained at all times. It is done with a cheerful smile and a helping hand."

People told us they were always consulted about the care and support they received. Care plans confirmed the individual approach to people's care. When appropriate the provider reviewed people's progress and needs with their relatives.

People were able to have visitors at any time. Families were welcomed into the home and were able to have lunch with their relatives if they required. Two relatives visited the home very regularly and confirmed that whenever they visited the home people were well cared for. One relative confirmed that they were kept fully informed of any changes in their family member's health and felt they were fully involved in supporting them.

People's rooms were their own domain where they were able to receive visitors if they wished to or spend time alone. Rooms contained the things people enjoyed or treasured and reflected their personality. Some people had two adjoining rooms enabling them to move easily between a sitting and sleeping environment. One person said "It would be awful to sit in your bedroom all day." They enjoyed their view of the garden from their window.

The provider told us whenever possible people were cared for until the end of their life at the home. The provider ensured people had GP and nursing support if they needed it. They understood it was also important to recognise when a person's needs could not be met at the home and they needed the support

of a different type of service. Relatives told us they hoped people would be able to spend the rest of their lives in the home but understood this was not always possible.

## Is the service responsive?

### Our findings

The service continued to be responsive. The provider told us they provided "completely different care for each person." People were able to make choices about all aspects of their day to day lives. People lived in different ways in the home according to their wishes and preferences. Some people liked to spend a lot of time in their rooms and eat alone. Others liked to eat in the kitchen and live quite independently.

One person had brought their small dog to live in the home. They had a room which enabled them to take the dog out regularly for a walk. Another person told us about their interests and activities which they were still able to enjoy. People enjoyed accessing the large gardens whenever they wished.

One relative told us "From the moment (my relative) moved in they have been so happy. All the staff and the (registered provider) especially, have sought to make it feel like it is their own home. They are part of the family. They love and encourage them to go downstairs for lunch but if they do not feel like it, then their wishes are always paramount."

Care plans contained information about people that enabled the home to run smoothly and people to live together in harmony which was important in a small home. The needs of people who had lived in the home for some time were changing and increasing and this brought new challenges to a service ideally suited for people with reasonable mobility and independence.

There was no planned programme of activities in the home. People were able to follow their own activities and join in with things as and when they happened. There was a communion service offered on a regular basis and some people were closely involved in the local community. People had their own television, books and music. One person enjoyed doing jigsaw puzzles with the staff. Other people went out for coffee with the provider or their family. People were supported to go shopping and they had access to the grounds for walking or sitting in the sunshine. The provider was aware that as people remained more in their rooms they benefited from more staff time spent in talking with them.

The provider was closely involved with the running of the home on a daily basis and was able to listen to any concerns people had and deal with any issues before they became formal complaints. There was a complaints procedure but no complaint had been received for some time.

People living in the home and staff said they would find it easy to raise issues with the provider which would then be addressed. One relative said it was "really easy" to discuss anything with the provider and they had never had any concerns. The service received thanks and compliments for the care provided to people often from their relatives.

## Is the service well-led?

### Our findings

The service remained well led. The service was not required to have a registered manager in post. The registered provider was responsible for the day to day running of the home and was assisted by members of their family. Registered providers 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 registered provider had been running the service for many years and had a clear vision of the support they could provide for people and of the values and ethos that underpinned the care provided. 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." They aimed to foster a "sense of community" that included the people who lived in the home, staff and their own family.

People told us they were happy with the relaxed family centred approach to the care provided. The size of the home and the lack of any institutionalised practices offered a very personalised environment for people. The provider's experience and knowledge of the service they could provide ensured they met people's needs. They were clear that when people's manual handling or other needs exceeded what could be safely met in the home consultations with them and their families commenced to find more suitable accommodation.

There were positive comments about the registered provider. People said they could easily talk to them. One relative said, "I am pleased with (relative's) care. I would talk to (registered provider) if I had any worries at all."

The registered provider wanted to lead by example in the home by showing staff at all times how people should be spoken with and supported. They said it was important that the home was driven by the needs of people living there. They wanted to encourage staff to have their own ideas and were willing to try new ways of working. They were pleased that staff did seem quick to discuss matters with them and believed communications in the home were good.

The registered provider monitored the quality of care in the home and made regular improvements when they could. They spoke with people living in the home on a daily basis and listened to their views. One member of staff said "This is the most open place I have ever worked." They said they felt able to raise issues with the providers and knew they would be listened to. Another member of staff said the registered provider offered help and support in practical ways

The majority of the quality assurance in the home was informal and based on close contact with people living in the home, their relatives and staff. The registered provider planned to implement a formal quality audit of practice to be undertaken every six months in order to ensure that a continuing high standard of care was delivered and regulations were met. The first audit was due in October. Care plans were also monitored on a formal basis and the provider also read staff entries in the

communication book to gain a fuller picture of the care people were receiving.